



# Table of Contents ●

- 01 Acknowledgements
- 02 Table of Contents
- 03 Message from the Editorial Board
- 05 Introduction
- 06 Newly Diagnosed
- YOUR HEALTH:

- 07> The Basics**
- 10> The Empowered Patient**
- 11> HIV & Clinical Treatment Issues**
- 12> Introduction to Antiretroviral Therapy**
- 13> HAART How-To Guide**
- 14> Interactions between Combination Therapies, Street Drugs, Alcohol, & Methadone**
- 15> Opportunistic Infections**
- 16> Structured (or Strategic) Treatment Interruptions (STI)**
- 17> Clinical Trials**
- 18> Women and HIV**
- 22> Planning a Positive Pregnancy**
- 24> HIV-Positive Children**
- 25> Trans Positive Healthcare for HIV/AIDS**
- 26> Co-Infections and Other Health Conditions**
- 28> HIV and Stress**
- 30> Mental Health**

## Positive Options:

- 33> HIV and Nutrition**
- 34> How to get the most Nutrition on a Limited Budget**
- 35> Nutrition and HIV**
- 38> Exercise and HIV**
- 39> The Healing Way**
- 41> How to Recognize A Scam**
- 42> Complementary and Alternative Medicine**
- 45> Marijuana**



## Active Living:

- 47> Self-Empowerment**
- 48> Working, Learning, and Volunteering**
- 49> Long-Term Disability Plans**
- 50> Persons With Disabilities Status**
- 51> Income Sources**
- 52> Housing Issues**
- 53> Affordable Transportation**
- 54> Declaring Bankruptcy**
- 55> Collective Voices: Human Rights**
- 56> Make Your Voice Heard**

## Between You, Me and ... :

- 57> What is Positive Prevention?**
- 58> Disclosure of HIV Status**
- 59> Legal Implications of Disclosure to Sexual Partners**
- 60> Sexual Health for HIV-Positive Persons**
- 61> Negotiating Safer Sex**
- 62> Women who have sex with Women: are you at risk of HIV?**
- 63> Risk Reduction Chart for Heterosexual Couples**
- 64> Risk Reduction Chart for Gay Men**
- 65> Sexually Transmitted Diseases (STD)**
- 66> Safer Drug Use**
- 67> Issues Affecting Incarcerated Populations**

## Exit Your Way:

- 69> Care at the End of Life**
- 71> Wills**
- 72> Representation Agreements**
- 73> Funerals**
- 74> Exit Your Way**

75 Resources

91 Glossary

# Introduction for the 3rd Edition of the Positive Living Manual

**S**ince its beginnings in 1986, BCPWA has stood out as a unique organization in the struggle of living with HIV/AIDS. We are a membership driven organization. The initial founding of our organization was based on PWAs working with and empowering each other. *(Throughout this manual all references to HIV positive people are referred to as PWAs, continuing with BCPWA's long-standing practice.)*

To this day our board of directors remains completely comprised of HIV-positive members, elected each year from the body of our membership. The vigor of BCPWA relies on the active participation of its membership. All the work done by our agency is governed by standing committees comprised of members and volunteers. We have a small number of dedicated staff to assist our membership in fulfilling our mandate.

The Positive Living Manual was created to assist PWAs in learning about living well with HIV. Until a cure is found, education, understanding, working together, and taking personal ownership of this disease are our greatest allies and strength.

Major changes have occurred in all aspects of living with HIV since the first edition of this manual was conceived. One thing that hasn't changed is the constant ongoing dedication of our membership to live as HIV-positive people with dignity and purpose.

After a long wait, the third edition of the Positive Living Manual is finally a reality and reflects hundreds of hours of work by dozens of dedicated volunteers and staff, over the past three years.

Our membership has grown to more than 4000 members. Regardless of whether you have been recently diagnosed, or have been HIV-positive for many years, we hope this manual will prove to be a useful, insightful, tool.

A companion edition has also been created for reference by doctors, professionals and ASOs, with the materials presented in a binder with tabs, allowing for periodic updates. Please contact our Communications Department if you are interested in this version at 604.893.2209 or 1.800.994.2437 or [info@bcpwa.org](mailto:info@bcpwa.org).

Your feedback and comments on this ongoing project are always welcome. If there is something you feel has been omitted or have ideas that would improve future editions, please inform our editorial board at [info@bcpwa.org](mailto:info@bcpwa.org).

