drug use. I mean, what else do you want? At the same time we have shown that the site is associated with decreased loitering and decreased disturbance in the environment where the site is located.

I mean, ethically, morally, scientifically, economically, I cannot conceive an argument why the site should be closed, so let's hope that smart people, well-informed people, arrive at the right decision.

S.C.: *In 2007, the United Nations reported that the Downtown Eastside had a Hepatitis C rate of just below 70 per cent and an HIV rate of approximately 30 per cent. What needs to be done to get a hold on these numbers?*

J.M.: The epidemic in the Downtown Eastside has already matured. The likelihood that we're going to prevent a lot more HIV in that first cohort of people, that opportunity is gone. Now, given the dynamics of drug use, there are always new entries into the drug use environment. The important thing to realize is that if we address the issue of harm reduction and anti-retroviral therapy to all those that are eligible for it within that community, and for that matter within the whole province, then we would have the best possible opportunity to reduce the likelihood of HIV transmission.

In order to do that, we need a comprehensive outreach strategy. We call it "Seek, Test, Treat and Retain" (STTR), which means: if you are not accessing the services, we need to access you. The problem is that there is a large proportion of people on the fringes who are involved in risky activities that could lead to HIV, but they don't somehow identify themselves as being in a high-risk situation, who are the ones that are the hardest ones to reach. Now, there may be elements of socioeconomics or mental health or homelessness, or there may be various other complicating factors, but what we need is an aggressive strategy to get to those individuals if we are going to control the epidemic.

There is always a tension in our society regarding the competition for these very scarce dollars. So whenever we propose, 'Well, let's have a mass testing campaign,' people start arguing, 'Who do we take money from?' At the end of the day it comes down to an issue of cost-effectiveness and what we have argued is that investing on testing and treating people with HIV is highly cost effective to the point that you are generating a return on the investment that is not just related to the health outcomes of the person that is infected, but is actually related to the prevention of the progeny of HIV infection that that person would have derived.

S.C.: *Despite issues with the federal government, Canada is seen as very progressive around the world. Some American states don't even allow needle exchanges. What do you hope the Vienna Declaration can do globally?*

J.M.: All my life I've been reluctant to praise myself for being better than the worst. The reality is that the United States has an abominable track record when it comes to dealing with substance use problems. They have a law and order approach, which unfortunately is a very easy thing to sell to the uninformed public, and all it has done is enrich the operators of correctional facilities. You can scare people very quickly into believing that if I put everyone in jail it solves all your problems.

The federal government in Canada is now proposing to expand the number of jails for unreported crime, which I find absolutely incredible. The statistics show that crime is going down, but they say unreported crime is going up. Obviously they are stating the facts as they see it because they have a conviction that is basically ideologically motivated.

I think our expectation with the Vienna Declaration is that it's going to generate a dialogue, a debate around what is a proper policy for progressive societies today in dealing with harm reduction. The fact that Vancouver, Victoria and Toronto have now aligned themselves formally behind the Vienna Declaration (means), sooner or later, it will create the kind of momentum for these discussions to be brought up to the attention of the federal government. The evidence is here, the cities that are dealing with the problems are asking for this because this would be a better use of our resources. We don't need more jails; we need more supervised injection sites. If we do that, we will need even fewer jails.'

S.C.: *UN AIDS recently reported that there were 2.6 million HIV infections around the world in 2009, which were 20 percent fewer than the late 1990s. While it's great progress, the report also said the issue is still "halting" and 'fragile'. Do you think people have gotten too complacent on this issue?*

J.M.: I think we have to look at the UN AIDS figures and conclude that some progress has been made. The figures show that we can deliver on our promise to stop the epidemic if we have the resources.

"With all the implications that it has for human security and for the stabilization of the globe which is something that, 30 years from now, we're going to regret that we didn't stop this when we could have. And our data shows, if we do the right thing, we can do it."

There was a hope that by 2005 they would put 3 million people on treatment and that eventually there would be universal access to treatment, care and prevention by 2010. This was a commitment by the G8. The truth is that by 2005, it never happened. It took until 2007 to get 3 million people in treatment. As a result of that we've been behind all along.

I find it objectionable, if not highly irresponsible and hypocritical, that the G8 met in Canada (last) year and basically decided to change the agenda to maternal and child health issues, and forgot about the AIDS pledge. There is no apology or even commentary as to how we're going to catch up on this. They pretend that they're going to deliver on maternal and child health when, in Africa, 30 percent of the women are infected with HIV.

We seem to look at the problem of HIV as if it were remote, and we don't care about it. To be perfectly honest with you, if the HIV crisis was not affecting racial minorities, people with drug-use problems, or homosexual men, our leaders would feel a lot more sympathy and empathy for this problem. They have applied their judgement: these lives are expendable. Well, they're not expendable. If we don't solve the AIDS crisis, our children, and the children of our children are going to be burdened with an AIDS mortgage that's only going to get worse.

With all the implications that it has for human security and for the stabilization of the globe which is something that, 30 years from now, we're going to regret that we didn't stop this when we could have. And our data shows, if we do the right thing, we can do it.

S.C.: *According to the UN AIDS, while more people are getting access to treatment, the number of people around the world with HIV has increased to 33.3 million, which is the highest its ever been.*

J.M.: The number of people we're treating is growing but not as fast as the epidemic is growing. The problem is if we don't get ahead of the number the curves will continue to grow separately so that the number of people in need will continue to outpace our ability to deliver.

