



Presentation to the Standing Committee on Finance

Presented by Glen Bradford, Chair
The BC Persons With AIDS Society

October 27, 2003

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I am a person living with AIDS. If I were typical of many people that were diagnosed when I was, I wouldn't be here talking to you, I would have been dead 5 years ago. Everyday is a struggle living with AIDS.

I am the Chair of the British Columbia Persons With AIDS Society and wish to thank the Members of the Standing Committee on Finance for granting our organization the opportunity to present our views. We are Western Canada's largest consumer-based AIDS organization and represent the interests of our almost 4000 HIV-positive members throughout the province. Our main focus today is to increase the funding for the Canadian Strategy on HIV/AIDS. Later this afternoon you will hear from a representative from the Canadian Coalition of HIV/AIDS Stakeholders' of which we are a part.

Static Monetary Investment

The yearly budget for the Canadian Strategy on HIV/AIDS has remained static at 42.2 million dollars for the past 10 Years. However, during that time Canada has seen a 57% increase in the cumulative number of HIV infections from 35,000 in 1994 to 55,000 in 2003.

Worsening of the Epidemic

And today, the epidemic is worsening. After a steady decline in the 90's, the rate of new HIV infections has been increasing since 2001. An estimated 4,200 Canadians now become infected each year with HIV.

New Challenges

HIV is presenting new challenges. While the virus continues to infect a growing numbers of Aboriginals, gay men and injection drug users, it is migrating to populations that were once considered low risk— heterosexual women. Women of all risk categories now represent 25% of all new HIV infections, whereas 10 years ago they represented just over 10%. In addition, young people lack adequate education. Recent survey results of 3,500 grade 9 students showed that half of the sample size believed AIDS was curable. This survey also revealed a substantial decline in knowledge of sexual health among high school students compared to ten years ago. This is unacceptable, yet little more can be done with the resources currently available.

Financial Costs and Savings

I'd now like to turn your attention to financial costs and savings. At the current annual rate of 4,200 new infections in Canada, HIV disease will account for at least \$600 million in direct medical costs each year. In terms of monetary savings, if the current rate of new infections were reduced to about 2,000 annually, it would save \$1.4 billion dollars or more over the next 5 years.

Even more dollars could be saved if Canada adopted a national drug purchasing pool. Canada could bargain better prices with Pharmaceutical manufacturers. Because our market share sits at 2% of the world's total, it is too great for pharmaceutical manufacturers to ignore, potentially placing Canada in a very strong bargaining position. So, deal-making could be achieved. As one example, it may be possible to negotiate a moderately higher cost on one pharmaceutical drug to achieve a significantly lower price on another by the same manufacturer. This could achieve a lower overall cost for the two drugs.

Recommendation

We ask that the Members of this Committee support a budget increase to the Canadian Strategy on HIV/AIDS from its current \$42.2 million to \$125 million in order to provide sufficient resources to control this deadly epidemic.

Positive Prevention

We are aware that other AIDS organizations are asking for \$106 million dollars. In addition to that figure, we believe it is crucial that \$20 million be invested in Positive Prevention initiatives to curb the spread of HIV. Positive Prevention is a range of initiatives that support HIV-positive people in their efforts to stop the spread of AIDS. As HIV-positive people are living longer and more active lives, there are more opportunities than ever before for HIV-transmission. It is evident that slowing the epidemic requires attention to the issues and concerns of HIV-positive people.

Targeted Positive Prevention initiatives are needed for HIV-positive women, HIV-positive Aboriginals, HIV-positive youth, HIV-positive inmates, among other groups. Of course, in addition to this range of Positive Prevention initiatives, primary prevention efforts directed at the general population will still be required to stem the epidemic of HIV.

For your information, you will find attached to your brief a description of our Positive Prevention campaign targeting HIV-positive gay men. This is just one example of what Positive Prevention is all about. The campaign was well-received and proved effective. I would be happy to answer any questions about our Positive Prevention campaign or any element of our presentation. Thank you again to the Members of the Standing Committee on Finance for hearing our presentation.

British Columbia Persons With AIDS Society Positive Prevention Campaign:

"We need to talk about it"

BCPWA launched its first Positive Prevention campaign, "We need to talk about it", in December 2002, targeting HIV-positive gay men. The campaign explicitly included positive gay men in the prevention messages, and was the first prevention campaign in Canada to do so. It included four posters and postcards for distribution in venues frequented by gay men. Each poster dealt with a particular situation where gay men may face challenges in maintaining safer sex behaviours.

The campaign was intended to encourage discussion about HIV between positive people, and in the community at large.

The anonymity of the bath scene allows guys to engage in sexual activity without discussing HIV. Negative guys and positive guys often make different assumptions about the other person's HIV status when HIV-status isn't discussed: negative guys tend to think their sex partner must be negative, and positive guys tend to think their sex partner must be positive.



Gay men, especially younger gay men, are at particular risk in new relationships. While younger men often start out using condoms in new relationships, after a short time they may stop using them before discussing HIV with their partners.

Gay men can be at risk at "play parties", especially when sexual activity is combined with drug use. Research consistently shows that alcohol or drug use can predispose people to taking risks.



Like the baths, outdoor sex provides a level of anonymity for sexual activity, but unless guys are prepared for their park encounters, condoms and lubrication may be even less available than at the baths.