## ***The Positive Living Manual Editorial Board***

*October 2004*

# INTRODUCTION

**F**inding out that you are HIV-positive is not a death sentence. Millions of people from all walks of life have also tested positive. You are not alone. Many people live with HIV for more than twenty years before developing AIDS. Unlike in the early days of the epidemic, a wide range of support groups and organizations are available today to help you cope with being HIV-positive and to support you in learning how to live with the virus.

To stay healthy, it is essential to learn about HIV and the conditions associated with being positive. Although HIV still has no cure, new drugs help people to live longer by slowing the progression of the disease. Living longer with HIV also means tackling new challenges. These challenges may be physical, emotional, psychological, or social. Learning as much about the disease and how it affects your personal health will help you to overcome these future obstacles.

Although HIV affects millions of people around the world, you are not simply a statistic. You may feel depressed, angry, or fearful. You may even be in denial. Any emotion is reasonable. It is important to reach out to family and friends or to support groups and organizations to develop a coping strategy that is right for you. Learn about HIV and AIDS, find out about your health options, and take the time to decide how you want to deal with your HIV status.

The Positive Living Manual is designed as a step-by-step guide to a range of information about having HIV or AIDS. This manual is a resource intended to help you make informed decisions about your HIV status. It covers everything from health and treatment information to dealing with specific situations that may arise. Maybe you are concerned about human rights issues. Maybe you are worried about telling a family member, or maybe you are wondering about your place in the workforce? This manual covers all of these things, and above all, stresses the importance of making your physical, emotional, and spiritual health a priority in order to live positively! Take your time when you read this manual because information on HIV and AIDS can be complicated and overwhelming.

Remember, this is your life. Despite your HIV status, you are still in control. By gaining knowledge and making decisions that are in your own best interest, you will realize that you are still the person you were before. You may feel a great sense of loss, but you also have an opportunity for a new beginning. You have the power, support, and ability to make your life large, long, and meaningful. The choice is still yours. How will you choose to live tomorrow?



# QUESTIONS FOR THE NEWLY DIAGNOSED

***How can I be sure I am really HIV-positive?*** Most HIV tests performed by a doctor or clinic are very accurate. The tests themselves are almost 100% accurate, but human error can happen in the labs. HIV testing guidelines mandate that if a blood sample tests HIV-positive, a second HIV test must be completed on the same sample. You can discuss with your doctor whether another HIV test is necessary.

***Now that I am HIV-positive, do I have AIDS?*** Not necessarily. Having HIV is not the same as having AIDS. Many HIV-positive people live symptom free for many years before developing AIDS, and a small portion have never developed AIDS. A weakened immune system accompanied by a serious infection is usually required for you to be diagnosed with AIDS.

***Am I going to get sick right away?*** Not necessarily. Many people live for years without any symptoms of the disease.

***How do I find a good doctor?*** It is important to have a doctor who is very knowledgeable about HIV/AIDS. Most AIDS organizations can recommend doctors who specialize in HIV/AIDS.

***Do I need to take medication?*** It depends on your health. Consult with your doctor or HIV specialist to determine if taking medication is your best option.

***What are some things I can do to stay healthy?*** Eating well and getting enough sleep will get you off to a good start. Moderate exercise and reducing stress in your life have been proven to be beneficial to your health. It is also important to look after your emotional and psychological state.

***Should I tell my friends?*** Before you tell your friends, make sure you feel comfortable and ready. Disclosing your HIV-positive diagnosis is a very important step in coming to terms with having HIV. It is important to get support from friends. In most cases, friends are very supportive. You may want to have some basic information handy to answer their questions.

***How do I approach the subject with my family?*** Telling family members can be very stressful, and it may be a difficult time for them. They may worry about you and be concerned for your health and well-being. Tell people when you are ready and when the time is right.

***Who can I talk to about how I am feeling?*** Friends and family may be good choices for you. However, you may consider seeking a professional or peer counsellor. Many HIV-positive support groups are available.

***Where do I go for support?*** Several groups and organizations help people living with HIV/AIDS. See page 75 for community resources.

***Is there a cure for HIV/AIDS?*** Although scientists and researchers are continually making progress, no vaccine or cure exists for HIV or AIDS at this time.

# THE BASICS



## **What is HIV?**

HIV is the human immunodeficiency virus. HIV is the virus that causes AIDS (acquired immune deficiency syndrome).

## **How is HIV spread?**

HIV is transmitted through blood and sexual fluids (specifically semen and, to a lesser extent, vaginal fluids). HIV can also be spread through menstrual blood. HIV is *not* spread through saliva or casual touching (for example, hugging, holding hands, bathing together, or sharing glasses or cutlery). HIV can also be spread to babies through the birthing process and through breast milk. Passing HIV from mother to child is known as vertical transmission.

