



Funding for HIV/AIDS and Hepatitis C Services

A Discussion Paper

**Prepared for the
Vancouver Island Health Authority**

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Comprehensive Needle Exchange

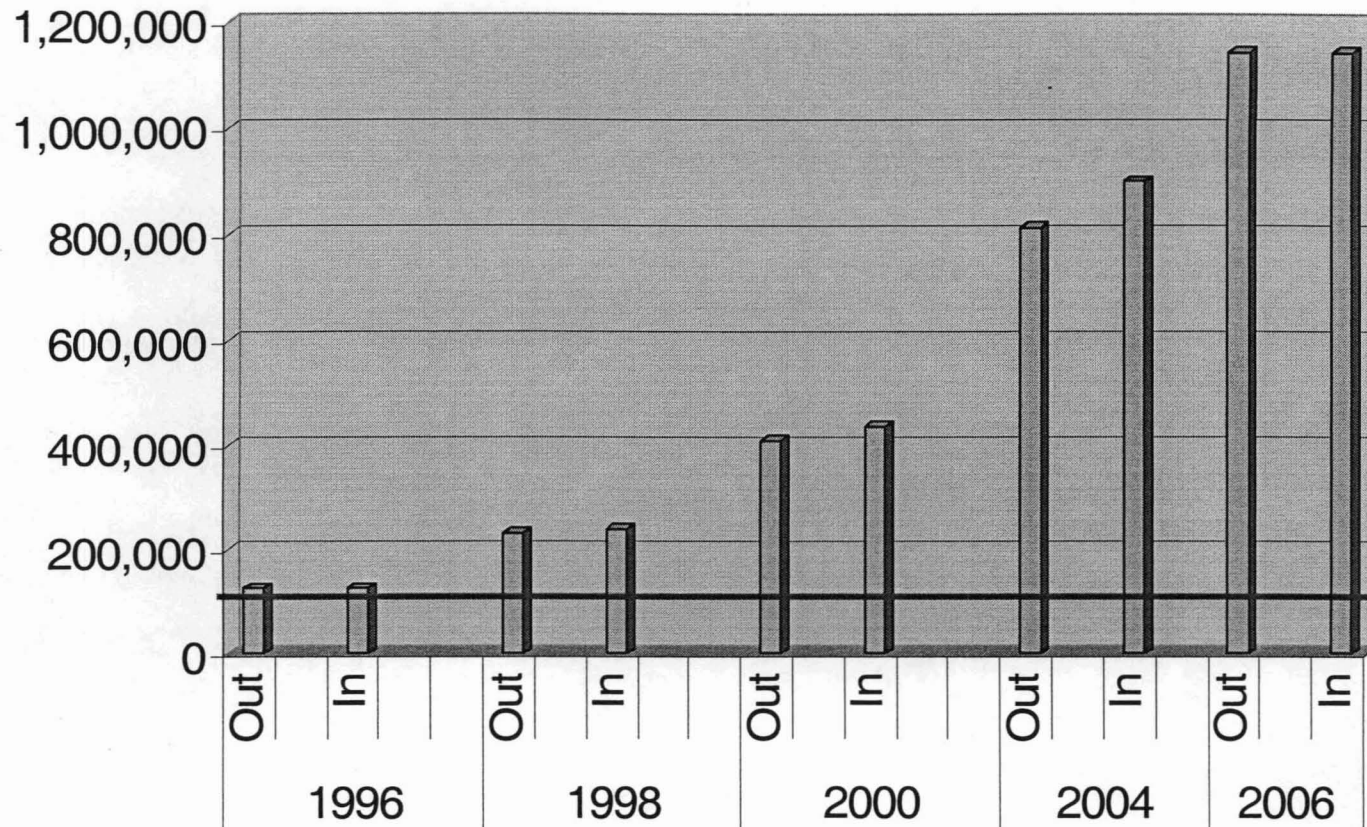
Current Needle Exchange Services in the South Island

- Needle exchange services are provided seven days a week during the following hours: Monday to Saturday from 3:30pm to 11:00pm, and on Sundays from 5-9pm.
- In 1996, SOS exchanged 128,000 syringes to 545 clients. In 2005-2006, SOS distributed over 1 million syringes across the island to more than 2,000 clients. During these ten years of dramatic service increases, funding for the program has remained fixed, with no increases for more than a decade.
- In 2005-2006, the Victoria program accepted an additional 427 clients and distributed 830,000 syringes with a return rate of 97.3%. In Victoria, 1560 active clients used SOS services on approximately 25,000 separate occasions.

