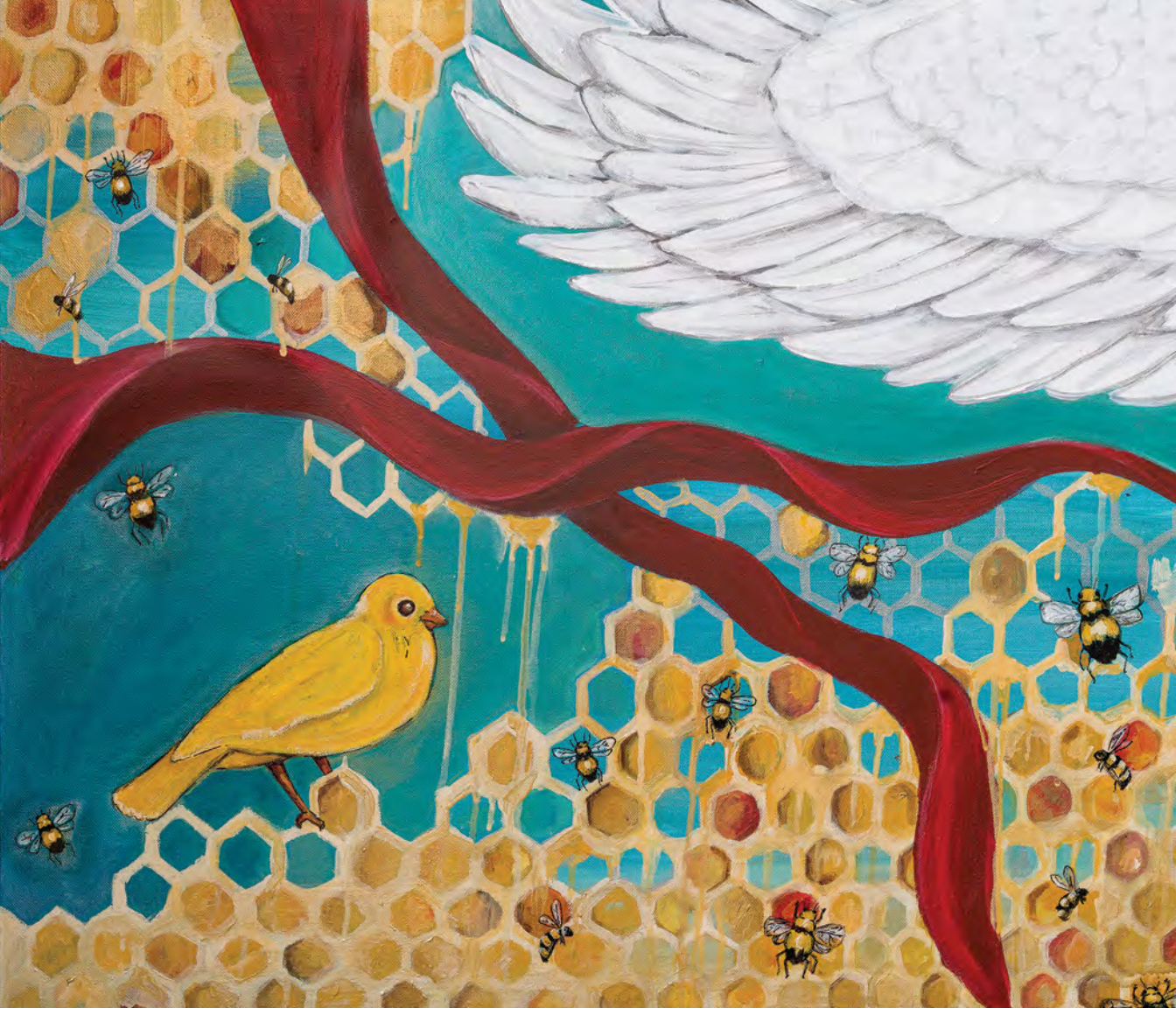

CUPE's national policy on HIV and AIDS

A labour response to the epidemic

CUPE | Canadian Union of Public Employees

Global perspective on HIV and AIDS

- **6,300 people become newly infected with HIV each day**
  - 47% are women
  - 11% are children
- **95% of people living with HIV and AIDS are in low and middle income countries**