## **How does HIV cause disease?**

Scientists who focus their research on viruses (virologists) have always believed that HIV/AIDS is primarily a viral disease. However, because the virus directly affects the immune system, immunologists (immune system scientists) have always argued that HIV/AIDS is primarily an immunological disease. Actually, HIV/AIDS is both a virological and an immunological disease. HIV is a virus that does its damage by attacking immune system cells. In fact, HIV attacks the leaders of the immune system, CD4 cells (also known as T-cells, helper cells, or T4 cells). In so doing, it completely disrupts the body's natural defenses against disease.

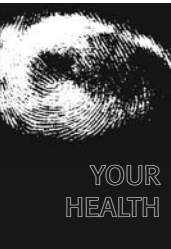
## **What are the different stages of HIV disease?**

HIV disease progression usually occurs in four stages. The first stage, known as primary infection, is the time when HIV first enters the body. During this three to six-month period, the virus is replicating itself. The virus replicates as the immune system prepares to respond. The CD4 cells are among the first cells to be attacked. A lot of HIV will be present in the blood during this time. Because the immune system hasn't yet responded, tests can be antibody-negative (HIV-negative).

The formation of antibodies to HIV marks the second phase, known as seroconversion. When someone goes from being HIV seronegative to HIV seropositive, he or she may experience a variety of symptoms (although not everyone experiences symptoms). These symptoms can include rash, swollen lymph nodes, sore throat, and a variety of other flu-like symptoms (muscle aches, fever, fatigue).

After seroconversion, the asymptomatic phase, or clinically latent period, begins. Until about 1996, this third phase was called simply "the latent period" because it was believed that the virus was inactive. When viral load testing came into use, researchers discovered that the virus is, in fact, very active during the entire period, despite causing few, if any, symptoms. This period can last from three years to twenty (and counting). Without treatment, this phase will last an average of seven to ten years.

The whole time someone is asymptomatic (or perhaps experiencing more mild symptoms such as herpes, yeast infections, or swollen lymph nodes), the immune system is fighting back. The virus is active







and destructive, but the immune system is working hard to keep it in check. After seroconversion, the immune system responds and gets the viral load down to the viral setpoint. The viral setpoint is different for everyone; there is no average. However, the higher your setpoint, the faster your disease will progress. Similarly, the lower your viral setpoint, the slower the disease progression. Eventually, the immune system gets tired and worn down, and the virus gains the upper hand.

At this point, the disease progresses into its last phase, which is called the symptomatic phase. Life-threatening opportunistic infections can develop during this phase. Opportunistic infections are a collection of viral, bacterial, or fungal illnesses that together with other diseases comprise the syndrome called AIDS.

### ***How do I know if my HIV is progressing?***

The major indicator of disease progression is the CD4 cell count. A normal CD4 count is generally between 500 and 1500 (exact counts will vary somewhat by laboratory, and sometimes even a count of 400 can be considered normal). As the disease progresses (without treatment), the CD4 count will slowly but steadily decline. It is often said that people living with HIV lose on average about 50 cells per year. When the CD4 count moves below 200, life-threatening opportunistic infections, such as *Pneumocystis carinii* pneumonia (PCP), become a real danger. When the CD4 count drops below 100, the variety of infections someone is vulnerable to increases yet again, and yet again when the CD4 count drops below 50 cells.

Viral load is the amount of HIV that is found in one millilitre of blood. In the absence of treatment, viral load predicts how quickly or how slowly someone's disease will progress. However, once treatment starts, viral load is less of a predictor of disease progression. Undetectable viral load is, however, predictive of *not* progressing.

### ***Doctor-patient relationship***

The relationship you have with your doctor is one of the most important in the management of your disease. You should have a doctor you can trust. You need to be able to tell your doctor everything about yourself, including your drug use, sexual behaviour, and anxieties. And you need to know that your doctor is going to support you no matter what your choices are.

The doctor-patient relationship is a very personal one. A doctor who is really liked by one person may not be the doctor for you. It may take a while to find the right doctor, but don't despair. It'll be worth the wait. Consult with an AIDS organization in your area for a list of doctors with HIV/AIDS knowledge.



# THE EMPOWERED PATIENT

**B**eing HIV-positive presents an opportunity for you to empower yourself as an active participant in your own healthcare decisions. The more knowledgeable you become about treatment options, the better you will feel about your decisions. Taking control of your health can be intimidating, but it is your right to be involved in the decisions that will affect your life.

