



## CONNECTIONS

Summer/Fall 2015

Volume 1, Issue 5

### Message from the President

#### Happy Summer CANAC Members!

I hope that everyone has some fun, relaxing activities planned for the upcoming summer months. Hopefully the weather cooperates. I wanted to take the opportunity to share a few brief updates with membership on the activities of CANAC.

In May, Regina hosted the 25<sup>th</sup> Annual CANAC Conference entitled "HIV Nurses at the Forefront: Then and Now". I would like to extend a special thank you to the organizing committee for putting together such an amazing and successful event. I would also like to thank all the members (rookie and veteran) for making the trip to Saskatchewan and contributing to the success of the conference.

At our AGM, the Board heard loud and clear that communication with, and engagement of membership needs to be a priority; not only with current members, but re-engaging past members and engaging new potential members. The first step to achieving this goal has been to begin implementing a new database which will facilitate membership management, but also allow the Board to improve and increase communication, and allow CANAC to be able to provide a platform called Member 365, for innovative approaches to education and knowledge exchange with members. CANAC will also be exploring new ways to provide ongoing education and knowledge exchange using Member 365, through webinars and document sharing. Scott Harrison, our Expert Advisor on Communication and Knowledge Exchange is leading the set-up and implementation of this new system. Thank you Scott!

CANAC will keep you apprised of updates and details as this exciting new component to our organization is rolled out. If you have any questions or concerns before updates are received, please do not hesitate to contact Scott or myself through our email addresses on the CANAC website. The second step will be to draft a communication that can be shared with various professional networks and current allies, not only to recruit new members, but also to allow current members to be able to share with their networks what CANAC is all about and the benefits of being a part of this great organization. The third piece will be to enhance and strengthen our current partnerships with provincial and national organizations such as, but not limited to, Canadian AIDS Society (CAS), Canadian Aboriginal AIDS Network (CAAN), and Canadian AIDS Treatment Information Exchange (CATIE). We will also be taking measures to improve our visibility and presence alongside these partners. And finally, we will be connecting with members in the upcoming months to get more feedback from you; what your needs are, and how CANAC can improve upon meeting those needs.

On June 8, I was honored to be invited and represent CANAC at the Annual CAS People Living With HIV (PLWHIV) Forum to share some information about our organization. This experience provided me with some insight into just how much CANAC needs to improve its communication strategy as there were many delegates in attendance who had never heard of CANAC, let alone understand the who, what, why, how of CANAC.

Furthermore, this also enlightened me on the need to ensure that CANAC is integrating the principles of Greater Involvement of People Living with HIV and/or AIDS (GIPA) and the more Meaningful Engagement of People Living with HIV and/or AIDS (MEPA), within all our initiatives. Although CANAC is a nursing organization with a focus on nurses/nursing, one of the actions under our Mission is "advocating for the rights and dignity of PLWHIV or who are vulnerable to HIV". However, what struck me most about being a part of this event was the sense of family among the delegates, not unlike the feeling of connectedness that I share with many of my CANAC family. Prior to the event, I was able to have a very productive meeting with Gary Lacasse, Executive Director, and Greg Riehl, Board Chair, and discuss ways of collaborating more closely in the future, including co-hosting webinar education. CAS has recent experience conducting a series of webinars on Transgender Issues which was highly successful.



Brett Dow RN BSN MSN  
President, CANAC/ACIIS

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## President's Message Contd....

As a result on the robust discussions with CAS, I will be continuing to work with them, as well as re-connecting with the other partners previously identified throughout the summer.

On June 27<sup>th</sup>, Saskatchewan (SK) embarked upon a provincial testing day in partnership between provincially based community based organizations, local health authorities, and nurses from multiple jurisdictions. At the time of writing, its success is unknown, but events were planned throughout the province, and additional information can be found at <https://www.skshiv.ca/sk-hiv-testing-day>. All three of the SK based Board members (myself, Debbie Rodger, and Susanne Nasewich) will be in different parts of the province supporting testing initiatives. This will be an annual event in SK, and CAS is leading the charge to make this a nationally recognized event. CANAC's involvement in this initiative will be reviewed by the Board, but will also require input from its membership.