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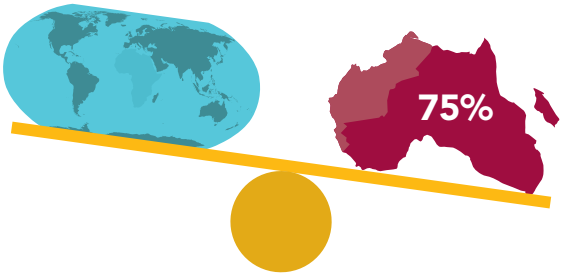
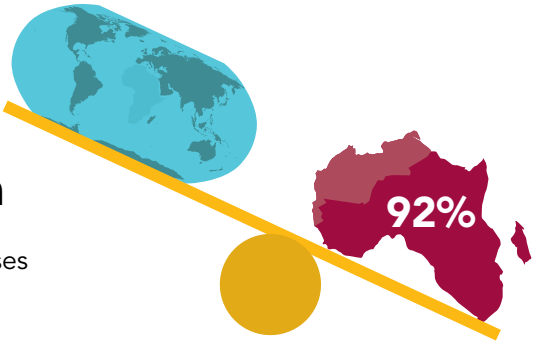
2 million
people became newly infected



1.5 million
in Sub-Saharan Africa

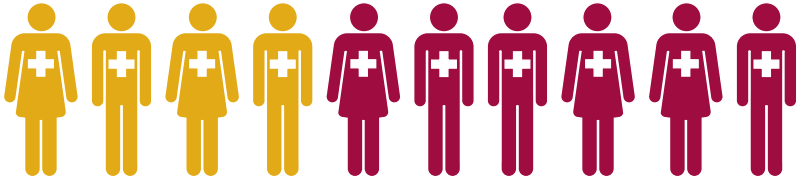
1.2 million
people died from AIDS-related illnesses



1.1 million
in Sub-Saharan Africa

People living with HIV accessing antiretroviral therapy

As of March 2015, **15 million people** living with HIV were accessing antiretroviral therapy **(just over 40%).**

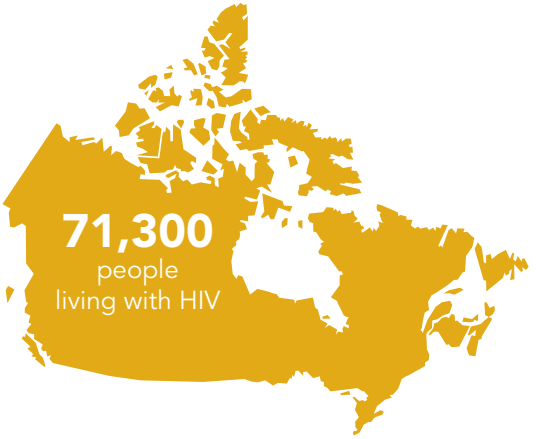


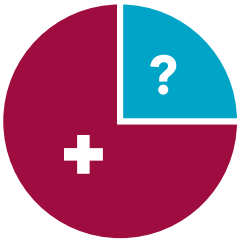
41% of all adults living with HIV were accessing treatment in 2014 (up from 23% in 2010).

73% of pregnant women living with HIV had access to antiretroviral medicines to prevent transmission of HIV to their babies in 2014.

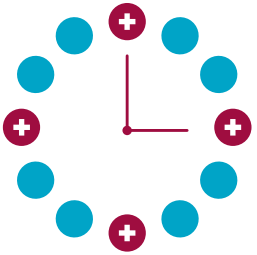
32% of all children living with HIV were accessing treatment in 2014 (up from 14% in 2010).
New HIV infections among children were reduced by 58% from 2000 to 2014

HIV in Canada





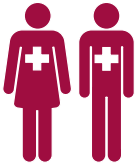
25%
are undiagnosed



Every 3 hours
a person is infected with HIV in Canada

46.7%
are men who have sex with men

25%
are women



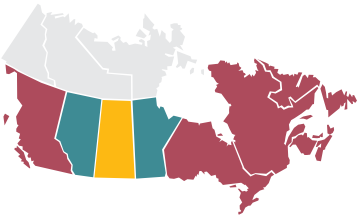
32.5%
are heterosexual

16.9%
are injection drug users

New infections

- 23% of new infections are in women (nearly doubling over the past decade)
- 12% of new infections are in Aboriginal peoples (who make up only 4% of the population of Canada)
- 1/3 are young people aged 15 to 24

Populations most impacted by region



CUPE's national policy on HIV and AIDS

A labour response to the epidemic

"CUPE's mission is to join in solidarity with workers and communities in Canada and around the globe to prevent HIV infection, to meet the challenges of AIDS, and to build healthy workplaces and communities for everyone."