Establish a working partnership with your healthcare providers at the very beginning. Call each of your doctors by his or her first name. This strategy helps to create a level playing field.

Prepare a list of questions to ask about our HIV symptoms or treatments ahead of time so you will remember the priority questions during your brief office exam.

Do not start a discussion with your pants down around your ankles. Discuss your condition and treatment while you are fully dressed and sitting down with your doctor. Insist on it, either before or after your exam. You will feel much more comfortable and confident. If necessary, you can have someone accompany you to medical procedures, appointments, or hospitalizations.

Talk to your doctor openly and honestly. If you are not happy with your doctor-patient relationship, say so. Doctors are busy and may appreciate the honesty. Your partnership will be stronger for it. Let your doctor know it is safe to be honest with you as well. Encourage doctors to be upfront with you if they don't know the answer to your situation. Don't judge them for it; value your doctors more for their honesty.

Tell your healthcare providers which treatments or therapies you would like to consider and be prepared when discussing these. For example, do you want to integrate your HIV management with healthcare providers who are knowledgeable about alternative medicines, exercise, or supplements?

You are your own healthcare advocate. Medical appointments can be intimidating, so don't be afraid to ask questions or disagree. Don't lower your expectations because you can't find relief. Keep pushing for answers.

Seek out reliable agencies dedicated to providing people with trustworthy HIV treatment information, including alternative treatments and resources, to help you keep current in your treatment plans.

Keep your own treatment journal. Record important information, such as your date of diagnosis, medicines, CD4 count, and viral load. This journal will be handy when confronted with unexpected healthcare situations, and it will help you inform your healthcare providers of your daily experiences with medications. If you are hospitalized, write in your journal the name of any healthcare professional who speaks with you and why. You may need to refer back to your journal later. Record the names of the people on your healthcare team, emergency numbers, and other relevant information to help you easily get in touch with anyone.

Remember, this journal is not something to start when you are at your weakest. Actively participating in your treatment plan is an evolution and requires determination and patience, so begin when you are feeling healthy.



# HIV AND CLINICAL TREATMENT ISSUES



## TREATMENT PLAN QUESTIONNAIRE

Staying on track with your chosen course of HIV treatment is crucial to your long-term survival. Skipping doses of your HIV medications may put you at risk of getting sick. In fact, skipping even a few doses can cause you to develop resistance to your medications, meaning they might not work as well for you anymore. The following questions are designed to help you and your healthcare providers develop an HIV treatment plan that suits you and your life.

### Your daily routine

#### Describe your daily schedule

- The same every day
- Different on weekends
- Different on the days you volunteer, work, or go to school
- Always different

#### Which meals do you usually eat and when?

- Breakfast \_\_\_ o'clock in the morning
- Lunch \_\_\_ o'clock in the afternoon
- Dinner \_\_\_ o'clock in the evening
- I never eat meals at the same time on any day.

#### When would be the best times during the day to take your HIV medication?

(Check all the times that would be best for you)

- When you first wake up
- When you have breakfast
- When you have lunch
- When you have dinner
- When you go to sleep
- When you get home from volunteering, work, or school

Write down other times that would be best for you to take your meds.

---

---

#### How often would you be willing to take HIV meds?

- Only once a day
- 2 times a day
- 3 to 4 times a day
- More than 4 times a day

#### How many pills are you willing to take?

- Only 1 pill at a time
- 2 to 3 pills at a time
- 4 to 5 pills at a time
- More than 5 pills at a time

#### What are your concerns about your HIV meds?

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

4: \_\_\_\_\_





# INTRODUCTION TO ANTIRETROVIRAL THERAPY

**A**ntiretroviral drugs fight HIV directly. They are often referred to as “the cocktail,” combination therapy, or HAART (highly active antiretroviral therapy). By early 2004, more than 20 antiretroviral drugs were approved for use in Canada, and other medications were being used in clinical trials or expanded access programs.

Antiretrovirals work by interfering with the viral replication cycle. Like all viruses, HIV reproduces by getting into our body’s own cells. Once there, the virus goes through several different stages in order to reproduce. For every virus that enters a cell, hundreds or thousands of copies are produced. Each of these replication stages represents an opportunity to disrupt the replication cycle. All of the currently licensed drugs act by interfering with one of the stages of replication. Research is being conducted on all of the replication stages, but the drugs we have now interfere with only three.