I have also been reflecting significantly upon discussions I had with members at our annual conference, as well as upon current events in our country. The "opioid crisis", devastation wrought due to fentanyl overdose, and current impact of addictions on HIV has been weighing heavily on my mind. I am still, in many ways a newcomer to the world of HIV nursing in comparison to many of our members, but in my 12 years working in this area in Saskatchewan, the vast majority of people I have worked with and unfortunately have had to inform them of being HIV positive, have been our Indigenous Peoples and struggling with addictions. Advocating for these vulnerable populations is part of who CANAC is and what we do. In addition, our recent conference theme was "HIV Nurses at the Forefront: Then and Now", and we were reminded of the integral part CANAC has playing in being a leader in Canada on issues such as disclosure, treatment and prevention, and of course harm reduction. As a result, I strongly believe that CANAC must take a strong leadership role and continue to be "at the forefront" in addressing the issues of addiction. However, this is simply my perspective and opinion and CANAC looks to you, its members, on guidance and direction on its level of involvement in these issues. Please contact me with your opinion and perspective, so that CANAC can ensure it continues to address the issues that are important to its members.

Finally, as CANAC begins to review and update the publication "Caring for Clients Who Are At Risk For and Living With HIV/AIDS: Best Practice Guidelines" we are seeking volunteers to assist, facilitate, and support completion of this work. Communication has gone out in the past requesting volunteers, and will go out again in the near future. In the meantime, if you are interested in contributing to this review, even in parts based upon your area of expertise, please do not hesitate to contact Scott or myself through our email addresses on the CANAC website.

Thank you very much for being a part of CANAC and making our organization successful. Please feel free to connect with me at any time with your questions, concerns, and/or input, it is greatly appreciated and invaluable to our future. Have a wonderful summer.



## Congratulations from CANAC!

CANAC would like to recognize and congratulate members of the First Nations Inuit Health Branch (FNIHB) Saskatchewan, including three current CANAC members for receiving the Health Canada Deputy Minister's Award for Excellence, for contribution to the improvement of health of Canadians.

The Saskatchewan HIV Outbreak Team is a multidisciplinary team of ten FNIHB employees and two PHAC field epidemiologists. This team has provided an exemplary community health response to a Human Immunodeficiency Virus (HIV) outbreak crisis in an area of Saskatchewan which began the spring of 2016. The outbreak has greatly impacted two First Nation communities and the surrounding off-reserve area.

The Outbreak Team has demonstrated exceptional collaborative leadership working closely with the Chief, Council, and staff of each First Nation; the local Regional Health Authority; and the Saskatchewan Ministry of Health. The results of these efforts include capacity building and culturally-based services at the community level, people affected by HIV are accessing treatment, and ultimately a declining number of newly infected individuals. There are people talking now and acknowledging some of the impacts of trauma, poverty, and racism in relation to mental health, addiction, and HIV. The HIV Outbreak Team includes Mustafa Andkhoie, Carolyn Cyr (CANAC member), Rachael Erza, Dawn Garner (CANAC member), Leegay Jagoe (CANAC member), Dr Ibrahim Khan, Stephanie Konrad, Deborah Kupchanko, Susan Miller, Dr Sandy Remer, Connie Wishnevetski and Renate Ziebart.

## CANAC Awards of Excellence 2017

Congratulations to our amazing members who received a CANAC Award of Excellence at Conference 2017! Our winners are:

**Andrew Johnson Award for Exceptional Contribution to HIV Nursing**

**Laurel Stang, Saskatchewan**

**Jill Sullivan Award for Excellence in Clinical Practice**

**Clarence Frenchman, Saskatchewan**

**Barney Hickey Newcomer Award**

**Serena Chalmers, British Columbia**



# CONFERENCE 2017

## HIV NURSES at the FOREFRONT: THEN and NOW

A debt of gratitude is owed to Debbie Rodger and the Conference Planning Team of 2017, for their outstanding execution of a wonderful conference in Regina, SK in May. Hosted on the traditional territories of Treaty Four First Nations, at the Doubletree Hilton Regina, the program celebrated 25 years of CANAC conferences and the amazing work of nurses and our allies in HIV/AIDS over that time frame.

Many of us remember those early days of the epidemic and the conference offered many poignant and powerful reminders of how nurses responded to a global public health crisis with compassion and advocacy. The conference gave us the opportunity to reflect on our history and celebrate the advances in care and treatment for those living with HIV/AIDS.

We are reminded that the battle is far from over and we still, as individual professionals and for CANAC as an organization, have much to do in the fight against HIV and the social conditions that allow the virus to flourish. Many of the institutional barriers to accessing prevention, care and treatment have not gone away and we continue to fight against the injustices faced on a daily basis by those living with HIV or living at risk of



### Conference Organizing Committee 2017

Back row: Greg Riehl, Susanne Nasewich, Michelle Bilan

Front row: Laurel Stang, Debbie Rodger



transmission.