- CUPE Mission Statement on HIV and AIDS, from HIV and AIDS Policy 2012

CUPE Canadian Union of Public Employees

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HIV and AIDS in a changing world

Many things have changed since the first known HIV diagnosis over 30 years ago. The HIV and AIDS epidemic has evolved and become very complex in a globalized world that is often more challenging, and at times, hostile. As human disasters unfold across the world, the impact is often felt most acutely in low-income countries.

At the same time, new scientific and medical discoveries have led to improved medicine, treatment and care. The number of people living with HIV and AIDS, and those at risk of infection, is more stable because of better social and economic supports from the global community. While significant, progress is nevertheless very precarious.

Globally, women and children in impoverished countries are most severely impacted by the HIV and AIDS epidemic because of the risks and impacts of violence, poverty and marginalization. While access to treatment has contributed to the stabilization of the epidemic in recent years, for every person who has access,

there are still two people who do not. This leaves 10 million people without treatment in Sub-Saharan Africa, for instance, where we continue to find some of the highest rates of infection.

Our work continues as we bring forward a new CUPE national policy on HIV and AIDS to reflect an evolving world, advances in science and health care, and an increased awareness of the disease's social, health and economic impacts. We will continue to protect all workers, to defend human and labour rights, and to speak out for strong, healthy communities and workplaces. CUPE stands in solidarity with all people infected and affected by HIV and AIDS.

HIV and AIDS are workers' issues

Labour and social justice activists recognize that HIV and AIDS do not discriminate – it's a disease that can infect and affect anyone, as it impacts people in communities and workplaces around the world.

CUPE has long defended human rights as well as labour rights – we understand they are often one and the same. In 1995, we adopted our first progressive policy statement on HIV and AIDS. This was ground breaking work for the Canadian labour movement because we took a bold step to "battle against discrimination and prejudice" for workers living with HIV and AIDS.

CUPE members work in jobs where they care for and support people with HIV and AIDS. Some are living with the illness, while others may have family, friends, neighbours and coworkers with the virus.

Over the years, CUPE has joined in a number of efforts to stand up to the challenges on HIV and AIDS in the workplace, in the community and around the globe. Outreach to other unions, labour organizations, and community allies has

been essential to develop strategies that tackle the social, economic and human burdens.

Our collective actions include:

- Delegations to major international conferences on HIV and AIDS.
- Support to the Stephen Lewis Foundation, and financial commitments to AIDS Free World.[1]
- Hosting strategic meetings to bring together CUPE members, staff and allies as we consider our role in the effort.
- Adopting resolutions at CUPE National Conventions to address the underlying social and economic factors behind HIV and AIDS in Canada, Canada's commitment to the Millennium Development Goals (MDG), and the restoration of international aid and funding to development and advocacy groups.
- Condemning the federal government and lobbying Health Canada to amend the regulations and policies that prohibit gay men from donating blood, and restrict their ability to donate bone marrow and organs.

HIV and AIDS rights are human rights

HIV and AIDS are closely connected to Human Rights issues because the lack of respect for human rights fuels the spread of the disease.

– United Nations Human Rights on HIV and AIDS[2]

HIV and AIDS is a story of discrimination and inequality. A person's health and chances of becoming sick and dying are greatly influenced by powerful social and economic determinants of health. People are born, grow, live, work, and age in circumstances that are shaped by things like money, power, and resources at global, national, and local levels. These very situations can create the conditions for health inequities, and the unfair and avoidable differences in health status seen within and between countries.[3]

Stigma and discrimination

People living with HIV and AIDS often face discrimination, negative attitudes and abuse. Too often, when people disclose their HIV status they are denied jobs, lose their employment, or can even be excluded from their communities. They

can be deprived of services and housing. Many are turned down for insurance coverage, refused entry into foreign countries and left without protection from the law. Others are rejected by friends, families and coworkers.