Needle Exchange Program Facts

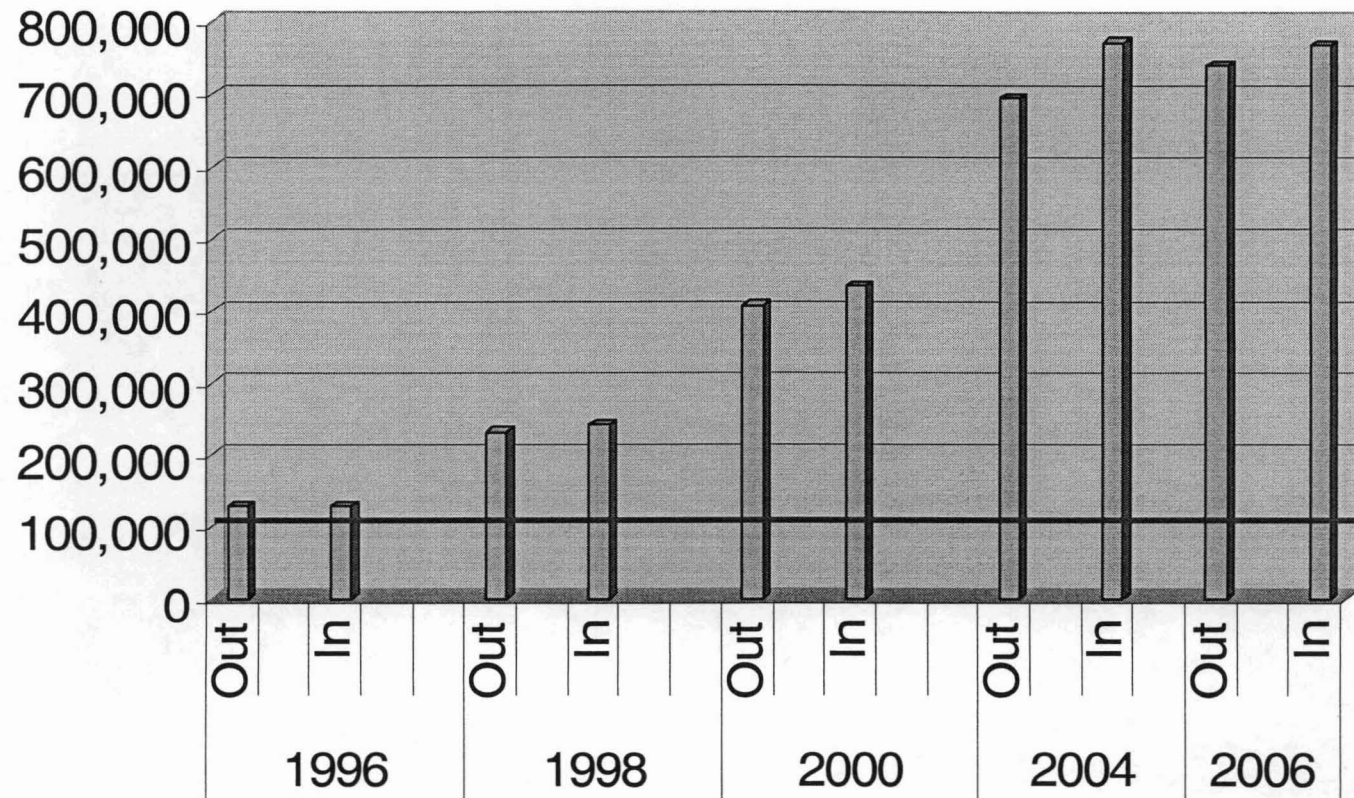
- In the spring of 2005, 250 people who inject drugs in Victoria volunteered to complete an anonymous questionnaire and blood test as part of the *I-TRACK Survey*. Findings from the survey included:
 - 1 in 10 users were HIV+ and 7 in 10 were HCV+.
 - 1 in 4 injection drug users infected with HIV or HCV don't know they're infected.
 - Many users infected with HCV or HIV share their drug using equipment.
- Needle Exchange Programs (NEPs) are inexpensive and cost effective. Studies have shown that a NEP with a modest staff complement will, over a 5-year period, prevent at least 24 HIV infections and provide a cost savings of \$1.3 Million.

Needles Exchanged Vancouver Island



— Staffing Levels

Number of Needles Exchanged Victoria



Staffing Levels

These dramatic increases in service with no corresponding increase in funding have meant that the additional activities on-site needle exchange staff can carry out are increasingly limited. Consequently, other staff members at AVI have worked to develop and deliver prevention and support programs for injection drug users.

Services provided by needle exchange staff:

- 2 staff on duty at all times (the Manager has 6 non-contact hours, the balance is spent as an Exchange worker)
- Distribution and exchange of needles and syringes and other drug using supplies
- Drop-in space with coffee and donated food
- New client intake
- Provision of information on safer using, safer sex, HIV and HCV, etc.
- Referral and advocacy
- Short term crisis intervention counseling and support
- Access to the Street Nursing Program

Services provided by AVI prevention education staff (not currently included in the Needle Exchange budget):

- Education and counseling on safer drug use, safer sex, and HIV/HCV
- Development and delivery of peer education workshops
- Mentoring and support of peer educators
- Research and development of innovative education projects targeted at the needs of injection drug users (see pg. 7)
- Needs assessment and social mapping of “quick and busy” clients to determine effective prevention interventions
- Research on effective interventions to encourage testing for HIV/HCV and STI's
- Needs assessment for a project targeting women injection drug users to be developed in 07/08. Issues to be examined include: why women don't access the exchange, what their particular needs are, how we can modify exchange services to make them more accessible, secondary distribution etc.
- Workshops and information about the safe pickup and disposal of injecting drug use paraphernalia
- Plans for project to encourage the benefits of testing for HIV/HCV and incorporation of that into prevention/education messaging

Other innovative projects provided by prevention education team:

Street Ed

Over the last year we have piloted the development of guerilla education techniques to engage injection drug users in projects to enhance their health. Street Ed is a workshop where participants put together a personalized safer shooting kit. They make a shooting mat, a cooker and a crack pipe and decorate a case to put it in. They are also supplied with rigs and some ancillary equipment such as ties, straws and cotton etc. Safer drug using skills and HIV/HCV information is interwoven through the construction of the kits. The workshop is hands on and does not require reading or writing skills and participants can drop in and out of it and still receive relevant information.