**Conference 2017 Delegates create a human Red Ribbon!**



As always, CANAC is deeply grateful to the people of the Treaty Four First Nations, for sharing their land and resources with us in a good way and being part of our conference. During the conference delegates had the opportunity to take part in the Blanket Exercise, and interactive experience which teaches indigenous history and rights in ways that many Canadians have never been exposed to.

For more information on this powerful educational experience please visit

<https://www.kairosblanketexercise.org/about/>



# Scholarship Reflections

## **Katie Connolly, Registered Nurse, Toronto, ON**

I am very grateful to have received a scholarship for the 25th Annual National CANAC conference and for the opportunity to visit the traditional territories of the Treaty Four First Nations. Thank you to the planning committee for an excellent conference.

The Blanket Exercise was a highlight for me and an experience I have brought home and shared with my colleagues and friends. I also appreciated Irene Goldstone and Marilou Gagnon's closing plenary which explored the harm reduction interventions nurses have used, the milestones that have been achieved and the advocacy that must continue.

The major learnings for me were about strategies to implement the Truth and Reconciliation Commission of Canada's Calls to Action and the importance of speaking out for Harm Reduction approaches to care. I also really enjoyed learning and spending time with colleagues.

## **Bill O'Leary, Social Worker & PhD Student, Toronto, ON**

I had an excellent experience at the conference and am very grateful for the support of the CANAC Scholarship that made it possible. Being provided with an opportunity to hear from colleagues on the work they are involved in, and then meet later to follow up, is invaluable in improving HIV care across different regions.

My major learning centred on the importance of including peer workers and health navigators in care at an early stage. This is a significant addition to a care model for people lost to follow up. Ideas from the conference are already being included in program development back at my own workplace.

The opportunity to share practice ideas and stories really helped to 'fill my tank' and bring me more energy. Hearing other people's struggles helps us to align more across regions and support each



**Delegates with Peer Worker Krista Shore (Centre)**

## **Cheryl Turzanski, ON**

The conference offered a wonderful synopsis of the journey of HIV with some great take-aways which included, in the words of one attendee 'taking the fear out of the bedroom' and the issues faced by indigenous peoples who often feel invisible when navigating health services. Each speaker demonstrated real commitment and passion for caring for people living with HIV and their energy could be felt in their talks. The conference atmosphere was so positive and engaging and delegates didn't leave or disappear!

My major learning was around the issues of access for indigenous peoples, their exposure to racism in the health system and how nurses can be instrumental in changing judgmental attitudes. The conference reminded us all to listen to patients' lived experiences as part of our assessment for most appropriate care and treatment.

The conference enabled me to have many conversations with colleagues from across Canada, share different perspectives and take home practical ideas which can be incorporated into practice,



**CANAC Board Members**

*Thank you to everyone for making our 25th Anniversary Conference such a success!*



## Surviving a crisis: Why harm reduction alone won't turn the tide on overdose deaths

For many of us who have worked in HIV nursing prior to the introduction of HAART, the current overdose epidemic has eerily familiarity. Seeing hundreds of young lives lost to a preventable epidemic - this time, man made - is distressing and traumatizing for so many of our frontline nursing staff, allied professionals and support workers.



Introduction of Fentanyl, Carfentanil and other analogues into the drug supply has hit communities across the country hard, but nowhere more so than here in British Columbia, where we are at the heart of the crisis, particularly those of us who work in the Downtown Eastside. In BC, 4 people a day are dying of overdose. Ending 2016 with 940 overdose deaths in BC seemed too painful to bear, but the numbers keep on rising. Already by the end of April 2017, 488 people were dead and our end of year projection is now expected to be 1500 deaths: a quadruple number in just five years. Vancouver Mayor, Gregor Robertson recently stated;

*"The near-record number of drug overdose deaths in the fentanyl crisis is a bloodbath in all corners of Vancouver with no end in sight"*

Provincial and Federal response to the OD crisis has been slow - at times glacially slow. The hashtag #wetalktheydie has taken on a life of its own. Bureaucracy has always been slow to respond to health emergencies, however, changes are now in place that are at least easing the burden of trying to work around a broken system that criminalizes substance users and creates massive barriers for the health workers trying to help them.

Metro Vancouver has just had three more supervised injection sites approved and opened, along with the multiple 'Overdose Prevention Sites' that popped up in late 2016 and were quickly approved by the Federal and Provincial governments. Montréal now has supervised injection services opened. But the process of approving these essential services remains marred in unnecessary community consultations and red tape.