HIV-related stigma stems from fear and misinformation about the disease, and from other prejudices including racism, homophobia and sexism. Other stigma can arise from disapproval of behaviour, such as sex work and substance use. Infected people are often treated unfairly, have their privacy invaded, human rights violated, and in many instances face violence and abuse.

The consequences of stigma and discrimination are wide-ranging. People with the highest risk of infection are often the least likely to get tested, and those with HIV have difficulty seeking treatment, care and support. Blame and abuse forces them underground where vulnerability and risks increase, creating the perfect environment for the spread of HIV and other illnesses.

Poverty

Vulnerability to illness and disease increases significantly when people live in poverty.[4] Poverty is a significant barrier to accessing the medical, educational and financial resources required for those combatting the disease, to live healthily with HIV, or to prevent transmission. And with scant resources HIV infection rates increase, in turn leading more of the population toward poverty, especially in places with rampant discrimination and stigmatization. The result is a perpetuating cycle of the epidemic leading to poverty, and vice versa.

When people are marginalized by poverty, sexism, misogyny, homophobia, transphobia, racism, colonialism, ableism and other forms of oppression, they experience barriers to exercising fundamental rights, and accessing resources and services.

Women

Women represent 50 per cent of those living with HIV and AIDS, globally. Young women aged 15 to 24 are among the most vulnerable, at twice the rate of new infections when compared to young men. Many are underserved, or do not know their status. Despite a number of successes, women still face inequality that continues to drive the epidemic.

In some areas, women experience physical, sexual and emotional violence at alarming rates. Violence prevents women from accessing testing, support and treatment, increasing their vulnerability to disease and infection.

Inaccessible education and economic insecurity affect millions of women and girls. Some women may adopt survival strategies that are risky. They may be exploited for involvement in the sex and drug trade, increasing their chances of violence, criminalization and infection.

Women face barriers to HIV prevention and treatment because they are denied access to and control over resources they require, they bear an unequal share of child and family care responsibilities, and they often have limited mobility and decision-making power.

Men who have sex with men

Globally, just 70 per cent of countries surveyed explicitly address the needs of men who have sex with men (MSM).

In Canada, MSM make up about half of the HIV cases. These numbers are consistent with the trends in other high-income countries. The good news is that the rate of infection amongst most MSM is now stable. However, men between the ages 13 to 24 are still seeing increased rates of infection.

Unsafe sex is related to a range of social, psychological, emotional experiences, and issues that impact on a gay man's sexual life. However, stigma, discrimination, and homophobia are still critical factors in limiting access to essential services for prevention, testing, treatment and support. Policies may exist on paper, but it is still hard for gay men to access appropriate services that can help them.

Transgender people

Transgender people are rarely mentioned in any HIV and AIDS plans, with only 43 per cent of countries addressing their needs in a national strategy.[5] Yet the prevalence among trans women (born male, identify as female) is between eight and 68 per cent globally.[6] For trans men, numbers are not known since little research has been completed.

Risk factors for transgender people are largely due to social exclusion and

marginalization, because they do not conform to gender binary categories such as female or male. This can result in poor access to health services and other social institutions, and high levels of violence and abuse.

Aboriginal peoples

Rates of HIV infection in Canada have steadily declined over the past 10 years. However, in First Nations, Métis and Inuit communities the rates continue to rise.

Aboriginal peoples are some of the most marginalized in Canada. Social and economic factors such as poverty, substance use, and limited access to health services and education, have all contributed to their vulnerability to HIV.

The history of colonialism, oppression, cultural genocide, and social disintegration contributes to the prevalence of risk factors for HIV infection for Aboriginal peoples. Poverty, unemployment, deplorable health and social programs, poor education, crumbling infrastructure, among other things, represent a failure of human rights in Canada.

Aboriginal people carry a disproportionate burden of physical and mental illness, and experience high rates of violence, suicide, incarceration and substance use. Their experience reflects the human conditions of poverty, social and political alienation, as well as racial discrimination. They are clearly overrepresented in the HIV epidemic.