The oldest group of drugs falls into the category of nucleoside reverse transcriptase inhibitors (NRTI) or “nukes” for short. The drugs in this class are zidovudine (Retrovir, formerly AZT), lamivudine (EpiVir, formerly 3TC), didanosine (Videx, formerly ddl), stavudine (Zerit, formerly d4T), and abacavir (Ziagen). Combination pills of lamivudine plus zidovudine (Combivir) and abacavir, lamivudine, and zidovudine (Trizivir) are now available.

Another class of drugs that acts against the reverse transcriptase enzyme is the non-nucleoside reverse transcriptase inhibitors (NNRTI) or “non-nukes.” Drugs in this class are efavirenz (Sustiva), nevirapine (Viramune), and delavirdine (Rescriptor).

Nucleotide reverse transcriptase inhibitors comprise a third class of drugs that also inhibits the process of reverse transcription. The HIV drug in this class is tenofovir (Viread).

The class of drugs that acts on the final step in the replication cycle is protease inhibitors. Drugs in this class include indinavir (Crixivan), ritonavir (Norvir), lopinavir/ritonavir (Kaletra), nelfinavir (Viracept), saquinavir (Invirase hard-gel capsule; Fortovase soft-gel capsule), and atazanavir (Reyataz).

A new class of drugs, fusion inhibitors, prevents the virus from fusing with the cell. The first drug to be produced in this class is called enfuvirtide (Fuzeon, formerly T-20). This medication is not available in pill format; it must be injected.

These HIV medications must be used in combination with each other. Usually, the minimum is three. Common combinations would be two nukes and a protease inhibitor or two nukes and a non-nuke.



## HAART HOW-TO GUIDE

### ***How to adhere to your antiretroviral regimen***

- use a beeper or other kind of alarm to remind you to take your medication
- schedule pill time around meal time or another daily ritual
- try to get a once-daily combination
- carry your pills with you or leave bunches in different places
- ask friends to remind you

### ***How to manage side effects***

**IMPORTANT NOTE:** Rule out all other possible causes before deciding that symptoms are side effects. Many of these symptoms can also be signs that you have an opportunistic infection or another complication not related to therapy.

### ***How to manage your diarrhea***

- eat a BRAT (bananas, rice, applesauce, toast) diet
- take calcium supplements
- avoid caffeine, tobacco, spicy food, and beans
- drink lots of fluids, including electrolyte replacements
- take L-glutamine supplements

### ***How to manage your nausea***

- drink mint tea or use diluted mint essential oil (do not use pure mint essential oil on your skin; if you are in doubt, talk to an aromatherapist)
- drink ginger tea or nibble on candied ginger
- smoke or eat marijuana
- eat small quantities of food at a time
- eat cold food, which can often be more appealing

### ***How to manage your fatigue***

- get B-12 shots from your doctor
- exercise regularly (especially mellow exercise like t'ai chi or yoga)
- take iron supplements
- have a massage or energy work session
- get testosterone shots if levels are low

### ***How to manage your peripheral neuropathy***

- take L-carnitine
- wear loose shoes and socks
- use a metal frame to hold up your blankets

- try acupressure or acupuncture
- soak feet in cool water
- get B-12 shots from your doctor

### ***How to manage your liver toxicity***

- take L-carnitine
- take alpha-lipoic acid
- try acupuncture
- take milk thistle

### ***How to manage your lipodystrophy***

- reduce the amount of cholesterol in your diet
- exercise regularly

### ***How to manage your depression/irritability***

- take B-complex vitamins
- exercise regularly
- meditate or use another relaxation therapy

### ***How to manage your sleep disorders (insomnia, bad dreams)***

- use sleeping pills
- schedule relaxing activities or structured relaxation before bed
- drink hot milk
- drink chamomile tea
- limit caffeine and sugar (especially in the evening)
- keep a regular routine of sleeping and waking
- exercise regularly

### ***How to manage your rash***

- see a dermatologist
- take oatmeal baths
- try different lotions (prescription or not)
- use aloe vera gel
- use witch hazel

(Severe rash may indicate hypersensitivity to medications. Do not take your next dose if severe rash occurs. Go directly to your doctor or pharmacy.)

### ***How to manage your bone loss (osteopenia)***

- perform weight-bearing exercise
- take calcium supplements





# INTERACTIONS BETWEEN COMBINATION THERAPIES, STREET DRUGS, ALCOHOL, & METHADONE

**P**otentially life-threatening interactions can occur between antiretrovirals and street drugs, other prescribed medications, or alcohol. These negative interactions pose significant dangers for people taking combination therapies who use drugs or alcohol.