Street Survival Kit

This is a soon to be completed project targeting young injection drug users who are in their first year of injection. Anecdotal evidence had shown us that young people don't necessarily want to access the needle exchange. This project recruited young people to develop kits that could all be put into a waist pack and carried around with them. The kits include drug using equipment, toiletries, condoms/lube, and information about safer sex and drug use designed by the young people. These kits will be distributed through youth service providers starting in late March.

Alley Patrol

This pilot project to commence in April will train peer educators and pair them with a staff educator to do regular outreach to areas where injection drug users are congregating. This is based on a similar successful project from Vancouver's Downtown Eastside. Discussions with clients revealed that drug dealers are operating starting around 5 or 6am and that this is a gap in service provision for new needles and syringes. We will trial outreach services including needle exchange and peer education between 5am and 9am at various "hot-spots" around downtown.

Services provided by AVI advocacy and support staff to HIV positive injection drug users (approx 75% of total active case load):

- Case management services
- Outreach and assessment
- Short term solution focused counseling
- Referral and advocacy
- Peer support
- Preparation of disability applications
- Weekly onsite medical and blood work clinic
- Drop-in program providing nutritional assistance and community support designed with the particular health needs of HIV positive people.

Outline of services requested by VIHA under proposed new model of service delivery (pg. 15 of service provider contract):

- Fixed needle exchange operation
- Education and counseling on safer sex and drug use and HIV/HCV and STIs

- Condom provision
- Referral and individual advocacy
- Peer training and support
- Partnering and mentoring with members of the drug use group
- Development of a secondary distribution plan with partner agencies including training, protocol development, risk management etc.
- Development and provision of a Prevention Case Management program for needle exchange users

Public Order and Safety Provision

Also included in the service provider contract is the provision that:

“Staffing for the needle exchange needs to be at levels that ensure public order/safety through maintaining and consistently enforcing policy such as clients are not to be in areas designated non-client areas, clients are not to be using drugs on site, clients are not to be dealing drugs on site and clients are not to be abusive and aggressive to staff.” (pg.17)

We have met with staff from VIHA on numerous occasions over the last year to outline the public health and order problems created by inadequate staffing and facilities. We have indicated that to provide services in a responsible way, we require, at minimum, a third staff member on duty and a new location.

The small proposed increase in the Needle Exchange budget will not accomplish VIHA’s Request for Service outlined in the contract’s Service Goals, especially as it comes directly at the expense of prevention and support programs.

Current projected increases in needle exchange program:

- \$15,000/yr for the rig dig program, which is now ineligible for Gaming funding, as it falls within the mandate of VIHA to provide
- General 2% increase in wages and benefits costs
- \$16,000/yr Salary increases for the frontline needle exchange staff due to pending job reclassification grievance for workers to achieve parity with education and support staff in the other areas of AVI. (Increases of approximately \$2/hr are projected from \$17/hr to \$19/hr.)
- \$8,000 for staff meetings and trainings to provide skills to manage difficult clientele

Proposed increase in budget for Needle Exchange services in the South Island of approximately \$40,000 will not cover new costs:

- \$60,000 for the addition of a third staff person on duty at all times to ensure safety and security and adequate supervision of the drop-in and exchange
- \$20,000 in rental costs for a new location
- \$10,000 for evaluation

Service Impacts of Proposed Funding Cuts on Needle Exchange Services

- ✖ Reduction in the operation of the hours of the exchange by one day a week, which would result in potentially up to 500 fewer client contacts. Research has shown that many drug users have poor planning skills, needle exchanges need to be as accessible as possible to minimize this issue.
- ✖ Limited targeted educational initiatives including peer education because of cuts to the prevention and education area of AVI
- ✖ Limited advocacy, counseling and support to HIV+ clients who are injection users because of cuts to the prevention and support services for HIV+ people
- ✖ No ability to develop innovative pilot projects like the Alley Patrol, Street Survival kits and the Women Injection Drug Users projects
- ✖ No training to services providers, businesses, community groups and individuals about injection drug use, addictions, and safe disposal of needles and syringes
- ✖ No prevention case management
- ✖ No development of a secondary needle distribution program

Targeted Prevention and Support for People Living with HIV/AIDS and/or HCV

Objectives of Programming for HIV/HCV Positive People

- To increase the client's capacity to manage and live with HIV/HCV
- Using positive prevention efforts to minimize the risks of them passing on the virus
- To address the health determinants that may increase the speed at which HIV/HCV infection progresses including income, housing, access to health services

Rationale: The Case for Targeted Support and Prevention Services

Leading Together: Canada Takes Action on HIV/AIDS (2005-2010) states:

People with HIV are a highly diverse group, socio-economically and culturally...they need a wide range of culturally appropriate support services that can assist with practical as well as psychosocial needs – housing and food as well as social support and prevention strategies. Many of the services that people with HIV need are beyond the traditional mandate of care and support programs. To meet these needs, services must adapt.

