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No One Left Behind

14th Annual Canadian Conference on HIV/AIDS Research

ACRV 2005

On n'oublie personne

14<sup>e</sup> Conférence annuelle canadienne sur la recherche contre le VIH et le SIDA

ABSTRACTS / RÉSUMÉS

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## Abstracts

had ever had an HIV test. For those who had not tested, 22% indicated they did not know where testing was available. For those who had tested, the majority had tested once, with the last test occurring for 60% within the last 18 months. Of these, 13% (26) had tested HIV positive. While the majority of those tested indicated at their last HIV test they had been treated with care (80%), respect (77%), or kindness (76%), many also reported being treated with hostility (19%), fear (12%), discrimination (11%), avoidance (10%), or in a bored way (15%). Testing was significantly associated with age; being female (and if female, ever having been pregnant); being gay, homosexual, or Two-Spirit; following traditional Aboriginal practices; living away from an Aboriginal community; ever having had an STI; ever having had oral or anal sex; and injection drug use (all  $p < .01$ ).

Conclusion: Accessible, confidential and culturally appropriate HIV testing and counselling are important strategies to prevent the spread of HIV among Aboriginal youth.

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### POLICE WORK IN A CONTEXT OF HIV PREVENTION STRATEGIES: AN EMPIRICAL STUDY IN DOWNTOWN MONTREAL

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Objective: This study identified and analyzed police officers social representations of their interventions directed at marginalized illicit drugs users. The primary goal was to understand how police organizations adapt their regulation of illicit drugs with the emerging health strategies that attempt to limit the impacts of drugs usages (HIV, hepatitis, vulnerability, etc). This recent institutional division of roles in drug control confronts police actions. On the one hand, actors within the health system responsible for harm reduction strategies tolerate usage of illicit drugs. On the other hand, the uses of illicit drugs is still condemn through the "Controlled Drugs and Substances Act" that sanction its possession and police organisations have the mandate to enforce this Act.

Methods: Thirteen in-depth interviews of policemen occupying different decisional positions in Montreal's police service (SPVM) hierarchy were conducted. The interviews were entirely transcribed and then coded using Nvivo software. The coding was analyzed through a systematic qualitative data approach to identify social representations involved in the orientation and organization of police actions.

Results: The policemen felt-necessary actions towards marginalized drug users are closely bound to the following four elements: 1) how they perceive these populations; 2) how they perceive the consequences of illicit drugs use; 3) credence in regulation strategies of these populations; 4) perception of inherent constraints in police work.

Conclusion: These findings show how the felt-necessary actions in police work can oppose the regulation of illicit drugs adopted by health actors, particularly the HIV prevention strategies that aim to stop the spread of the disease among IDUs and marginalized populations.

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### OUTREACH WORKING IN THE EVIDENCE-BASED PRACTICE ERA: UTOPIA OR AVANT-GARDE?

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Objectives: Evidence-based practice makes use of the best evidence available to complement field expertise. While gaining increasing popularity in various health and social fields, this approach is not fully exploited by outreach workers from needle exchange programmes (NEPs). Because it requires finding and understanding scientific research results, most outreach workers might not possess all the skills needed to engage in such a practice change. To overcome this barrier, a partnership was developed between Point de Repères (PdR, a Québec City NEP) and Laval University. The aim of this ongoing collaboration is to enable outreach workers to optimize their interventions by making a better use of scientific knowledge from research fields such as HIV/AIDS and harm reduction.

Methods: Outreach workers' needs were first assessed through a focus group with ten PdR workers. Their specific concerns were categorized and prioritized in a second meeting. Starting with the most important questions, an outreach worker and a graduate student developed field-adapted evidence-based documents. The material produced was adjusted following outreach workers recommendations.

Results: Practical guidelines corresponding to outreach workers needs are now being used on a daily basis at PdR. The gap between knowledge and practice is thus being reduced. Doing so, positive effects appeared among outreach workers and IDUs: the former feel more confident in their interventions, the latter consult more readily for health problems.

Conclusion: This project is a good example of a community-university collaboration in which both partners recognize their co-workers value. Not only are the action and formal knowledge shared, but so are the particular methods associated with them. This point is not trivial. For instance, by helping the community partner to develop skills in evidence-based integration, it insures this project's long term maintenance. The process offers optimal practices, with the ultimate goal of helping vulnerable people gaining a better quality of life.

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### BACK TO LIFE: CANADA PENSION PLAN AND PRIVATE INSURANCE DISABILITY POLICIES AND PRACTICES AFFECTING PEOPLE LIVING WITH HIV/AIDS (PHAS)

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Objectives: HIV is a lifelong, episodic disability for many Canadian PHAs. In Canada, paid work is perceived as a significant benchmark of full social participation. Even when wanting to return to work after periods of disability, many PHAs fear potential loss of disability income supports. The Canadian Working Group on HIV and Rehabilitation (CWGHR) commissioned an environmental scan to:

1. Determine policies and practices of Canada Pension Plan Disability Program (CCP-D) and private insurance relevant to PHAs,
2. Describe the lived experience of PHAs accessing them, and
3. Identify areas requiring further research and action on opportunities and challenges to labour force participation.

Methods: A mixed method approach combined a thorough literature review of public and private programs and policies, with key informant interviews with PHAs in and out of the workforce, policy makers and program staff within government (CPP-D) and private insurance industry, AIDS organizations, physicians, vocational rehabilitation specialists and social workers.

Results: PHAs' experiences accessing and maintaining disability income supports vary widely, depending on how recently people became disabled, the severity and episodic nature of their illness, the thoroughness and kind of information provided to assessors, literacy and assertiveness levels, and access to case workers or advocates. Experience with private insurance disability benefits also varies by type of policy. Many PHAs fear potential loss of disability income support; this fear is a barrier to returning to work and active living. Whether based in actual policy or misinformation, such misgivings inhibit many people living with HIV from exploring whatever flexibility their disability insurers may indeed offer.

Conclusions: Further study is required to understand how CPP-D and private insurance disability policies and procedures, and perceptions of them, may inhibit or facilitate return to active living and identify policy and operational strategies to overcome those real and perceptual barriers.