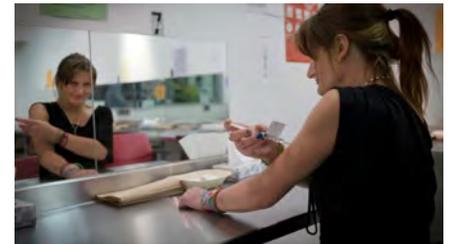
After decades of limited funding for substance use support services, the health system is now trying to respond to the urgent need for low-barrier, accessible treatment programs alongside the very much needed harm reduction services. However, the media and some activists are too focused on harm reduction alone as the cure for this crisis.

While funding and intent is being channeled into Supervised Injection Sites (which should absolutely happen), this is not the solution to the overdose crisis. Getting people to **access** help is a real problem. BC Coroner Lisa Lapointe has identified that the majority of OD deaths are happening indoors, in private residences - indeed only 10% of BC OD deaths happened in public spaces. Many of our deaths are associated with recreational users, often professionals and parents or young people, who feel too stigmatized to go and use in a safe space like an SIS or supervised consumption site.

Alongside efforts to try and rapidly address stigma is a desperate need to replace illicit drugs with clinical care, including injectable opioid agonist therapy (iOAT) for those who need it. Vancouver, like many other Canadian cities, has suffered from a lack of prescribers for suboxone and methadone and often the services that do exist are not low barrier. Patients routinely report that they are ejected from oral replacement therapy programs for having positive urine screens. Many residential treatment programs require total abstinence - including from suboxone and methadone. These punitive approaches are a world away from the evidence on substance use as a chronic relapsing condition based in neurobiology and complex psychosocial factors.

Health professionals, including many prescribing physicians have either poor or outdated knowledge on the science of addiction and contemporary treatment modalities - knowledge deficits we simply would not accept in any other circumstance. The way people with substance use disorder are treated by many health professionals is akin to suggesting a bread poultice instead of a Vac-dressing for a large, complex wound.

Treatment on demand is essential for people who use substances and want to stop or access safe drugs. Long wait lists and multiple assessments and hoops to jump through are now placing people at direct risk of death. In a state of emergency like this, we need to stop worrying about 'diversion' of prescription drugs and instead, make access to clinically safe drugs as easy and quick as possible. It works. Crosstown Clinic in Vancouver, currently North America's only iOAT clinic, has had no overdose deaths at all, despite being surrounded by the emergency.



We need better access to harm reduction sites for sure, but along with this, we need immediate access to clinically prescribed replacement therapy for those who are injecting drugs, whether orally or at injection treatment centres like Crosstown Clinic in Vancouver. We have the evidence, we just don't have the political willingness to invest the finances required for such programs.

So what can you do? Advocate, speak out, share the message with your colleagues and friends that we need access to evidence-based treatment NOW.



**Scott Harrison RN BScN MA CCHNC**  
Expert Advisor, Communication & Knowledge Exchange



## England reports 'remarkable' drop in new HIV cases in men



**London, June 2017.** For the first time, new diagnoses of HIV have fallen among men who have sex with men in England, according to data from Public Health England. They have decreased from 2,060 in 2014-15 to 1,700 in 2015-16, while in London there was an even steeper drop. PHE said increased testing, fast treatment with HIV therapy and the use of preventative drug Prep have all contributed to the trend.

Frustration at the continued rate of infection in males has turned to hope in England at least. Dr Michael Brady, Medical Director of the Terrence Higgins Trust, said that after years of high rates of new HIV diagnoses among gay and bisexual men, such a sharp drop in England was 'remarkable' "This points towards what can be achieved when we utilize all the weapons in our arsenal against HIV transmission" he said, "This includes access to condoms, testing, PrEP, diagnosing and treating people as early as possible so they can become undetectable."

PrEP is available in multiple clinics in London and Scotland has recently announced that PrEP will shortly be made fully available.

## Trump doesn't care about HIV say advisors who resigned

**Washington DC June 2017.** Six members of the Presidential Advisory Council on HIV/AIDS resigned in the first week of June owing to 'a President who simply does not care' one member wrote in a Newsweek op-ed. "We cannot ignore the signs that the Trump Administration does not take the ongoing epidemic, or the needs of people living with HIV seriously" wrote Scott Schoettes, the HIV project director for Lambda Legal, a civil rights organization. Schoettes said that advisors on the council, known as PACHA, had suspected the President's lack of understanding during the presidential race but decided to wait and see.