Priorities for Action In Managing the Epidemics of HIV/AIDS in BC 2003-2007 states:

"A key strategy will be, to ensure that support services are readily available and accessible to vulnerable groups of HIV positive individuals."

"Without access to healthy living conditions and appropriate care, treatment and support services, people living with HIV will place significant pressure on the health care system as their disease progresses"

"Priorities for Action acknowledges the importance of promoting prevention among those already living with HIV in order to limit its transmission to others."

Closing the Gap Integrated HIV/AIDS and Hepatitis C Strategic Directions states:

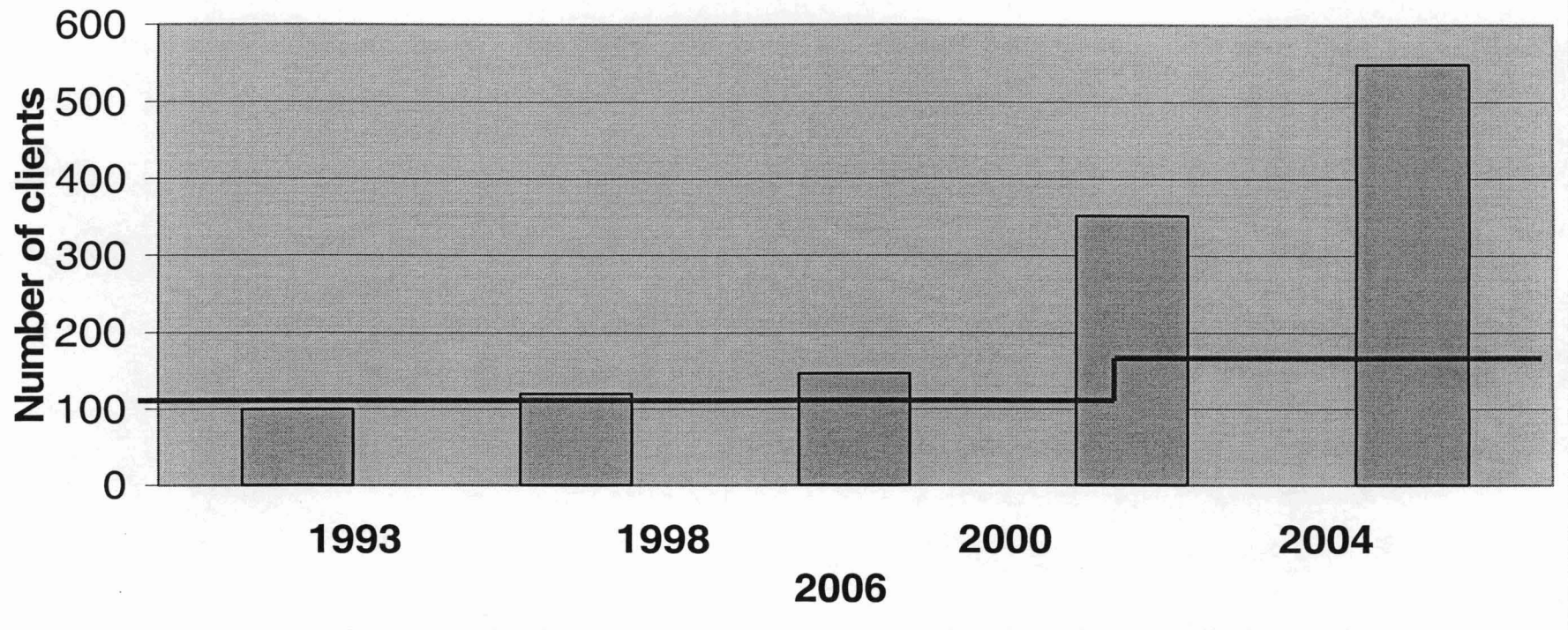
Support is identified as a core service that is essential to the stated goal of linking infected people with services. It also states that VIHA will strive to link as many people as possible to appropriate support services. It emphasizes, that based on the UNAIDS best practice approach, that the most effective responses to the HIV have integrated prevention and care strategies.

Client Profile – South Island

Out of 285 registered HIV+ clients:

- 75% use or have used injection drugs
- 20% are men who have sex with men (MSM)
- 10% are Aboriginal people
- 22% are women
- 26% have been in prison or are currently incarcerated
- 19% have been involved in the sex trade/sex work
- 90% live below the poverty line
- 68% live with concurrent diagnoses (HCV, addictions, and/or mental illness)
- Over 120 clients accessed services in December 2006.

Active PWP Clients - Vancouver Island



Staffing Levels

Targeted prevention and support services currently provided by AVI for people living with HIV/HCV*:

- Case management including advocacy, counseling, supported self care, and active referral to key health and community services
- Brokers access to basic health, mental health, addictions and income support services for new and continuing clients
- Drop-in program that provides peer support
- Assistance in setting and attaining wellness goals through individual care plan development and group work
- Information and education about disease management, harm reduction, safer sex, and health and wellness promotion
- Access to community physicians and nursing care within the program structure.
- Positive prevention program that seeks to maximize the health of HIV positive people providing them with the necessary capacity for maintaining safer behaviours and maximizing their health status
- Support, life skills and self advocacy training
- Outreach

*Due to high client loads in Victoria, most services are only provided to HIV+ people.

