



Dr. Thomas Kerr, co-author of the Drug Situation in Vancouver and co-director of the BC-CfE Urban Health Research Initiative, speaks on the report's findings at the Carnegie Community Centre.

Research shows war on drugs failing to limit drug use in Vancouver

BC-CfE researchers' new report finds declines in drug use associated with harm reduction services, not law enforcement efforts

Researchers from the BC Centre for Excellence in HIV/AIDS (BC-CfE) released this month a comprehensive report on the drug situation in Vancouver at an event at the Carnegie Community Centre in the city's Downtown Eastside.

The *Drug Situation in Vancouver* report, published by the BC-CfE Urban Health Research Initiative (UHRI), compiled 15 years of data examining the ongoing public and individual health-related harms resulting from illicit drug use, including HIV and hepatitis C transmission. It is the second edition of the report (the first was released in 2009).

Community members filled the auditorium to hear the latest findings, which demonstrated that health-focused policies have been more effective than federal law enforcement measures at reducing illicit drug use and improving public health and safety.

Dr. Thomas Kerr, report co-author and UHRI co-director, presented detailed research on drug use trends, drug availability, HIV rates, and behaviours among some of the city's most vulnerable people who use illicit drugs. The research found fewer people using injection drugs, significant decreases in syringe sharing and related HIV and hepatitis C transmissions, an increase in drug

cessation, and improved access to addiction treatment. These positive trends were seen despite the unchanged ease of access to and affordability of illicit drugs.

"Drug trends in Vancouver are shifting, with fewer people injecting drugs and more people ceasing their use, a result of the innovative harm reduction and addiction treatment programs implemented," said Dr. Kerr. "It's important [that] policymakers at all levels of government take note of this evidence and focus efforts on approaches proven to be effective. Continuing to invest in failed policies like the war on drugs does little to reduce health and social harms."

Included among the harm reduction approaches implemented are the supervised injection facility InSite, free safer smoking kits for crack users, and syringe exchange programs. The result of these combined approaches has been a significant decrease in the number of people newly infected with HIV and hepatitis C over the past 15 years.

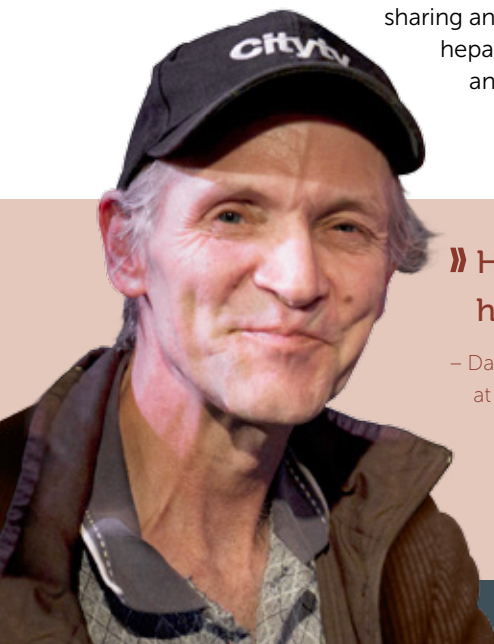
In addition, access to methadone maintenance treatment among people who use drugs increased from 11.7 per cent in 1996 to 54.5 per cent in 2008, remaining stable since. Furthermore, reports of difficulty accessing addiction treatment dropped from 19.9 per cent in 1996 to as low as 3.2 per cent in 2006, and have remained below 1996 levels. There was a

corresponding upward trend of injection drug use cessation during a similar period, with a rate of just 0.4 per cent in 1996 compared to 46.6 per cent in 2011. Conversely, researchers found that between 2000 and 2011 illicit drugs remained easily accessible and prices were stable.

Based on these findings, the report recommends continued support for harm reduction and addiction and HIV/AIDS treatment programs to improve the health of people who use drugs. Treatment as Prevention initiatives should be embraced and brought to scale to prevent mortality among people living with HIV and limit further HIV transmission.

"Needle exchanges and the supervised injection facility have [been] proven to save lives, but drug use trends are changing and policies and programs should reflect these changes," said Lorna Bird, a drug user and member of the Western Aboriginal Harm Reduction Society who also spoke at the Carnegie event. "We need more harm reduction interventions, like safer crack smoking kits, supervised consumption facilities for people who smoke illicit drugs, and programs focused on at-risk youth."

The full report is available online at www.cfenet.ubc.ca.



» Homelessness and unstable housing amplify harms experienced by drug users."

— Dave Hamm, board member of the Vancouver Area Network of Drug Users (VANDU), at the *Drug Situation in Vancouver* report release



Federal Conservatives continue attack on InSite with new draft legislation



People who use InSite are less likely to share needles, and in turn are less likely to spread infectious diseases such as HIV and hepatitis C.

» New legislation drafted by the federal Conservative government for establishing supervised injection sites for injection drug users could make it more difficult for facilities like Vancouver's InSite to be opened elsewhere in Canada.

On June 6, Health Minister Leona Aglukkaq tabled Bill C-65, called the "Respect for Communities Act". Under the bill, strict new guidelines for opening supervised injection sites will require community opinions be taken into account, and support of provincial and municipal authorities will have to be gained in order to set up a facility.

The tabling of the bill came in response to the 2011 Supreme Court of Canada unanimous ruling that not allowing InSite to operate under an exemption from drug laws would be a violation of the Charter of Rights and Freedoms.