Alcohol, cocaine, crystal meth, ecstasy, GHB, heroin, K, LSD, sedatives, and methadone all interact negatively with several classes of HIV drugs. Regular or sporadic use of any street drug or alcohol can lead to forgotten doses of HIV meds, which, in turn, can lead to resistance and poor nutrition. Adding stress to already taxed organs and the immune system by mixing HIV meds with drugs or alcohol can reduce absorption of vital nutrients and prescribed medications, including some HIV meds. It can also lead to a build up of toxins in the body.

HIV meds dramatically increase the potency of alcohol and many street drugs. For example, one average hit of an amphetamine, such as crystal meth, is boosted from 3 to 12 times when mixed with many combination therapies. Accidental overdoses can then occur. The antifungal medication fluconazole increases the effect of all amphetamines.

Methadone increases the potency of zidovudine (Retrovir, formerly AZT), abacavir (Ziagen), and lamivudine plus zidovudine (Combivir), which increases the risk of serious side effects and treatment-related organ damage. Didanosine (Videx, formerly ddl) and stavudine (Zerit, formerly d4T) lose about 40% of their potency when mixed with methadone or heroin, a situation that could contribute to resistance because of sub-optimum levels of HIV meds in the blood.

GHB can be deadly when mixed with ritonavir (Norvir) or lopinavir/ritonavir (Kaletra). It also increases the potency of antidepressants. Ecstasy can have deadly effects too in that it strongly masks thirst, posing the serious risk of dehydration.

Marijuana has no known negative interactions with HIV meds.

Many people do not realize that sharing drug works (pipes or straws, for example) poses a real risk of HIV and hepatitis transmission. Just a microscopic amount of blood or contaminated body fluid in shared drug works is enough to spread or catch hepatitis or HIV.

## **Guidelines for safer partying**

- create a workable plan to help you maintain your strength
- never share drug works
- reduce consumption of any street drug or alcohol by 2/3 to lessen the risk of overdose or HIV medication interaction
- keep the time between hits as long as possible
- have easy access to protein shakes (whole milk and protein powder), purified water, and ready-to-eat foods
- write notes to remind yourself to eat and to drink plenty of water
- bring a trusted friend with you who understands the dangers of mixing drugs or alcohol with HIV therapies and who can act appropriately for you in an emergency





# OPPORTUNISTIC INFECTIONS

**O**pportunistic infections (OI) are infections related to auto-immune deficiencies. As your CD4 cell count drops, your immune system is less capable of fighting organisms that cause disease. Several common opportunistic infections may appear at any CD4 level.

**Tuberculosis (TB).** A bacterial infection that primarily infects the lungs, but it may attack almost any tissue or organ of the body. It is transmitted in close quarters when a person with active TB coughs the microbe into the air. Symptoms may include cough, weight loss, night sweats, fatigue, fever, swollen lymph nodes, or organ-specific symptoms.

**Esophageal thrush.** A fungal infection that appears as white patches in the throat. Symptoms include itchiness, burning, and difficulty swallowing and eating.

**Herpes simplex.** Herpes simplex 1 appears as painful blisters and itching on the lips. Herpes simplex 2 is transmitted sexually and causes lesions on the anus or genital area.

**Shingles.** A viral infection that looks like chicken pox appearing on the legs or torso.

HIV-positive people must monitor their CD4 cell counts. If your CD4 count drops below 200, you will become more susceptible to opportunistic infections and have a higher risk of developing *Pneumocystis carinii* pneumonia (PCP), a life-threatening lung infection.

If your CD4 count falls below 100, other opportunistic infections can develop.

**Cryptosporidiosis.** A parasitic illness transmitted through contaminated water or food, causing severe and chronic diarrhea.

**Mycobacterium avium complex (MAC or MAI).** Bacteria that spreads through the lymph nodes, bone marrow, liver, spleen, lungs, and intestinal tract.

**Cytomegalovirus (CMV).** A virus that can develop in any part of the body, but most often appears in the retina, nervous system, colon, or esophagus.

Prophylactic prescription drugs prevent or significantly reduce the risk of contracting an OI. Prophylaxis is available for PCP, toxoplasmosis, MAC, and thrush.