Positive Prevention Program

The Positive Health Project is a partnership project between AIDS Vancouver Island and the Victoria Native Friendship Centre. This project addresses the health determinants that increase disease progression and engages positive people as key participants in reducing the transmission of HIV and HCV. Groups are run on a gender model and each series is made up of eight sessions and a wellness retreat. The groups are peer driven: the participants are involved in all stages of project planning and have a role in upholding the rules outlined by the group. Over 200 people have accessed this group in the past four years.

Service Impacts of Proposed Funding Cuts on Targeted Prevention and Support

South Island → 60% cut in funding

- × Loss of 1.2 FTE Advocate/Counselor
- × Loss of more than 3000 client contacts per year
- × Over 50% reduction in number of Disability Applications prepared
- × Limited case management services
- × Limited counseling, referral, and advocacy services
- × No positive prevention programs
- × Limited ability to develop and maintain partnerships with key agencies
- × No ability to provide support and advocacy for people living with HCV

The drop-in program will be closed resulting in the following:

- × No peer support
- × No on-site access to medical clinic
- × No access to nutritional support (funded through other sources)
- × No access to other health and social service workers who provide services in the drop-in
- × Limited ongoing access to clients who may be reluctant to use other services

Services cut (continued)

Central Island → 20% cut in funding

- × Closure of services from 4 days to 3 days/week
- × Closure of drop-in services
- × Closure of HCV drop-in
- × No access to peer support
- × Cuts in advocacy, referral and counseling services to over 150 registered active clients
- × Limited ability to access clients from outside Nanaimo

North Island → 55% cut in funding

- × Dramatic loss in advocacy, referral, and counseling services to over 200 HIV and HCV positive clients (over 70% are estimated to be current or former injection drug users, 20% are Aboriginal, and 30% are women) in 3 locations
- × Inability to retain qualified and experienced staff due to severely reduced hours
- × Limited preparation of Disability Applications (over 88 prepared last year)
- × Limited counselling, peer support, and advocacy
- × Closure of drop-in and peer support services
- × Limited ability to continue partnerships with public and community health in the delivery of on-site medical services including testing. Since these clinics opened at both the Courtenay and Campbell River offices, the nurses are testing numerous people weekly. The "at-risk" population is spreading the word on the street and in the community about the service provided on-site at AVI, which is well known to clients and those at risk as a very safe space.

The proposed net loss of funding for the North Island is around \$30,000. However there has been a transfer of funding to needle exchange services that will result in a dramatic cut in the amount of money for targeted prevention and support to HIV/HCV positive clients. Currently support and education staff members provide needle exchange services as part of their daily duties.

All regions: No financial ability to implement a prevention case management model (now known as Comprehensive Risk Reduction Counseling) based on CDC practice recommendations in any of the HSDA's.

Targeted Prevention with At-Risk Populations

The BC Ministry of Health, Priorities for Action in Managing the Epidemics document identifies that community based organisations must provide critical support for achieving the goals of reducing infections and linking people to care by:

- Engaging members of groups most vulnerable to HIV in prevention and care efforts
- Engaging those already living with HIV in enhanced prevention efforts and
- Providing a vital bridge for mainstream health and research initiatives

Goals of AVI's Prevention/Education Programs

AVI works to meet the goals identified in Priorities for Action in Managing the Epidemics and Closing the Gap Strategic Directions by providing a continuum of health promotion, prevention, and harm reduction services across Vancouver Island using evidence-based practices. Our programs reach thousands of people living and working within vulnerable communities. AVI works from a *determinants of health* perspective to provide information and increase skills and capacity to act on the information. AVI has developed provincially and nationally recognized interactive and experiential education and prevention programs that are in demand across Vancouver Island. AVI works to build relationships with vulnerable communities and to provide targeted effective interventions. For example, AVI's work in developing fruitful working relationships with local Aboriginal communities was recognized in Priorities for Action in Managing the Epidemics.

Overview of Current Programming Provided by Prevention/Education Staff

Youth

- **Youth at risk programs** – Workshops for high-risk youth on harm reduction and HIV/AIDS, Hep C, and healthy sexuality. Partners include programs such as the Youth Empowerment Society, Dallas Youth, Pembroke School (Youth Detention Centre), SJ Willis, etc. Approximate number youth reached annually: 300.
- **Youth at risk in remote secondary schools** – Workshops for youth at secondary schools in remote areas or with high Aboriginal populations including Gold River, Port Alberni, West coast areas, Port Hardy, Port MacNeil, Cowichan Lake etc. Approximate number of youth reached annually: 1500.
- **Incarcerated youth at the Victoria Youth Detention Centre, Pembroke School**
 - Harm Reduction Peer Helper training – Annual training series for select youth to build skills and enhance capacity of high-risk youth to offer peer support around topics such as sexual health, safer substance use, HIV and HCV prevention, and interpersonal communication. Youth are then

encouraged to use skills and knowledge with peers both while incarcerated and upon release. Approximate number of youth trained to date: 40.