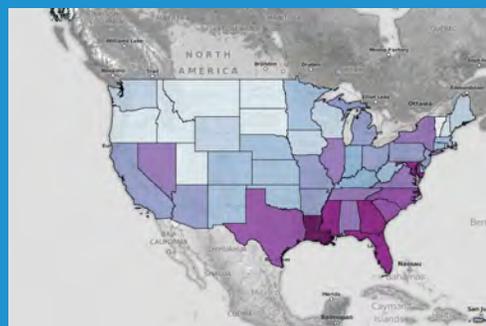
On Inauguration Day it was noticed that the new Administration had taken down the website of the Office of National AIDS Policy and the President has yet to appoint anyone to lead that office, which is vacant due to the change in administration. Of greater concern is the proposed House of Republicans Healthcare Plan, promised by Trump to replace Obamacare. The new plan would remove coverage for pre-existing conditions, including HIV and will rollback the expansion of Medicaid which cover over 40% of people who receive HIV care.

## Young people in the USA being diagnosed with HIV in disproportionate numbers

**Atlanta, GA. June 2017.** While England is celebrating a reduction in HIV transmission, the USA is experiencing an alarming upswing in the numbers of youth being diagnosed. New cases of HIV in youth between the ages of 13 and 24 accounted for more than 25% of all new diagnoses in 2015, a departure from the overall trend of an 18% decrease in new diagnoses overall. New cases of HIV in people between the ages of 13 and 24 accounted for more than 25% of all new diagnoses in 2015, a 2% increase from the year before. That's a departure from the overall trend — new diagnoses for all age groups decreased by 18% between 2008 and 2015.

The latest figures come from Emory University's Rollins School of Public Health and lead researcher Dr Patrick Sullivan believes the rates are an illustration of younger people's lack of awareness about how pervasive HIV still is. Dr Sullivan said an estimated 50% of young people who are infected, are unaware of their HIV positive status, underling the importance of accessible HIV testing for youth and strategies for educating young people about the risks of HIV.

The worst hit states lie in the South, with Texas, Louisiana and Florida having the highest rates of youth transmission, as shown in the map below where the darker the purple, the higher the transmission rate in youth.



# CONFERENCE 2018!



## SAVE *the* DATE

26th Annual  
CANAC Conference  
Vancouver, BC  
April 5-7, 2018

### Conference 2018 returns to West Coast

We are so excited to invite you to save the date (and make your plans!) for Conference 2018, which will take place on unceded Coast Salish territory in beautiful Vancouver from April 5-7 2018. Hosted at the Coast Coal Harbour, delegates will experience top class accommodation and conference facilities right on the waterfront. Directly in downtown Vancouver, superb dining, shopping and entertainment are all within easy walking distance - and of COURSE we have a stimulating and innovative program to deliver.

The conference will be focused on the interplay of substance use, HIV, and risk and will feature a range of presentations and workshops from harm reduction to the latest in treatment. Watch this space for more news as it released and check us out at [www.canac.org!](http://www.canac.org!)



# 2017-19 CANAC Board

Our annual cycle of nominations for the incoming CANAC Board is now complete, and we are delighted to announce our new Board:

**BOARD:**

**President:** Brett Dow, SK

**President-Elect:** Unfilled

**Treasurer:** Debbie Rodgers, SK

**Board Secretary:** Kelly Muhsin, ON (Newly Elected)

**Atlantic Rep:** Donna Bulman, NB (by acclamation)

**Ontario Rep:** Jeff Reinhart, ON

**Québec Rep:** Unfilled

**Prairies-North Rep:** Susanne Nasewich, SK

**Pacific Rep:** Nancy Chow, BC

**EXPERT ADVISORS:**

**Communication & Knowledge Exchange:** Scott Harrison, BC

## Upcoming CANAC Developments

### Best Practice Guidelines Update

The focus for 2017-2018 will be an overall update of the CANAC Best Practice Guidelines in HIV nursing. The update will include additions to reflect the changing landscape of HIV nursing including substance use, pediatric/youth HIV care and indigenous health and wellbeing. We are still searching for willing writers or reviewers to help us out! If you would like to be involved, please email us at [canachq@gmail.com](mailto:canachq@gmail.com)

### Anti-Spam Legislation Reminder

Canada's Anti Spam Law (CASL) is now in full effect and applies to non-profit organizations like CANAC, as well as commercial companies. Under the law, CANAC and its members have an 'existing non-business relationship', which provides some exemptions under the law including non-commercial activities like sending newsletters and updates.

However, CANAC would like to ensure that we are following the spirit of the law and in the coming membership renewal period, all members will be asked to consent to email communication from CANAC. Any member who wants to be removed from the CANAC Membership email list immediately should send an email with 'UNSUBSCRIBE' in the Subject Field to [canachq@gmail.com](mailto:canachq@gmail.com)





**CANAC  
ACIIS**

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