# STRUCTURED (OR STRATEGIC) TREATMENT INTERRUPTIONS (STI)

**S**tructured treatment interruptions have been widely and vigorously debated over the past few years. The term “STI” refers to several different strategies that can be categorized as follows:

- > using a combination of highly active antiretroviral therapy (HAART) and immune-based therapies to artificially induce the immune system into gaining control over HIV in people who are newly infected
- > using a combination of HAART and immune-based therapies to artificially induce the immune system into gaining control over HIV in people who are chronically infected
- > stopping taking antiretrovirals long enough to cause the virus to become sensitive again to the drugs so that they work more effectively in people who have advanced drug resistance
- > taking a break from HIV medications (a drug holiday) to avoid side effects and further development of resistance

The theory of auto-immunization is behind the first two kinds of STI. By suppressing the virus and then allowing the immune system to be re-challenged, you may be able to train the immune system to control HIV. Although some people suggest this strategy can be beneficial, current evidence shows no benefit.

People who have advanced resistances and try STI will again face drug resistance. Some people who stopped taking antiretrovirals experienced quick drops in their CD4 counts and quick increases in their viral loads.

## **Advantages**

- reduced side effects
- possible enhanced drug sensitivity
- renewed sense of commitment to taking drugs when restarting
- cost-savings when not on therapy
- improved short-term quality of life

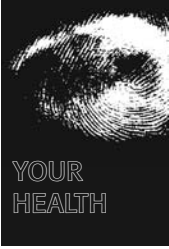
## **Disadvantages**

- development of antiretroviral resistance, especially to lamivudine (Epivir, formerly 3TC) and Non-Nucleoside Reverse Transcriptase Inhibitors (NNRTI)
- disease progression and reduced long-term quality of life





# CLINICAL TRIALS



**A** clinical trial is an experiment that allows scientists to test the safety and efficacy of new treatments on people. Clinical trials proved the effectiveness of anti-HIV drug combinations and new treatments for opportunistic infections. Today, researchers are testing vaccines and microbicides that could prevent or limit infection.

Trials have risks as well as benefits. Consider all possible outcomes carefully before deciding whether to participate in a clinical trial.

## **Risks**

having no guarantee of personal benefit from the trial

experiencing harmful side effects and being admitted to hospital

having to stop other medications that are working well

being ineligible for other trials

making changes in lifestyle, such as taking medication at regular intervals or not eating certain foods

## **Benefits**

being among the first to benefit if an experimental therapy is effective

having your health monitored more often than usual

helping to test new treatments, vaccines, or microbicides that could improve or save the lives of people living with HIV/AIDS

## **Informed consent**

If you want to participate in a clinical trial, tell your doctor. He or she can refer you to a trial investigator to assess whether you meet the entry requirements.

If you meet the preliminary requirements, you will be asked to give your informed consent after the purpose, design, and procedures of the trial and its possible risks and benefits have been clearly explained to you.

Take your time. Talk to whomever you want before deciding whether to give your consent. Signing the form is just one step in the process of informed consent. Trial investigators need your consent *throughout the study*. And they have a responsibility to tell you of any new treatment information that might influence your decision to participate. Participants have the right to leave a trial at any time without affecting their healthcare.

## **For more information**

Check the publications and the registry of trials enrolling provided by the Canadian HIV Trials Network. Go to <[www.hivnet.ubc.ca/ctn.html](http://www.hivnet.ubc.ca/ctn.html)> or call 1.800.661.4664.



# WOMEN AND HIV

**W**omen represent a growing number of newly diagnosed people living with HIV in British Columbia and around the world. Aboriginal women have the highest transmission rates in Canada. The majority of women are infected through injection drug use and heterosexual sex. Risk factors for heterosexual transmission include the presence of another sexually transmitted disease (STD), use of only oral contraceptives, occurrence of candidiasis (oral or vaginal yeast infection) and cervical ectopy (see glossary), intercourse during menstruation, anal intercourse, rough sex, and high viral load in the HIV-positive partner. Male-to-female transmission is two to 20 times more likely than female-to-male transmission.

Some studies indicate that women have lower viral loads than men soon after they become infected. Despite this difference, which disappears within a few years, the CD4 cell count appears to fall at about the same rate, and the rate of disease progression is about the same in men and women. On the whole, women tend to get similar opportunistic infections at the same CD4 counts as men. Esophageal (throat) candidiasis, which occurs in about one-third of women, is the most common AIDS-defining illness in HIV-positive women. Bacterial pneumonia is another AIDS-defining illness that is 40% more likely to be found in women than men.

If you are HIV-positive, having a chronic sexually transmitted disease may negatively affect your immune system. HIV-positive women can expect to have more recurrences of herpes simplex, bacterial vaginosis, and *Candida* vaginitis (yeast infection). Pelvic inflammatory disease (infection in upper genital tract) tends to be more severe.

