

Japanese AIDS health care representatives visit BC-CfE



Dr. Megumi Shimada, Irene Goldstone and Dr. Kazuko Ikeda

Recently, two AIDS care nurses from Japan's AIDS Clinical Center (ACC) have returned to the BC-CfE to continue learning from its progressive and effective approach to HIV/AIDS treatment and care.

The ACC was established in 1997, as part of the settlement to compensate the victims of transfusion related HIV. Today, it provides treatment, information, clinical research and outreach services throughout Japan. Headquartered in Tokyo, the ACC maintains seven regional AIDS clinics throughout the country.

Since 1998, 10 ACC coordinator nurses have visited the BC-CfE and HIV/AIDS programs in Vancouver. The coordinator nurses act as case managers and carry high case-loads of patients; their main focus is to support adherence to antiretroviral therapy. During previous visits, they were there to observe the collaborative care models in action. They intended to integrate this model—which brings hospitals, non-governmental organizations and the broader community together to co-ordinate better care for HIV/AIDS patients—into the Japan's system of care.

In February 2009, Irene Goldstone, director of Professional Education and Care Evaluation for the Centre, facilitated the most recent visit for ACC care nurses Drs. Kazuko Ikeda, Patient Care Consultant, and Megumi Shimada, Nursing Consultant. The focus for this visit was improving home care, creating capacity for long-term residential care and creating outreach services to street-involved people with AIDS.

"The challenges that Vancouver faces now are becoming more widespread in Japan," explained Dr. Ikeda. She cites intravenous drug use, the street sex trade and increasing numbers of street-involved youth as some of the issues that are contributing to an increase in HIV infections.

The situation is worsened by national policies that do not support harm reduction such as needle exchange or methadone programs. Japan, along with the United States and Sweden, is among the few G8 countries that have not adopted harm-reduction policies in the response to HIV/AIDS.

Expanding home care and access to long-term residential care for people with HIV/AIDS is also a priority in Japan for this year's delegation. Dr. Shimada explains that although home care and residential care are available for geriatric patients, younger people, most of whom are men who have sex with men, have not been integrated into residential care programs. Tragically, because of the stigma of the disease itself and of homosexuality, many of these men received treatment for HIV very late in their illness and consequently require long-term care. For these people, home care and residential care are needed to prevent undue suffering and preserve their dignity; it is also a critical step in conserving hospital resources and making hospital beds available for acutely ill people.

In addition to learning from the Centre's knowledge-base and infrastructure, Drs. Ikeda and Shimada said they are also being exposed to cultural differences that have an impact on AIDS care. "We are impressed with the diversity of the staff in Vancouver; most of the staff who work in HIV/AIDS-related care in Japan are women in their thirties. Here, you have different ethnicities, genders and ages working together and sharing different perspectives."

Dr. Shimada added, "We're inspired by the way staff members are confident in their own expertise and not afraid to ask others to contribute theirs. They share information freely and harness synergies that take everyone further in their understanding and capabilities."

The delegates said they will return to Japan inspired by the passion and creativity the Centre's

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Canadian laws may increase sex workers' HIV risk

A recent report published by the BC-CfE in the *American Journal of Public Health* suggests that Canada's federal prostitution laws may play a role in increasing the likelihood that female sex workers will be pressured into having unprotected sex with their clients.



Dr. Kate Shannon

Dr. Kate Shannon, lead author of the study, said, "Our findings showed that the policing and enforcement of prohibitive sex work legislation had a direct and negative relationship with female sex workers' ability to negotiate condom use with their clients. Punitive prostitution laws create an environment that increases women's vulnerability."

Being pressured into having sex without a condom was far more likely among women who were forced to work in outlying, isolated areas as a result of the effects of street policing or prostitution or drug charges. In fact, women who worked in areas outside of the main streets

or the Downtown Eastside core because of these restrictions were three times more likely to be pressured into unprotected sex by their clients, resulting in an increased risk of HIV infection.

The study is the result of a community-based research partnership with Women's Information Safe Haven (WISH) Drop-In Centre Society. It used information collected from 205 female sex workers between April and September 2006 to develop a geographic map that identified "hot spots" in which women were most likely to be pressured into having unprotected sex.

One in four sex workers in this study reported experiencing this type of pressure. The women most vulnerable to being coerced were: those who were displaced to outlying areas due to policing or prostitution or drug charges, those who experienced client-perpetrated violence and those who serviced clients in cars and public spaces such as alleys and parks.

Although sex work itself has never been illegal in Canada, the "communicating" provision established in 1985 makes it illegal to communicate in public to negotiate a sexual transaction. The "bawdy house" and "procuring" provisions also restrict sex workers from legally working indoors in managed or cooperative settings. Report findings suggest that these contradictory prostitution laws, alongside current drug policies, promote the sexual risk of HIV infection in open, street-level sex work markets.

"This study underscores the need for legal and policy reforms that support sex workers in negotiating condom use with clients," says Kate Gibson, Executive Director of WISH. "Along with a host of other qualitative and ethnographic studies, the research shows that current enforcement activities and the laws that support them are putting our most vulnerable citizens at risk."

In the wake of recent legal challenges launched in B.C. and Ontario against current Canadian sex work legislation, this study offers empirical evidence to support the public health imperative of removing criminal sanctions targeting sex workers.

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staff brings to their work and they are already planning future visits. "We have so much to learn from the interdisciplinary approach practiced here," said Dr. Ikeda, and added that ongoing collaboration between ACC and the BC-CfE is a goal for the future. "My hope is that we will be able to develop ongoing tours of the Centre for interdisciplinary AIDS care teams from Japan."