We can see the future and the future says if we have a society where 30 percent (of the people) are infected with HIV, that country is not stable. In South Africa, the GDP is suffering because of AIDS – the economy is being compromised. How can you protect the integrity of a society when you reach a critical mass of people infected with HIV? People are dropping like flies, and that's what people need to understand.

S.C.: *Your critics, including former Minister of Health Tony Clement, have claimed that you have drifted away from being a scientist into being an activist. What is your response to those kinds of accusations?*

J.M.: The reason why "Dr. Montaner", as (Tony Clement) said it, "has drifted into an advocacy role," is because I have the profound conviction that when you do clinical and public health research and your data is clear, transparent and definitive, you have an obligation to inform the public and decision makers regarding the next steps that need to be taken, particularly to address the epidemic situation of HIV and drug addiction.

The more those policy makers refuse to accept the facts, the greater my responsibility to educate the public and the decision makers. So, my crusade, to disseminate this knowledge, is a fundamental next step in this kind of work.

My answer to the federal government is that they can say whatever they want but my credentials speak for themselves. The problem we have is that their credentials are also transparent and they're perfectly clear: they are not about evidence, they're not about public health, they're simply about continuing to rule this country based on an ideology that unfortunately is not congruent with the needs of the patients that we're trying to serve.

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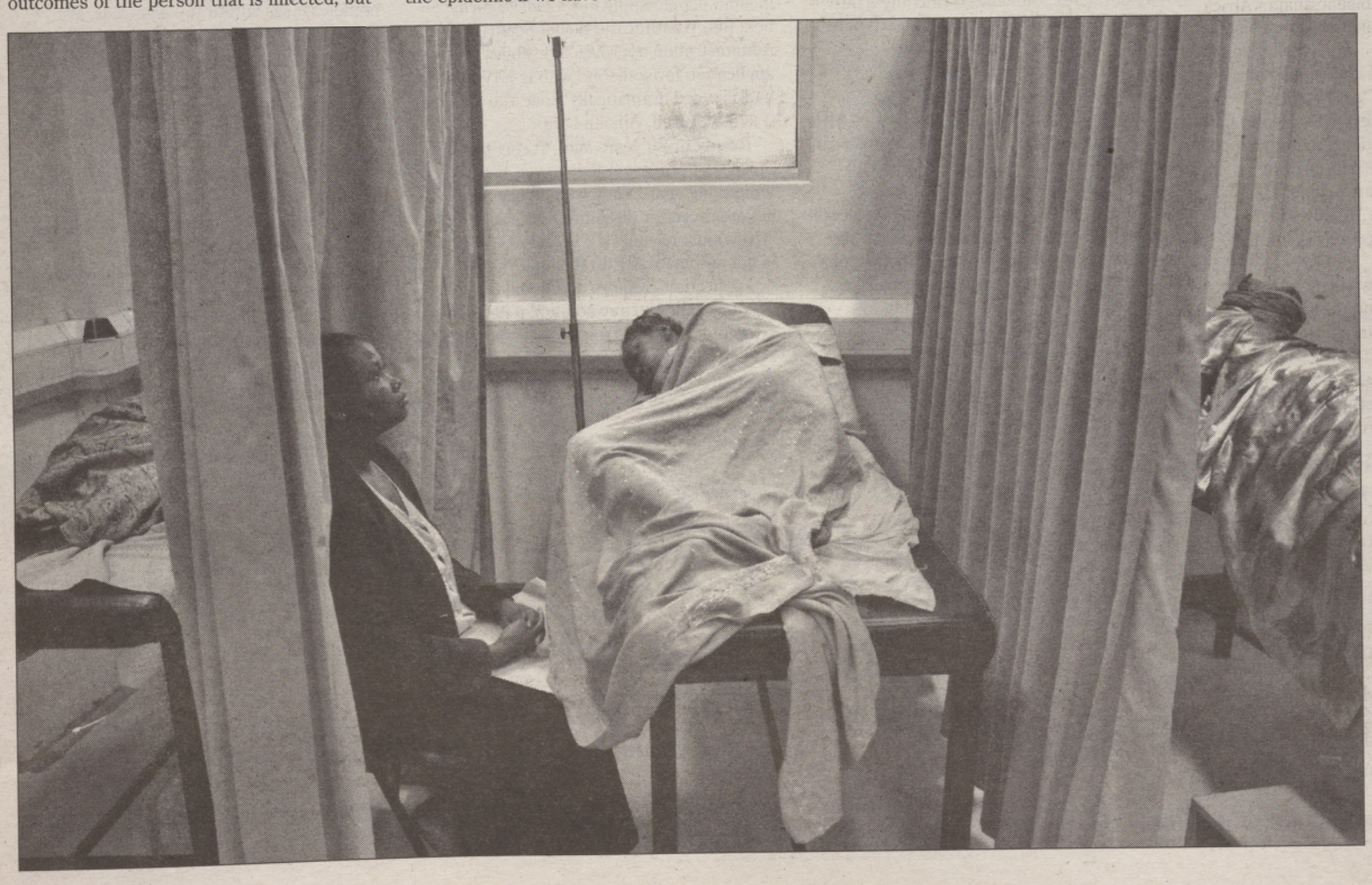

An attendant cares for a patient infected with HIV/AIDS in a ward in Uganda's Infectious Disease Institute in the capital Kampala.

REUTERS/JAMES AKENA (UGANDA)