If we do not deal with inequality, HIV and AIDS will not be overcome.

The impact of failed public policy

Globalization

Globalization widens the growing inequalities by favouring market growth and profit over poverty reduction.[7] The influence of globalization has been ruthless as it endangers health, oppresses workers, exploits women and children, and destroys the environment. Public assets have been sold off and privatized, and the value of the common good has been lost.

Today, HIV prevention, treatment, care and support remain major health and human rights emergencies. A neoliberal agenda hinders the ability of governments to reduce rates of HIV infection and the impact of the epidemic on communities.

Millions of people living with HIV and AIDS do not have public health care, access to life-saving drugs, or adequate community supports. Too many are dying.

Criminalization

In many countries, including Canada, people living with HIV and AIDS can be convicted of serious criminal offenses, and imprisoned for not disclosing their HIV status. In the majority of cases, there was no intention to harm and no transmission occurred.[8] We must be careful not to let criminal law be misused in the name of public health; there is no good evidence that the criminalization of HIV is effective at preventing transmission.[9]

Criminalization undermines proven and effective health initiatives: testing, counselling, support, and partner notification. People who fear prosecution are far less likely to get tested or access information linked to risk prevention, or to get treatment.[10] This kind of criminal legislation creates a false sense of security. The law cannot protect people from infection, as prevention requires people to take responsibility for their own sexual health.

Criminalizing HIV is an abuse of human rights that increases the stigma and discrimination. The approach places everyone at risk. A public health approach is critical to reduce the rates of infection, and the global impact of the epidemic.[11]

The attack on harm reduction

Harm reduction is a proven public health approach to behaviours that harm people and communities, and helps reduce health, social and economic impacts.[12] Programs operate on a continuum, complementing efforts in prevention, education and treatment. These strategies have long been used as part of social and health interventions, to reduce harm when risks remain present.

Harm reduction is an approach which understands that people who use drugs are not always able to abstain, and provides safe alternatives. These strategies may include needle and crack pipe distribution programs, supervised injection sites, methadone replacement therapy, and other substitution therapy.

Injection-drug use (IDU) accounts for nearly one-third of HIV infections, second only to unprotected sexual transmission. The risk of HIV infection and other blood-borne infections increase dramatically when needles and other drug paraphernalia are shared.[13]

Canada and other countries have adopted laws that criminalize people who use and are dependent on drugs. Yet the same governments oppose supervised injection sites, and other harm reduction programs. In Canadian prisons, transmission rates are double the rates in the general population, due largely to needle and syringe sharing. Punitive approaches to addiction fly in the face of sound public health policy and scientific evidence when aiming to reduce the rates of addictions, infection, and virus transmission.

A "law and order" agenda that seeks to replace a public health approach has serious consequences on people who are dependent on substances, as users face discrimination, stigmatization and criminalization. It will take a concerted community response, supported by sound policies, a robust public health system, and proven, humane supports if we are to find lasting solutions to addictions and illness.

Everyone should have the right to the highest possible standard of care. If we are to reduce HIV infections, then we must respect and protect everyone's human dignity to reduce the number of people who become infected and the impact of the epidemic. We must stop all acts of discrimination, harassment, stigmatization and violence. It will take a concerted labour, community and global response.

CUPE's national policy on HIV and AIDS

A labour response to the HIV epidemic

Mission Statement on HIV and AIDS

CUPE's mission is to join in solidarity with workers and communities in Canada and around the globe to prevent HIV infection, to meet the challenges of AIDS, and to build healthy workplaces and communities for everyone.

Vision on HIV and AIDS

CUPE envisions a world where:

- all new HIV infections are eliminated;
- the social and economic impacts of HIV and AIDS are eradicated;
- everyone has equal access to quality and dignity of life; and,
- public and universal health care, education and services ensure prevention, care, support and treatment for everyone.

Values on HIV and AIDS

CUPE believes that HIV and AIDS are fundamentally about Human Rights.

