



Presentation to the Select Standing Committee on Health

Glen Hillson,
Chair, BC Persons With AIDS Society

Wednesday, November 7, 2001

Presentation to the Select Standing Committee on Health

Wednesday, November 07, 2001

HIV Remains a Serious Threat to British Columbians

- 50,000 Canadians are living with HIV/AIDS
- Each day 11 more people test positive
- The statistics collected by Centres for Disease Control are only an indication of positive test results and should not be confused with infection rate. Only those people who are going to get tested are captured in these statistics.
- The infection rate may be significantly higher with people not getting tested for various reasons.
- Since it was identified HIV/AIDS has been responsible for 12,000 deaths in Canada
- There are 10,261 positive test cases in BC at the end of 2000
- And total HIV/AIDS related deaths in BC are 2,151
- To date HIV/AIDS is fatal

Source: "Taking Stock: Assessing the Adequacy of the Government of Canada Investment in the Canadian Strategy on HIV/AIDS" by Martin Spigelman Research Associates and the Project Group

Source: "HIV/AIDS Update: Year End 2000" British Columbia Centre for Disease Control Society, STD/AIDS Control

Epidemiology of the Disease

Outline of Trends in the Epidemic

Vulnerable Populations

- Gay men;
- Women;
- Aboriginal people;
- Youth, especially young gay men; and
- Injection Drug Users
- Men who have Sex with Men, but do not identify as gay or bisexual

Outline of Reasons Why these Populations are at Risk

- Cultural Barriers
- Lack of Access, Knowledge
- Lifestyle choices
- Poverty
- Don't identify as being at risk

First Quarter Report for 2001, CDC

- Numbers will show that positive tests for HIV continue to rise in several population groups (gays, Asians, Blacks and Hispanics)
- BC health officials are particularly alarmed by the resurgence of a rise in the number of newly positive tests among the heterosexual population.

Potential Reasons for Rising Positive Test Results

- Condom Fatigue (disinterest in using condoms)
- False hope around HIV Treatment
- Cultural Barriers

Mutation of Virus – Implications

- HIV is a retrovirus meaning that it is an RNA virus instead of a DNA virus
- The virus in order to replicate itself makes a complimentary copy of single strand RNA to make DNA.
- Because there is no enzyme that double checks that the two strands match, the virus mutates rapidly
- Implications of viral mutations include resistance to various treatments
- Recent article in Vancouver Sun by Dr. Julio Montaner, August 9, 2001 – explains that viral mutations and hence resistance to different classes of drugs can be passed to the newly infected
- The implications are that newly infected may have limited treatment options, treatment research and developing a vaccine for the many strains of HIV that exist is a challenge
- **Clearly there is no vaccine or cure within the near future**

Lack of Knowledge

- Based on BCPWA innovative ABCs Treatment Information on the Road, we have found that many health care providers, especially rural doctors lack knowledge of HIV Treatment further risking the health of HIV+ individuals

Implications on Health Care Funding

- **The HIV epidemic is not under control** with increasing positive test results and predictions show that further increases to occur
- The viral mutations requires aggressive therapy
- Lack of knowledge within health care field
- Results in increased acute health care costs including – extended hospital stays, and intensive palliative care
- Lack of knowledge also results in ineffective treatment draining the resources of Ministry of Health
- Lifetime treatment costs are estimated at 150,000 per person and the indirect cost of lost productivity and premature death can be as high as 600,000 per person
- Coupled with Phamacare cuts – side effect medication and health promotion deemed unnecessary to be delisted or not covered result in increased decline in health

- Second generation non nucleosides not covered under Pharmacare potentially are salvation to many HIV+ individuals waiting on new therapy

Recommendations

- Ministry of Health consultations with community-based HIV/AIDS organizations, health care providers and people living with HIV and AIDS resulted in the September 24, 1998 release of *British Columbia's Framework for Action on HIV/AIDS*.

1. Involve People Living With HIV/AIDS

- Within the Framework, it states the need to involve People Living with HIV/AIDS and Vulnerable Populations - "*Provide crucial expertise for planning relevant services*"

How involving PWAs in the strategy Saves Health Care Dollars

- Experience and knowledge allows for targeted spending instead of wasting resources on ineffective programs
- Volunteering of time (mentioned in the Community Based Response below)

2. Community Based Model

Within the Framework, it states the need to involve Community-based Organizations – "*Provide unique education, prevention, support and advocacy services for people living with HIV and AIDS*" and – "*Provide training for service providers*"

How the Community Based Model Saves Health Care Dollars

- The Community-Based Response to HIV/AIDS relies heavily on volunteers -- (use BCPWA as an example: in 2000/01 the provincial health system, through BCPWA, benefited from considerably more than 23,000 hours of volunteer labour, more than half of which was donated by HIV+ full voting members of the Society) – Unpaid labour is necessary in order to realize the goals and objectives identified by the HIV/AIDS Division and in the Community-Based HIV/AIDS response it is an enormous reality.
- The Community-Based Response to HIV/AIDS leverages provincial health dollars to great effect -- every dollar invested by the Province in the Community-Based Response creates an automatic multiplier (use BCPWA as a prime example: the province in 2000/01 funded the organization roughly \$1.05 million, on the basis of which BCPWA levered another \$1.25 million from other sources -- only \$170,000 from the federal government -- for HIV/AIDS programs).
- The Community-Based Response to HIV/AIDS is the lowest-cost element in the entire spectrum, working with at-risk and infected populations to prevent further spread of the disease and ensure the most cost-effective and timely support, treatment and care for those already infected -- there are more than 10,000 HIV+ British Columbians at present; the fact that highest-cost acute care facilities across the province aren't overflowing with HIV+ patients is due in no small measure to the Community-Based Response to HIV/AIDS.

3. Definition of Prevention Must be Reviewed

- Prevention should not narrowly defined with respect to the transmission of the disease alone

- Rather prevention is encapsulated in activities of care, treatment and support
- By defining health promotion as prevention, the progression of the disease is slowed down
- By providing care and support to HIV+ individuals, they are empowered to make healthy decisions and reduce the transmission of the disease

How Redefining Prevention Saves Health Care Dollars

- By slowing down the progression of the disease, the acute health care costs associated with the late stages of HIV are reduced
- Empowering people to make healthy decisions results in a reduction in new infections thereby decreasing the number of people living with the virus and effectively reducing the burden to the health care system.