The Supreme Court ruling was based on research from the BC Centre for Excellence in HIV/AIDS (BC-CfE) showing InSite has reduced HIV risk behaviour and saved lives. People who use InSite are less likely to share needles, and in turn are less likely to spread infectious diseases such as HIV and hepatitis C. In addition, InSite research showed an increase of greater than 40 per cent in the use of detoxification programs, as well as a significant reduction in the number of overdoses.

"There is a remarkable difference between the HIV epidemic in B.C. and the rest of Canada," Dr. Julio

Montaner, Director of the BC-CfE, told *The Vancouver Sun*, pointing to research demonstrating that before 1996 there were approximately 400 new HIV transmissions among injection drug users every year in B.C., and that figure has shrunk to 29 in 2012. "That's more than a 90 per cent reduction. Why do you think that is?"

HIV rates in Manitoba and Saskatchewan, for instance, have continued to rise, in large part due to injection drug use.

Many observers believed the Supreme Court's decision would allow supervised injection facilities to open in other cities. However, InSite remains the only facility of its kind in Canada.

"The evidence to date suggests we lost the war," Dr. Montaner said. "The reality is InSite is open, but there has not been a single [additional] site opened across this country."

In an op-ed published in *The Globe and Mail*, Dr. Evan Wood, co-director of the BC-CfE's Urban Health Research Initiative, argued that safe injection sites should be embraced by the federal government as the law-and-order option.

"Unfortunately," he wrote, "much of the government opposition to injecting facilities stems from the view that these programs result in less control over injection-drug use, when the opposite is actually true."

will lead to new avenues for prevention and treatment of HIV/AIDS. This award follows an earlier \$2.5 million over five years Avant-Garde Award for Dr. Montaner, who was an inaugural recipient of NIDA's Avant-Garde Award Program for HIV/AIDS Research in 2008.

"I applaud NIDA for their leadership in supporting progressive research efforts to further the fight against HIV/AIDS, particularly among hard-to-reach populations," said Dr. Montaner. "Clearly, the world is watching closely as B.C. continues to lead in innovative approaches and make significant advances towards the goal of an HIV and AIDS-free generation."



Dr. Julio Montaner

Dr. Julio Montaner receives \$2.5 million to support STOP HIV/AIDS initiative

» Dr. Julio Montaner has been awarded a \$2.5 million Research Award over five years from the U.S. National Institute on Drug Abuse (NIDA) to support his continued research on British Columbia's Seek and Treat for Optimal Prevention of HIV/AIDS (STOP HIV/AIDS) initiative.

The STOP HIV/AIDS pilot was launched in 2009 to determine if offering widespread HIV testing and treatment and earlier engagement into care could reduce morbidity, mortality, and HIV transmission. Following the success of the pilot, the government of B.C. recently committed \$19.9 million in annual funding to roll out the initiative across the province, and NIDA's support will further advance the research.

"The STOP HIV/AIDS initiative provides compelling evidence that Treatment as Prevention, when implemented without discrimination for drug abusers, can curb the spread of HIV," said NIDA director Dr. Nora D. Volkow. "This is the type of high-impact research NIDA's Avant-Garde program was designed to support. Dr. Montaner and his team should be commended for their success at putting evidence into action. The implications for public health are enormous."

The new research award will support further studies that

Access to quality food is key for IDUs initiating treatment

Food insecurity increases the risk of death among injection drug users (IDUs) living with HIV/AIDS even when they are receiving life-prolonging highly active antiretroviral therapy (HAART), according to a new BC Centre for Excellence in HIV/AIDS (BC-CfE) study.

The study, recently published in the peer-reviewed science journal, *PLoS ONE*, examined the impact of food insecurity and hunger on survival among IDUs. Food insecurity is defined by the United Nations World Food Programme as having insufficient access to adequate quantity and quality of food.

"This is the first study to look at the impact of food insecurity on the survival of HIV-positive injection drug users," says senior author Robert Hogg, director of the BC-CfE's HIV/AIDS Drug Treatment Program. "The impact of insufficient access to food, particularly quality food, on the mortality of HIV-positive injection drug users is alarming. This research points to the urgent need to further investigate the impact of food insecurity on the health outcomes of people living with HIV/AIDS."

BC-CfE researchers followed 254 IDUs across B.C., finding 71 per cent of them reported being food insecure at the time of HAART initiation. After 13 years of follow-up, drug users who were food insecure when initiating HAART were twice as likely to die compared to individuals who were food secure.

Neighbourhood influences uptake of injection drug use for youth

Street-involved youth living in a neighbourhood with a high prevalence of injection drug use are more likely to start injecting drugs, according to a new BC Centre for Excellence in HIV/AIDS (BC-CfE) study.

The study investigated whether exposure to environments where drug use is prevalent is a key determinant of drug-related risk. Results published in the peer-reviewed American addiction research journal, *Drug and Alcohol Dependence*, found street-involved youth who had no history of injection drug use were more than twice as likely to start injecting intravenous drugs if they resided in Vancouver's Downtown Eastside as compared to those living in other parts of Vancouver.

In addition to increasing the risk of transmitting HIV and hepatitis C, regular drug use among youth has been shown to interfere with development, education and integration into society, potentially leading to homelessness, poverty and sex-trade work. These problems often persist into adulthood.

Investigators interviewed 422 street youth from the BC-CfE's U.S. National Institutes of Health funded At-Risk Youth Study (ARYS), a prospective cohort of street-involved youth in Vancouver aged 14-26 years, between September 2005 and November 2011. Of those interviewed, 98 reported living in the Downtown Eastside, while 324 lived in other areas of Vancouver. By the end of the study period, 43.8 per cent of participants living in the Downtown Eastside had initiated injection drug use compared to 19.7 per cent of those living elsewhere.

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.

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