- All human beings are valued equally and deserving of dignity and respect.
- People have a right to fully and freely participate in society within their communities and workplaces.
- Everyone has the right to freely access the information, care, support, prevention and treatment they need for a healthy life.
- We recognize HIV and AIDS as a workplace issue to be treated like all serious illnesses and medical conditions in the workplace.
- We have a role to play to limit the spread and impact of the epidemic.

Position statement on HIV and AIDS

1. CUPE stands for the full expression and protection of all human rights.

- We ensure and protect all the human rights of persons infected and affected by HIV and include the protection of HIV and AIDS activists and educators.
- We stand in solidarity to eliminate all stigma, discrimination and inequalities in well-being, regardless of HIV status.
- We will collaborate with others to make sure that HIV issues are mainstream issues, and will include, in meaningful ways, the voices of people living with HIV and AIDS.

- We will continue our efforts toward a just society for everyone, and work toward social and economic justice and inclusion.
- We recognize the gender dimension of HIV due to biological, social and economic reasons. Gender equality and empowerment are critical if women are to access prevention, support and care. It will enable women to live healthily and safely whether infected or affected by HIV.
- We support the right to sexual expression and orientation. Freedom from discrimination and violence for gay men and other men who have sex with men (MSM) is fundamental to HIV prevention.
- We continue to recognize the fundamental rights and voice of the full spectrum of gender and sexual identities in our efforts toward HIV prevention, care, support and treatment.
- We support the declaration of the rights of indigenous people including the right to health and traditional health practices.
- We affirm the right to privacy and confidentiality, and recognize the risks involved in revealing personal information related to HIV and AIDS. We oppose any mandatory testing, and the criminalization of non-disclosure of a person's status.
- We support good public health policy and legislation in creating healthy communities and workplaces. All programs and policies need to be supported by a community response with evidence-based solutions, including harm reduction. We seek to share the benefits of scientific and medical advancement with everyone.

- CUPE supports the full implementation of the Millennium Development Goals (MDG) beyond 2015.[14] We will undertake to join with partners in the labour movement to ensure that the MDG response to HIV and AIDS, malaria and other diseases,[15] is supported and achieved.[16]

2. CUPE stands for the rights and protection of all workers through collective bargaining, public and labour policy, and legislative changes when needed.

- We will continue to protect the rights of workers, and actively support inclusion and equality for everyone.
- We will work vigilantly to eliminate all forms of discrimination, oppression, stigmatization and harassment in the workplace, and the community.
- We will continue to stand for equality by ensuring:
    - work security and the continuation of the work relationship;
    - fair wages, inclusive pension plans, benefits, programs and insurance that are free from discrimination and barriers;
    - recognition of episodic disability by providing care and support for those requiring workplace accommodations; periodic, short-term and long-term disability plans; leaves of absence for family, bereavement and compassionate leaves;
    - protection of privacy, confidentiality, and prohibition of mandatory screening and testing.

- We will continue to actively promote healthy and safe working environments for all workers to:
    - ensure a safe and healthy workplace;
    - provide necessary procedures, equipment and training to reduce worker exposure to blood and other bodily fluids; and,
    - develop education and training programs that help workers understand HIV and AIDS, and the best ways to reduce risk and limit exposure.
- CUPE supports the International Labour Organization Recommendation No. 200 concerning HIV and AIDS and the World of Work, 2010. We encourage CUPE members to adopt these recommendations in their workplaces.

3. CUPE supports education and awareness to end discrimination, and to prevent and control the spread of HIV and AIDS.

- We will educate and increase awareness of all human rights including the rights of people living with HIV and AIDS.
- We will continue to support the education of CUPE members and staff in order to understand, prevent and control the spread of HIV and AIDS.
- We will continue to develop education and resources for bargaining and collective agreements that support the needs and circumstances of workers with HIV and AIDS.

4. CUPE is committed to strong public services to address HIV and AIDS in the community and around the globe.

- CUPE commits to and advocates for public services including quality health care and education. We support a public response to the needs of people living with or at risk for HIV and AIDS, and the communities and workplaces they live in.
- We believe that public services provide quality, equal and free access to information, treatment, care, support and prevention – the only way to ensure the elimination of HIV and AIDS.
- Public services will ensure solutions for prevention and treatment that are based on science and evidence. We support sound public policies and programs that address high risk behaviours, rather than discriminate against so-called 'high risk' groups of people.
- We support supervised injection sites and other harm reduction initiatives because they are proven to reduce the impact and risk of HIV and AIDS, particularly within settings where people are most at risk and vulnerable.