- Annual World AIDS Day HIV/AIDS and HCV awareness education workshops for all youth in detention. Includes information on prevention, health and stigma/discrimination. Approximate of youth educated: 400-500.
- Ongoing liaison with teachers and counselors regarding changing needs of youth participants for further program development.

▪ **First Nations Youth**

- HIV/AIDS awareness and prevention workshops for Becher Bay, Tsawout, Tsartlip, Kuper Island, Cowichan, Gold River, Gwa'sala, Quatsino, Nuchalnuth and Victoria Native Friendship Centre First Nations youth programming
- Liaison with health officer and youth workers to arrange events for youth
- HIV/AIDS and Hep C awareness and prevention workshops, as well as anti-homophobia, healthy sexuality and safer sex/substance use workshops for youth
- Approximate number of youth reached annually: 300.

▪ **Queer Youth**

- Gay-Straight Alliance (GSA) Support – Liaison with youth outreach workers and local schools to provide HIV/AIDS, homophobia/heterosexism response and management, healthy sexuality and safer substance use, and ongoing support and referral to local GSA school-based youth groups. Also, project linking local GSAs to help enhance networking and success of programming. Approximate number of youth reached annually: 50-80.
- SEXY youth groups – Weekly drop-in meetings for youth in two regions – Westshore and downtown – to offer extra-curricular activities, support and referral for queer youth in Victoria. Approximate number of youth supported annually: 40.
- Anti-Homophobia/Heterosexism workshops to local middle and high schools in SD # 61, 62 and 63. Currently, AVI is the only service provider doing school-based education of this nature. Approximate number of youth reached annually: 120.
- OUTSPEAK! Peer Education Youth Group – Annual training program that educates queer youth volunteers to be peer educators around issues such as safer sex and drug use, anti-homophobia and heterosexism, and sexual health. These peer educators then work through schools and community groups to educate other youth about the issues relevant to them, using interactive games and forum theatre. Approximate number of peer educators trained: 10. Minimum number of youth educated by OUTSPEAK! Peer education team to date: 800.

- **Young women** – Workshops for young parents and young women at-risk support programs. Partnerships include such programs as the Girls' Alternative Program, Support groups through Westshore Healthy Babies and sexually exploited young women's programs. Information support on safer sex, safer drug use, healthy

sexuality, anti-homophobia, and communication skills. Approximate number of young women reached annually: 60.

First Nations and Aboriginal Communities

- **Workshops and train-the-trainer programs for on-reserve communities across Vancouver Island:**
 - Partnerships with such bands as Tsartlip, Tsawout, Becher Bay, Gold River, Cowichan, Nimgis, Gwa'sala, Quatsino, Comox, Nuuchahnulth etc. K'wam K'wum Tsúli Support Group. Approximate number of participants annually: 200.
 - Monthly community support group partnership with Duncan Native Friendship Centre to provide support to local First Nations and Aboriginal people living with and affected by HIV/AIDS. Approximate number of group participants: 10.
 - Partnership with Duncan Native Health Centre to annual HIV/AIDS prevention and awareness education workshops to First Nations/Aboriginal youth. Approximate number youth reached: 200.
 - Training for nurses and community health workers across the island. Approximate number trained annually: 100.
- **Victoria Native Friendship Centre (VNFC):**
 - HIV/AIDS and HCV train-the-trainer for service providers. Annual training series designed to raise awareness among First Nations and Aboriginal community service providers on understanding the impact of HIV/AIDS and HCV on local FN/A communities. Includes skills building for referral and support, as well as community networking and action plan creation. Approximate number of service providers trained annually: 20.
 - Positive Health Project – Regular skills-building and support gender-specific groups for men and women Living with HIV/AIDS and HCV, geared at enhancing self-efficacy and self-care skills, as well as peer network building. Approximate number of people reached annually: 60.
 - Youth programs as detailed under Youth above.
- **Kwakiutl District Council Health Services & Wachiay Native Friendship Centre**
Same service provider training series as VNFC, as outlined above, to deliver prevention and awareness trainings to community members, including youth, children and elders. Approximate number of service providers trained annually: 50. Approximate number of community members educated annually: 400.

People Using Substances and Drugs by Injection, Street-involved People

- **Peer Education Sessions** – An intensive HIV/HCV workshop series targeting active injection drug users across the Island to provide informal education and model safer behavior to their peer networks. Approximate number of people trained annually: 40.

- **Street Health Series** – Hands-on workshop series for street-involved people and those using substances to raise awareness about harm reduction, self-care and services. Workshops are designed to be appropriate for “quick and busy” participants, those with varying levels of literacy, and concurrent mental health issues by being “hands-on” and peer-based. Examples of workshop nights are: crack-pipe making nights, Endocarditis night (heart-themed Valentine’s event), overdose prevention skills workshop, cooker making night, safer-using kits craft night, abscess prevention and management, etc. Approximate number of people reached annually: 150.
 - HCV Awareness for the 30 Day Stabilization Unit for Women – Provides Hep C education for 10 30 day stabilization unit participants on a regular ongoing 4 week interval.
 - Detox and addiction program participants – Workshops on harm reduction to those going through detox and addiction support services. Partners include such programs as Pembroke Detox Centre, Dallas Society, etc. Approximate number of people reached annually: 150.
- **Community Based Research development** – Partnership with UVIC to design and deliver community-based research projects to address the needs of people using substances and drugs by injection in Victoria. So far, we have created a needs assessment project for people to offer feedback and suggestions to improve AVI service provision to more accurately reflect the needs of those most vulnerable, created harm reduction programming and services for those accessing secondary needle distribution, and developed an Alley Patrol peer education harm reduction program by peers for peers to offer support and referral on the street.