Irene Goldstone concurred that this type of international collaboration is an important part of the Centre's work. "The BC-CfE is one of the most progressive and effective research and care facilities in the world. We are a role model, and it's vital that we share our expertise with other AIDS care specialists to raise the level of care worldwide."



Incarceration and drug use patterns among a cohort of injection drug users

DeBeck K, Kerr T, Li K, Milloy MJ, Montaner J, Wood E

To investigate whether incarceration deters drug use, researchers looked at drug use patterns among a large group of injection drug users (IDUs) surveyed regularly from May 1996 to December 2005.

The study found that among the 1,603 IDUs surveyed, those who were recently incarcerated were two times less likely to cease drug use for a period of six months or more. Conversely, IDUs who were recently on methadone maintenance addiction treatment were significantly more likely to report ceasing their drug use for a period of six months or more.

Among 1603 IDUs, 842 (53%) reported injection cessation for at least six months at some point during follow-up. In multivariate GEE analyses, recent incarceration was associated negatively with injection cessation [adjusted odds ratio (AOR) = 0.43, 95% confidence interval (CI) 0.37–0.50], whereas the use of methadone was associated positively with cessation (AOR = 1.38, 95% CI 1.22–1.56).

In this study, incarceration was shown to be ineffective in deterring or reducing drug use. To ensure that resources are not being invested in policy approaches that are harmful and ineffective, further research is required to establish the benefits, if any, of incarcerating individuals for drug use. (*Addiction Research Report*)

Migration adversely affects antiretroviral adherence in a population-based cohort of HIV/AIDS patients

Lima V, Fernandes K, Rachlis B, Druyts E, Montaner J, Hogg R

Migration among persons with HIV/AIDS is common; however, it is not clear how migration relates to antiretroviral adherence, a key determinant of treatment efficacy. This study set out to determine the scale of regional migration and its association with adherence patterns over time among HIV-infected individuals in British Columbia. The study included 2,421 participants who initiated HAART in August 1996 – November 2004; they were followed until November 2005.

Non-linear mixed-effects models were used to estimate the association between migration and adherence over time.

Descriptive analysis demonstrated high stability in adherence over time, with more than 55% of patients moving at least once during the course of their treatment. Investigators observed that those individuals migrating at least three times were 1.79 times more likely to be in the 'non-adherence' group than individuals who did not migrate. Results demonstrate that migration in B.C. is not homogeneous across subpopulations, and that proactive strategies are needed to ensure that antiretroviral therapy remains available on a continued basis to highly migrant populations. (*Social Science & Medicine*)

Changing global epidemiology of pulmonary manifestations of HIV/AIDS

Hull M W, Phillips P, Montaner J

Tremendous advances have occurred in the care of patients with HIV/AIDS resulting from the advent of highly active antiretroviral therapy (HAART). This has led to differences in the presentations of HIV-related pulmonary disease. Infections such as bacterial pneumonias, particularly *Streptococcus pneumoniae*, remain commonplace, while opportunistic agents such as *Pneumocystis jirovecii* remain a concern in patients without

adequate access to optimal medical care. The tuberculosis epidemic, once thought to be slowing, has been reactivated by the spread of HIV, particularly in sub-Saharan Africa.

Unusual inflammatory responses due to a phenomenon of immune reconstitution are now recognized as a consequence of HAART, with a reported incidence of immune reconstitution inflammatory syndrome in this setting that ranges from 7% to 45% in retrospective reviews. Noninfectious pulmonary conditions such as chronic obstructive lung disease (COPD) and pulmonary malignancies are gaining prominence as patients are accessing antiretroviral care and enjoying significantly extended survival.

This study suggests that pulmonary manifestations of HIV disease differ globally due to differences in current availability of effective HAART programs. In resource-limited settings, AIDS-related infectious complications such as *P jirovecii* pneumonia and pulmonary tuberculosis still predominate. In comparison, in patients accessing HAART, further attention to long-term consequences of both HIV and antiretroviral therapy is warranted, where an emphasis on COPD and neoplasms is necessary. (*Chest*)

BC-CfE supports community-based HIV research in Thailand

Since 2003, the Urban Health Research Initiative (UHRI) investigators have maintained a close working relationship with the Thai AIDS Treatment Action Group (TTAG) and the Thai Drug Users Network (TDN). This work has included the preparation of a controversial but successful application to the Global Fund to Fight AIDS, Tuberculosis and Malaria to develop peer-driven HIV prevention, care, treatment and support programs for people who inject drugs.

UHRI investigators have continued to provide technical support and training for their Thai partners. Most recently, the UHRI team, in collaboration with TTAG, the Mit Sampan Harm Reduction Centre (Bangkok) and researchers

from Chulalongkorn University initiated a research project titled, "HIV Risk Behaviours and Access to Harm Reduction and Treatment Services among Injection Drug Users in Thailand." The project employed a community-based research approach, with the peer-run Mit Sampan Harm Reduction Centre contributing a 15-member team of peer researchers. Using various outreach methods, the peer research team surveyed more than 250 local injection drug users between June and September 2008. The research addresses a range of topics, including access to harm reduction, addiction treatment, and HIV care and treatment programs, as well as participants' experiences with police and incarceration.



what's new

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- *Mathematical Modeling of the Spread of HIV Among Injection Drug Users* – Dr. Krisztina Vasarhelyi
- *Initiating HAART in 2009* – Dr. Julio Montaner

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