

Profile - the Present Situation
Mortality, HIV Positive IDUs, Vancouver's Downtown Eastside

"A CALL FOR ACTION"

The ongoing Vancouver Injection Drug Users Study (VIDUS) has been tracking IDUs since 1996 (approximately 1,400 participants in total - 460 HIV positive).

Preliminary extrapolation of VIDUS statistics suggests a mortality rate of 14% over ten years for non-HIV positive participants, as compared to 45% for HIV positive participants. Anecdotal evidence suggests that the mortality rate for HIV positive participants continues to climb. It should also be noted that the average age of death is 33 to 34 year of age.

A detailed examination of VIDUS mortality information shows a markedly higher death rate for HIV positive IDUs in every category of mortality - cocaine overdose, heroin overdose, liver failure, violent death, septic infection, etc - as well as causes of death entirely exclusive to HIV positive IDUs, for example, wasting syndrome. Clearly, AIDS is the defining issue for mortality amongst IDUs in Vancouver's Downtown Eastside.

Paradoxically, federal and provincial statistics over the last few years show dramatic overall improvement in reducing progression from HIV positive status to full-blown AIDS and in the reduction of death due to AIDS. This is in sharp contrast to the present reality we are now presented with in the Downtown Eastside. The majority of deaths, while AIDS related, do not show up in the statistics as due to AIDS; furthermore, many deaths go unnoticed.

When we are dealing with an HIV positive IDU, we are confronted with the following issues:

- an addiction problem;
- the destructive lifestyle associated with the addiction;
- HIV infection;
- almost certain co-infection with Hepatitis C;
- intervention through antiretroviral treatment for AIDS and treatment for illnesses associated with AIDS (survival is contingent on such intervention).

Basically, we are dealing with a complicated medical and social "mess." In most cases, drug addiction and the lifestyle associated with such addiction complicates and often precludes treatment. This demonstrates an immediate need for long-term abstinence and recovery programs. The only variables that can either be removed or "adjusted" from the aforementioned list are addiction, lifestyle and treatment. AIDS and hepatitis are permanent.

The AIDS continuum in Vancouver's Downtown Eastside (and elsewhere for that matter) is simple and linear: sero-conversion in 1995-1996, progression to full-blown AIDS, and death at approximately the 10 year mark. We are now seven to eight years into the AIDS epidemic in the Downtown Eastside. At street level we are now witnessing and dealing with the diseases associated with end-stage AIDS (wasting syndrome, CMV, AIDS-related dementia, etc). Weekly deaths are now becoming daily.

Vancouver had a 34% infection rate amongst IDUs. (as compared to 3% in Seattle). Of the estimated 5,000 addicts in the Downtown Eastside, approximately 2,000 were infected with HIV. At present, only 400 are on antiretroviral treatment; 1,600 remain untreated; and of those untreated addicts we guesstimate that 1,000 remain "untouchable" (their AIDS and its treatment remains a non-issue - their entire focus is the next fix). It should also be recognized that of the 400 on treatment many are not doing well because of their continued addiction.

This looming mortality crisis parallels what happened in gay community from the early 1980's until the mid-1990s when antiretroviral treatment became available. Although the numbers are smaller, mortality will occur over a shorter time frame, in the next two to three years. If each person who dies requires an average of three months hospitalization for treatment of end stage AIDS related illnesses and palliative care, this works out to a total of 162,000 hospital days. We do not have the financial nor physical capacity to address such a situation.

As an aside, it should be noted that gay men in general are doing quite well because they are accessing and using the full scope of AIDS treatment resources. This is demonstrated in the fact, that although gay men comprise 60% of HIV positive persons in greater Vancouver and IDUs 30%, two-thirds of the deaths are IDUs, predominately from the Downtown Eastside.

We are at a crossroads where immediate intervention is required. Our efforts in the Downtown Eastside have been largely focussed on harm reduction initiatives (needle exchanges, safe fixing sites, etc) that reduce HIV and Hep C infection rates. Necessary and admirable. Our focus has not been directed at those already infected. The present mortality situation is avoidable and unnecessary. We now have eighteen AIDS antiretroviral drugs and the approximately thirty AIDS-related illnesses are treatable; AIDS is now a manageable disease. Furthermore, an immense AIDS infrastructure now exists to combat the epidemic. There appears to be an attitude of quiet acquiescence that accepts the death of 1,800 HIV positive IDUs in Vancouver's Downtown Eastside as a foregone conclusion. The ammunition to combat this mortality exists; morality dictates that we use this ammunition.

This document stands as a call for immediate action.

It has been my profound observation that once you are dead it is a rather permanent state of affairs that cannot be rectified after the fact, unless you believe in resurrection or reincarnation.

John N. Cameron

endorsed by the DTES HIV/IDU Consumers' Board

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