CUPE commits to review and update this policy as the work evolves, as the world changes and as we advance on the issues of HIV and AIDS.

(Adopted December 2012)

What can we do?

CUPE members, leaders and activists stand for equality and social justice in workplaces and communities across the country. We participate in important campaigns taking action to protect public services. We seek to advance access to prevention, treatment, support and care by protecting and promoting universal health care, a national drug plan, universal child care, pensions and benefits. Our actions can make a difference to people living with HIV and AIDS, and to those at risk.

Learn

- ☐ Promote workplace education programs to help all members better understand HIV and AIDS.
- ☐ Invite your local HIV and AIDS service organization or public health unit to provide education and awareness to local members. The education can help

emphasize the rights of people living with HIV and AIDS, and empower all of us to take action.

- ☐ Post the CUPE HIV and AIDS poster in your workplace to promote awareness.
- ☐ Train health and safety committee members, stewards and leaders to challenge the myths about HIV and AIDS, and support members in workplace prevention.
- ☐ See the CUPE Health and Safety fact sheet on HIV and AIDS for basic information, and to start a conversation in your local.

Bargain

- ☐ Review your collective agreement – do people with HIV and AIDS have protection and enjoy all the benefits?
- ☐ See the CUPE HIV and AIDS bargaining information checklist as part of the toolkit for suggested areas for bargaining.

Mobilize

- ☐ Join or form an equality committee that includes HIV and AIDS in your conversations and work to end discrimination and inequality at every level.
- ☐ Get together with local members and community allies to end discrimination and marginalization.

Support

- ☐ Contribute to CUPE's Global Justice Fund and international solidarity work that support human and labour rights projects.
- ☐ Support the Stephen Lewis Foundation and participate in their local events.
- ☐ See the Resources section for links.

Participate

- ☐ Take part in community events and fundraisers, for example the Walk for AIDS.
- ☐ Participate and organize World AIDS Day and Aboriginal AIDS Day events.
- ☐ Let us know what you are doing and send stories and photos!
- ☐ See the link for CUPE Equality branch in the Resources section.

Act

- ☐ Team up with community allies fighting for harm-reduction programs, needle exchanges, safe-injection sites, and safer-sex education.
- ☐ Join in national and community efforts to stop discrimination, stigmatization, and criminalization of HIV and AIDS.

RESOURCES

HIV service organizations
hiv411.ca
Find groups in your area

Canadian AIDS Treatment Information Exchange (CATIE)
catie.ca
HIV basics, prevention, testing and living with HIV and AIDS in Canada

CUPE Workplace Health and Safety
cupe.ca/health-and-safety
health_safety@cupe.ca
CUPE information, education and resources for health and safety in the workplace
CUPE National Health and Safety Branch

CUPE Equality: Disability Rights
cupe.ca/disability-rights
Materials include a poster, pamphlet, and fact sheets on the duty to accommodate, bargaining, as well as Health and Safety.

CUPE Global Justice Fund
cupe.ca/contribute-global justice-fund

Canadian HIV/AIDS Legal Network
aidslaw.ca
Legal information and publications on discrimination, criminalization, privacy and disclosure, rights and responsibilities, etc.

Canadian Working Group on HIV and Rehabilitation (CWGHR)
hivandrehab.ca

Canadian Aboriginal AIDS Network
caan.ca

Canadian AIDS Society
cdnaids.ca

Interagency Coalition on AIDS and Development (ICAD)
icad-cisd.com
HIV, international and global issues, and development resources

Stephen Lewis Foundation
stephenlewisfoundation.org

Glossary

AIDS abbreviation for **Acquired Immune Deficiency Syndrome**. Without HIV treatment, the immune system can become too weak to fight off serious illnesses. HIV can damage other parts of the body, and people become sick with life-threatening infections. AIDS is the most serious stage of HIV infection.

ART abbreviation used for **anti-retroviral therapy**. It is the common treatment for HIV: it suppresses the virus, and can stop the progression of the HIV disease. There is no cure for HIV - yet.