People who are incarcerated

- **Wilkinson Road Jail Harm Reduction Info Nights Pilot project** – Informal education sessions reaching provincial inmates with high mental health concerns and in protective custody. The informal sessions were documented as able to reach a number of individuals who were not interested in taking a complete program. Programming often implies being able to read, sit, and concentrate. A minimum of 20 men were accessed each night and the pilot went over 5 nights. Individuals accessed included those for whom it may have been their first time in jail and individuals who were not aware of the increased risk of being in jail poses for contracting HCV and HIV. Also included individuals recently diagnosed with HIV or HCV who had a lack of information and felt like their life was over. Approximate number of people accessed 100 (50% Aboriginal).
- **Peer Education and Harm Reduction Course Series at VIRCC** – Five-week training course on HIV and HCV developed by AVI to encourage participants to become health and harm reduction educators, inside and outside the correctional system; to explore the attitude of: “If you are my friend you will trust me and share ...” (injecting and tattooing equipment, razors, etc.), compared to: “If you are my friend you would not expect me to share;” and to addresses such issues as self-care, safer using, safer sex, safer body art, and community service referral. Approximate number of people accessed annually: 80.

People Living with HIV/AIDS and HCV

- Peer Education trainings teaching local people with HIV/AIDS and/or HCV in extensive prevention and awareness information, teaching and education skills, interpersonal communication, and peer helper and referral skills. Part of this is the provision of ongoing support to allow them to continue this work. Approximate number of peer educators trained annually: 30.
- Positive Health Project – Partnership with VNFC as detailed above.
- Positive Prevention workshop series – Drop-in workshops for people living with HIV/AIDS and HCV on topics such as: treatment options, serodiscordant relationships and sexual health, interpreting your viral load test results, healthy kitchen and cuisine, etc. Approximate number of participants: 200.

Gay/Bisexual and MSM

- Gay/Bi/Trans Men and MSM: support, outreach, and community building events for gay/bi/trans and MSM men across the island, including skills based workshops, social support, one-one-one support, internet and email access to support, safe space community gatherings, informational newsletter, and island-wide support hotline. Approx number of men reached annually: 500.
- Service provider training on HIV and health issues for gay/bisexual/MSM and queer youth. Approx number of service providers reached annually: 200.
- Over the past year, this program has been expanded to include the Central and North Vancouver Island areas. Current programming includes health groups in Nanaimo, Courtenay, and Campbell River. Future directions include work in the Mt. Waddington area.

Service Provider and Student training

- Regular workshops on such topics as HIV/AIDS, HCV, safer needle handling, and sensitivity training to such service providers as law enforcement, corrections, first response workers, healthcare providers, social workers, youth outreach workers, counselors, etc. It should be noted that the training of each worker/service provider (some with caseloads in excess of 20 clients) implies enhanced support service and referral to all clients. Approximate number of service providers trained annually: 150.
- Recent example of training provided includes workshops at Seven Oaks with 12 VIHA primary care givers an opportunity to have questions answered around treating patients with HIV and HCV, transmission, treating patients concurrent disorders, education of clients with concurrent disorders, protocol around HIV+ clients' sexual activity in the community.

- Workshops and practicum placements with nursing, resident care, medical, community health and other health and social service students across Vancouver Island. Includes training for Aboriginal based health care programs. Approximate numbers of people reached annually: 500.

Proposed areas of development for the coming months

- Programming targeting female injection drug users
- Continued Street Health Educations Series
- Wilkinson Rd Harm Reduction Nights
- William Head Institution Harm Reduction Nights
- YDC Education
- Alley Patrol Training and Development
- Distribution of Street Survival Packs
- Advanced Harm Reduction Education at Alternative Schools in the Comox Valley
- 7 Oaks Specialized Training on HCV for clients with mental health diagnosis
- Intensive work in remote communities of Gold River, Mt Waddington and Port Alberni
- STD education among HIV/HCV positive women and men
- Promotion of testing for HIV/HCV among injection drug users
- Expansion of positive prevention initiatives in the North Island

Services VIHA has requested as part of the New Model of Service Delivery

- Gay Men's Community Development
- Queer Youth Community Development
- HIV/HCV 101 Workshops for Vulnerable Populations

Service Impacts of Proposed Funding Cuts on Targeted Prevention with At-Risk Populations

