



Ambassador Eric Goosby, United States Global AIDS Coordinator, (left) and Dr. Julio Montaner, director of the BC-CfE and co-chair of the 2nd International HIV Treatment as Prevention Workshop, highlighted the need for further expansion of the Treatment as Prevention strategy worldwide to win the battle against HIV and AIDS.

International workshop highlights B.C.'s pioneering role in the fight against HIV/AIDS

B.C. leads in the implementation of Treatment as Prevention to significantly decrease death, disease progression, and new HIV diagnoses in the province

Hundreds of leading international HIV scientists from around the world congregated in Vancouver last month to hear the latest research on HIV prevention at the 2nd International HIV Treatment as Prevention Workshop.

HIV researchers and clinicians from Zimbabwe, Kenya, Europe, and Argentina rubbed elbows with representatives from international organizations including the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organization (WHO), the International AIDS Society (IAS), President's Emergency Plan For AIDS Relief (PEPFAR), and the National Institutes of Health (NIH) during the four-day workshop from April 22-25.

In his presentation, Dr. Julio Montaner, director of the BC Centre for Excellence in HIV/AIDS (BC-CfE), told attendees that in British Columbia, progression to AIDS and death, as well as new HIV diagnoses, have decreased significantly as a result of the province's innovative Treatment as Prevention strategy.

"The consistent decrease in AIDS-related morbidity and mortality, coupled with the consistent decrease in new HIV diagnoses in B.C., reinforces the effectiveness of Treatment as Prevention," said Dr. Montaner, co-chair of the workshop.

He noted new province-wide HIV diagnoses fell again in 2011, to 289 from 301 in 2010, from approximately 900 cases per year in the early 1990s.

Treatment as Prevention involves widespread HIV testing and treatment to medically eligible people who are found to be HIV positive. In recognition of the overwhelming evidence that Treatment as Prevention works, the focus of the discussion at the BC-CfE-led workshop was not on the efficacy of the strategy, but rather on how to best put it into action.

"The United States government has embraced treatment as a powerful [and] essential tool in prevention and the achievement of an AIDS-free generation," Ambassador Eric Goosby, United States Global AIDS Coordinator, told the audience in his keynote address. "Today, we are privileged to sit at the intersection where the worlds of science and implementation combine to produce significant public health impact."

Workshop attendees debated the most cost-effective ways to implement Treatment as Prevention. However, they all agreed that, as the only province in Canada to implement the strategy and see a consistent decline in new HIV cases, B.C. provides a successful model for other Canadian cities and countries across the world.

"By developing ground-breaking policies such as Treatment as Prevention, B.C. is making significant inroads against HIV and AIDS and providing best practices to implement in Canada and the rest of the world," said Elly Katabira, president of the IAS and co-chair of the workshop. "We look forward to the day when the battle against HIV and AIDS is finally won."

In B.C., the Seek and Treat for Optimal Prevention of HIV/AIDS (STOP HIV/AIDS) pilot project is based on BC-CfE's HIV Treatment as Prevention strategy. In 2010, the B.C. government invested \$48 million over four years in the BC-CfE-led STOP HIV/AIDS pilot to expand HIV testing and treatment in Vancouver's inner city and Prince George.

Treatment as Prevention has been endorsed by U.S. President Barack Obama and Secretary of State Hillary Clinton as an effective strategy in the fight against HIV/AIDS. They have added their names to a growing list of supporters that includes UNAIDS, WHO, the Clinton Foundation, and the Stephen Lewis Foundation.



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—Elly Katabira, president of the International AIDS Society and co-chair of the BC-CfE-led 2nd International HIV Treatment as Prevention Workshop

» See full story above



An innovative model of safer indoor sex work spaces reduces violence and HIV risks

On the heels of the landmark decision by the Ontario Court of Appeal to allow sex workers to legally work in safer indoor spaces starting in 2013 in Ontario, research shows an innovative model of unsanctioned safer indoor sex work spaces may have life-saving benefits, including reduced risks of violence and HIV, for the most marginalized sex workers.

This innovative model has also proved to promote better relations between sex workers and police.

The study, first authored by Andrea Krusi, a PhD student with the Gender and Sexual Health Initiative of the BC Centre for Excellence in HIV/AIDS (BC-CfE) and the University of British Columbia (UBC), was recently published in the *American Journal of Public Health*. Krusi and colleagues interviewed 39 women in low-threshold, supportive housing programs for sex workers living in poverty and using drugs. These programs, operated by Atira Women's Resource Society and RainCity Housing and Support Society in Vancouver, offer a unique harm reduction model that promotes the health and safety of sex workers.

"This research shows that safer indoor sex work spaces dramatically reduce the risks to the health and safety of sex workers," said Dr. Kate Shannon, senior author of the study, director of BC-CfE's Gender and Sexual Health

Initiative and assistant professor of medicine at UBC. "The evidence is clear: We need to scale up access to safer sex work spaces and remove legal barriers to their formal implementation and evaluation."

Security measures in these indoor spaces include women-only staff and residents, supportive guest policies (clients sign in at the front desk), video cameras onsite, staff available to call police in case of violence, and health and safety resources onsite, including "bad date" sheets and condoms.

"This is about providing women with the most basic human rights around protection from violence within a harm reduction framework," said Amelia Ridgway, manager of RainCity Housing.

Janice Abbott, CEO of Atira Women's Resource Society, added that by their restrictive and arbitrary policies, Canada's criminalized prostitution laws continue to criminalize and victimize the most marginalized women in sex work.