Determinants of health are powerful social and economic factors that determine a person's health, or chances of becoming sick. These include gender, income, education, social inclusion and support, culture, child development, physical environment, access to health care, among others. These are the conditions in which people are born, grow, live, work and age.

Discrimination refers to any form of arbitrary distinction, exclusion, or restriction affecting a person, quite often because of a personal characteristic, or a perceived belonging to a particular group, whether or not there is any justification for such a measure. This may be the case for someone who has, or is suspected of having HIV or AIDS. Discrimination perpetuates social inequities.

Epidemic is a rapid outbreak of a disease in a certain geographical area, or population.

Gender binary is a social construction of gender as two distinct and opposite classifications of female and male. The division of people into two genders has no scientific basis. Gender is more accurately placed on a continuum of traits, characteristics, preferences, and identities.

Harm reduction refers to practical, non-judgmental approaches to help reduce negative consequences often associated with drug use. It is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs and engage in risky behaviour.

Health promotion focuses on social and environmental strategies that enable people to increase control over, and improve their health.

HIV abbreviation for **Human Immunodeficiency Virus**, a virus that attacks and weakens the immune system so that a body cannot fight off illness, disease and infection.

IDU abbreviation used for **injection-drug use**, the administering of drugs like heroin or cocaine, with a hypodermic needle. Sharing needles and paraphernalia is one of the ways HIV can be transmitted.

MDG abbreviation used for the **Millennium Development Goals**. There are eight international development goals which were adopted in 2000 by the United Nations and which aimed to achieve by 2015: ending extreme poverty

and hunger, achieving universal primary education, promoting gender equality, reducing child mortality and improve maternal health, ensuring environmental sustainability, and developing global partnerships. The sixth MDG goal focuses on combating HIV, malaria and other diseases. Some would argue that these goals have not been achieved. As of 2015, MDG is being replaced with the Sustainable Development Goals (SDG).

MSM abbreviation used for **men who have sex with men**. The term describes men who have sex with other men, regardless of whether or not they have sex with women, or have a personal or social, gay or bisexual identity. This concept is more inclusive because it also includes men who self-identify as heterosexual but have sex with other men.

Stigma describes an attitude of devaluing that significantly discredits someone in the eyes of others. Stereotypes can define people, and often groups of people, as discreditable, unworthy or shameful. Stigma can result in acts of discrimination, exclusion and violence toward people who are seen as socially different.

Transmission of HIV most commonly occurs by unprotected sex. It is also spread through sharing needles, or from an HIV positive mother to her child during pregnancy and at birth. HIV is spread through contact with infected blood, vaginal fluids, semen, and breast milk.

Universal precautions is a term no longer used in health and safety practices. Infection control programs involve a number of dimensions including good policies and practices, and education and awareness.

Viral Load is a measurement of the amount of virus in the bloodstream.

Endnotes

1. aidsfreeworld.org
2. ohchr.org/EN/Issues/HIV/Pages/HIVIndex.aspx
3. unaids.org/sites/default/files/en/media/unaids/contentassets/documents/unaidspublication/2011/JC2118_terminology-guidelines_en.pdf
4. Centre for communicable diseases and infection control 2014 HIV/AIDS Epi Updates, chapter 8 -PHAC
5. UNAIDS (2012) ' Global Report: UNAIDS Report on the Global AIDS Epidemic 2012'
6. WHO (2011) ' Prevention and treatment of HIV and other STIs among men who have sex with men and transgender people'
7. icad-cisd.com/pdf/ICAD_Globalization_and_HIV_E%20FINAL.pdf
8. http://www.aidslaw.ca/site/wp-content/uploads/2014/09/CriminalInfo2014_ENG.pdf
9. http://www.catie.ca/en/hiv-canada/4/4-1/4-1-2
10. In Canada, 25 % of those infected do not know they have HIV. http://healthycanadians.gc.ca/diseases-conditions-maladies-affections/disease-maladie/hiv-vih-eng.php
11. aidsactionnow.org/?page_id=49#sthash.dTTljf4y.dpuf
12. International Harm Reduction Association, 2010 – http://www.ihra.net/what-is-harm-reduction
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