- **South Island → 55% cut in funding**
 - **Central Island → 15% cut in funding**
 - **North Island → 40% cut in funding**
-
- × Limited peer education programming aimed at vulnerable populations
 - × No train the trainer program with Aboriginal organisations across Vancouver Island
 - × No ability to provide training resources, support etc. to other agencies working on HIV/HCV prevention initiatives
 - × No ability to provide peer education and drop-in educational programming in the North Island
 - × No programming for youth at risk in remote areas
 - × Limited aboriginal programming in the North Island
 - × No support to Cowichan Tribes HIV positive programming
 - × Limited workshops for people living with HCV and HIV
 - × No positive prevention services for people living with HIV and/or HCV
 - × No service provider training on such topics as HIV/AIDS, Hep C, safer needle handling, and sensitivity training to such service providers as law enforcement, corrections, first response workers, healthcare providers
 - × No ability/time to continue the work building partnerships and networking
 - × No curriculum development and review
 - × No ability to respond to best practices/research etc to ensure services continue to be evidence-based
 - × No ability to provide gay men's or queer youth programming outside of Victoria.
 - × Limited Hepatitis C programming
 - × Limited ability to work with Aboriginal and First Nations communities
 - × Limited programming to at-risk youth and women
 - × Limited prison outreach

Approximate numbers of people who will no longer receive services – 2500.

General Impacts of Proposed Cuts in Funding to AIDS Vancouver Island

- ✖ The ability to provide programming that is evidence-based and responsive to changing needs will be limited. This includes the ability to respond to new research and information about HIV/HCV transmission including the *I-track Study* and others.
- ✖ Limited ability to provide effective means for client engagement and involvement in services. AVI has a solid reputation among clients for the provision confidential, respectful services.
- ✖ Limited ability to provide effective evaluation to ensure greater accountability.
- ✖ Limited ability to generate other funding. AVI currently generates over \$400,000 in additional revenue to support HIV and HCV programming across Vancouver Island. We are projecting to increase this by 20% in the next year.
- ✖ Limited ability to develop and maintain partnerships with organisations working with vulnerable populations across Vancouver Island.
- ✖ Difficulty in retaining and employing qualified staff. Many of our staff members are already part-time. Further reduction in hours will mean that it may not be financially feasible for people to continue working at AVI. As well, the reduction in funding without adequate measures put in place for clients who will no longer receive service will result in increased burnout rates.
- ✖ Difficulty remaining in current offices in Victoria and Courtenay.

APPENDIX I

AVI's Services and the Case for Positive Prevention

In order to engage our client base in positive prevention activities we provide some basic low threshold services. These services include a daily hot meal and drop-in program, bus tickets, fruit, food and clothing vouchers, etc. Because of the transient nature of the population we serve these services are crucial – they become the gateway through which we can begin working with clients to improve health outcomes and reduce the rates of virus transmission. Only when a client's basic needs are met can they begin to look at the areas in their life that affect their ability to work, stay clean and sober and regain physical and mental health.

We know that every new infection is caused by someone who already has the virus engaging in risk behaviours. Along with encouraging higher rates of testing we must actively engage HIV positive persons to identify and work to change those practices that put them at risk of not only transmitting the HIV virus to others but also of contracting other blood borne pathogens such as Hepatitis C. Poor health and living conditions put many HIV positive persons at risk of transmitting the virus and also of contracting AIDS defining illnesses such as tuberculosis and pneumonia. The explanation of why some individuals are more at risk of transmitting the virus is as complex as the individuals themselves. However, there is a common factor of ill physical and/or mental health. This reality is stark for the clients we serve.

Because positive prevention activities are as diverse as the populations they target (see Page 25 for illustration), AIDS Vancouver Island has worked to identify strategies that effectively engage the clients we serve. As one can see from our stats the high number of intravenous drug users dictates we offer harm reduction supports and provide a weekly medical and blood clinic in partnership with the Cool-Aid Clinic. To target and maintain contact with homeless and/or chronically under housed we continue to offer drop-in services that provide these clients with a hot meal and contact with both peer based and professional support. Our harm reduction, sex positive and health promotion focus allow us to engage with clients to initiate the kinds of change processes necessary to prevent new infections and improve the overall health outcomes for those already infected with the virus.

Health Canada states that *“adopting healthy behaviours such as eating nutritious food, being physically active and avoiding tobacco can prevent and control the devastating effects of many diseases.”* (www.cdc.gov/healthpromotion). We know this to be true in the case of HIV/AIDS. Many of our clients require on-going and extensive support to achieve a healthy lifestyle. For some, this means attending workshops on nutrition and HIV, social skills, and access to community resources. By adopting a public health approach to service provision we can

address the collective health status of the population group we serve, in particular, the unique challenges faced by the most marginalized in our community. When individuals are healthy, they can begin to look beyond the meeting of immediate and basic needs to focus on making better choices in terms of substance use, compliance with mental health medication, receiving ongoing counseling, etc.

In its report, Universal Access by 2010, the World Health Organization speaks to the need for communities to identify *“an essential package of integrated HIV prevention, treatment, care and support interventions to be delivered by the health sector.”* (www.UAreport2006_en.pdf) Included in these interventions is the provision of nutritional and other adherence supports. In order for individuals to engage in positive prevention activities, remain in treatment and on anti-retroviral medications, health services must address the ongoing and basic human needs of those living with HIV/AIDS.

See diagram below: BCPWA Positive Prevention Activities Map
[http://www.bcpwa.org/empower_yourself/positive_prevention/]