Dr. Kate Shannon

MARIJUANA REGULATION

B.C. mayors call for taxation and regulation of marijuana



Mayor Gregor Robertson

Mayor Derek Corrigan

"We are asking you as provincial leaders to take a new approach to marijuana regulation."

The letter also pointed to an Angus Reid poll showing that a mere 12 per cent of British Columbians support the current approach to controlling marijuana, while the vast majority (66 per cent) support taxation and regulation.

Vancouver mayor Gregor Robertson said that this is not a partisan issue. "Widespread access to marijuana for our youth, grow-ops that provide funds for organized crime, and significant costs to taxpayers for enforcement are all compelling reasons to re-examine our failed approach to prohibition," he said.

Burnaby mayor Derek Corrigan emphasized that we are putting our citizens and communities at risk by not taking action now to overturn the failed policy of marijuana prohibition.

The mayors endorsed Stop the Violence BC in the letter, joining the growing list of recent high-profile endorsers, including former Vancouver mayors and provincial attorneys general. Stop the Violence BC is a coalition of academic, legal, law enforcement and health experts to mobilize a discussion about evidence-based marijuana policies.

Eight mayors representing municipalities from the BC Interior, Vancouver Island, and the Lower Mainland worked with Stop the Violence BC (www.stoptheviolencebc.org) in an effort to overturn marijuana prohibition and protect their communities from the crime and violence resulting from the illegal marijuana trade.

In a recent letter addressed to provincial leaders, the mayors asked the provincial leaders to embrace a public health framework that calls for strict marijuana regulation and taxation.

"Given the ongoing gang activity, widespread availability of marijuana and high costs associated with enforcement, leaders at all levels of government must take responsibility for marijuana policy," the letter said.

HAARTBEATS

New WHO recommendations embrace Treatment as Prevention strategy

The BC Centre for Excellence in HIV/AIDS (BC-CfE) celebrated the World Health Organization's (WHO) new global recommendations for couples HIV testing and counselling as they embraced the Treatment as Prevention strategy.

WHO states that up to 50 per cent of HIV-positive people in ongoing relationships have HIV-negative partners. Of those HIV-positive individuals who know their status, many have not disclosed their HIV status to their partners, nor do they know their partners' HIV status. Consequently, a significant number of new infections occurs within serodiscordant couples, where only one partner is HIV positive.

The WHO guidelines recommend the implementation of couples HIV testing and counselling to support earlier

access to HIV treatment and prevention. For serodiscordant couples, the guidelines recommend offering antiretroviral therapy to the HIV-positive partner regardless of his or her CD4 cell count (white blood cells that are affected by HIV) to reduce the likelihood of HIV transmission to the HIV-negative partner.

"The new WHO guidelines for couples reflect the latest research advances in HIV and AIDS treatments," said Dr. Julio Montaner, director of the BC-CfE. "The British Columbia experience fully supports the shift in the WHO guidelines, as we have shown that earlier testing and proactive access to highly active antiretroviral therapy decreases AIDS-related morbidity and mortality, as well as new HIV diagnoses."

AWARDS

BC-CfE researchers shine

Talented and committed researchers at the BC Centre for Excellence in HIV/AIDS (BC-CfE) have played a major role in helping the BC-CfE build a 20-year legacy of innovative, life-saving research in the fight against HIV/AIDS. The BC-CfE congratulates the below-mentioned researchers on their well-earned recognitions.

- Dr. Richard Harrigan, director of the Laboratory Program at the BC-CfE and an associate professor in the Department of Medicine at the University of British Columbia (UBC), has been selected as a recipient for a 2012 Faculty of Medicine Distinguished Achievement Award in the category of Excellence in Basic Science Research. He was recognized for his 12 years of significant contributions to the UBC Faculty of Medicine.
- Daniel Werb was awarded the Pierre Elliott Trudeau Foundation Doctoral Scholarship 2012 for his PhD research project investigating initiation and cessation of injection drug use among street youth in Vancouver. Werb is a senior research assistant at the Addiction and Urban Health Research Initiative, a program of the BC-CfE.
- Surita Parashar received the Canadian Association for HIV Research (CAHR) New Investigator Award (social sciences category) based on her work investigating the differing vulnerabilities experienced by men and women — including lack of regular meals and housing instability — that impact the uptake of, and adherence to, antiretroviral therapy. Parashar is a research assistant for the Longitudinal Investigation into Supportive and Ancillary Health Services (LISA) project and PhD student at Simon Fraser University's Faculty of Health Sciences.
- Alexis Palmer, project coordinator for the Canadian Observational Cohort Collaboration (CANOC) and the Longitudinal Investigation into Supportive and Ancillary Health Services (LISA) studies, was awarded doctoral funding from the Canadian Institutes of Health Research (CIHR). She placed in the top two per cent of applicants for the Frederick Banting and Charles Best Canada Graduate Scholarship.
- Surita Parashar, Alexis Palmer, Kate Salters, and Angela Cescon, all from the BC-CfE's Epidemiology and Population Health Program, were awarded AIDS 2012 Conference Scholarships to attend the XIX International AIDS Conference in Washington, DC, this July.
- The BC-CfE's renowned Laboratory Program took home the award for science, research and technology at the recent bi-annual AccoAIDS awards in Vancouver. The program co-ordinates some of the world's most significant studies examining human and viral variability. Its primary focus is on developing techniques for monitoring the side effects and degree of adherence to medications, the early diagnosis of HIV infection, as well as tracking variations in the HIV and human genomes.

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
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