Women Staying Safe in Vancouver

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The Staying Safe in Vancouver Team

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**Study Partners:**
- Vancouver Area Network of Drug Users
- Women’s Group
- BC Association of People on Methadone
- Society of Living Intravenous Drug Users
Our Objectives

- To generate preliminary, context-specific descriptions of the life trajectories, prevention practices, and other characteristics of women who inject drugs in Vancouver within each serostatus group.

- To develop effective and respectful participant recruitment strategies for particular groups of HIV and HCV co-infected and uninfected women who inject drugs, grounded in a comprehensive understanding of HIV and HCV epidemiology in Vancouver.

- To develop a valid and reliable structured qualitative interview guide for gathering data for the above purposes, ensuring our instrumentation is relevant to Vancouver’s local injection drug user communities while enabling comparative analysis of data gathered from other Staying Safe Collaboration studies.
Positive Deviance Control-Case Life History
Methodology

The main question:

In locations where the majority of injection drug users have acquired HCV, and a substantial minority have HIV, how do people who inject drug avoid becoming infected with both viruses over the long term?

How is “the majority of injection drug users” established for HCV?

In this instance, majority is defined as:

>70% but < 90% HCV antibody positive

Why?

< 70% and > 90% prevalence suggests that infection avoidance is a matter of luck (social, structural, biological)
We also need to establish prevalence by years of injection

Why?

The length of time it takes to become a “long term injection drug user” varies in accordance with the features of both epidemics that are unique to each location.

Depends on factors such as: trajectory of the epidemic (i.e. history, incidence, prevalence, infection density over time), neighbourhood characteristics (i.e. availability of needle exchange, MMT, HAART), mobility patterns, enforcement patterns, gender

In New York, this is about 8-15 years
Plan A

- We will identify participant recruitment strategies for co-infected and uninfected women who use injection drugs by establishing HCV and HIV prevalence by years of injection in Vancouver. We will do this through a secondary analysis of available published (and, if needed, unpublished) data identifying HCV prevalence by years of injection.
What have we learned about HCV prevalence among women who inject drugs in Vancouver?

• Overall, HCV prevalence in Vancouver is ≥90%. (ie: Kerr et al reports from VIDUS II and ACCESS cohorts).

• Data outside Vancouver is limited. (i.e. Spittal et al from Cedar Cohort, I-Track data from Vancouver Island, Callahan et al from Prince George)

• Examining data from younger cohorts, it seems that the definition of “long term” injection drug use in Vancouver is approximately 3-5 years for women (see also: Spittal et al reports from Cedar studies, Kerr et al from ARYS cohort).

• Women have been less able to “stay safe” from HCV in Vancouver
Plan B

- Assuming HCV is ubiquitous, we could focus on HIV only. To do this, we need to identify a population (or sub-population) of women who use injection drugs among whom about 2/3 (or approximately 65%) are HIV+.
What have we learned about HIV prevalence among women who inject drugs in Vancouver

- Again, very little data are available reliably establishing infection prevalence by years of injection.

- HIV prevalence varies considerably by group

- While HIV prevalence is still high, thankfully no subgroup has 2/3 prevalence

- Recent data suggests that HIV incidence among people who inject drugs is falling in BC overall (including Vancouver)
What will we do now?

- We are about to begin interviews with HIV and HCV uninfected and co-infected women who have been using injection drugs for 3-5 years in Vancouver. Are there discernable differences between these groups that suggest it is possible for women to actively engage in practices that help them to “stay safe”, esp. from HCV?

- We are continuing to work with colleagues in an attempt to derive reliable assessments of HCV and HIV prevalence by years of injection stratified by gender.
What are we looking for?

• Mechanisms for helping people remain uninfected that have not been addressed by harm reduction so far

• Gender-specific supports that may be needed to reduce or prevent HCV among women

See you next year!
Thank you

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