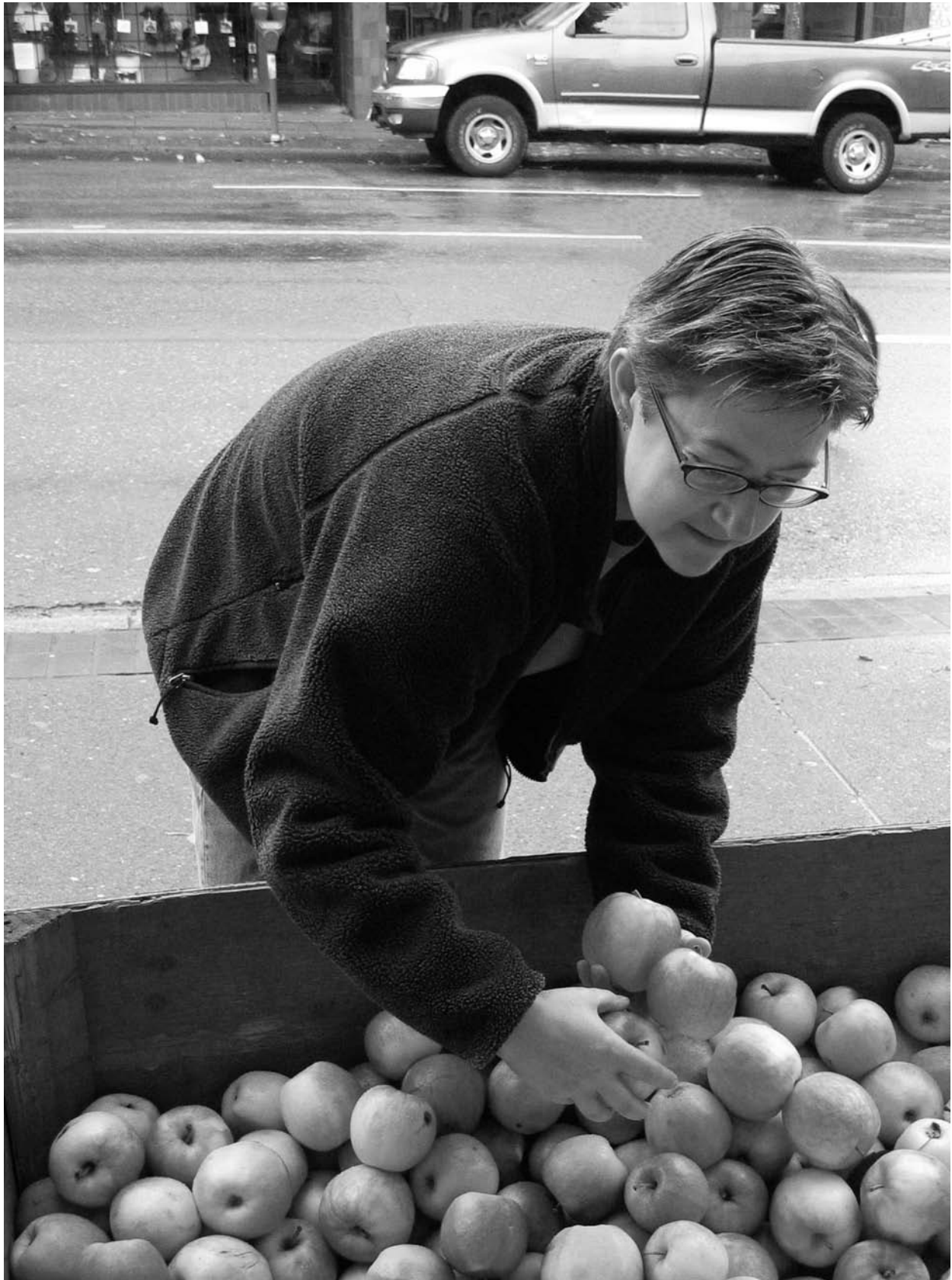
## **Gynecologic issues in HIV-positive women**

Regular gynecologic visits should be scheduled for a Pap test and for screening for candidiasis, STDs, vaginal discharge, and menstrual abnormalities. A significant number of HIV-positive women have asymptomatic gynecologic problems detected at their routine visit. Routine visits also create opportunities for you to discuss your choices concerning contraception and pregnancy. HIV-positive women should have Pap tests and gynecologic assessments every six months.

HIV-positive women have a slightly higher risk of cervical cellular abnormalities and cervical cancer than HIV-negative women. Almost all cervical cancers occur in association with a sexually transmitted virus called human papillomavirus (HPV). In one study, 66% of HIV-positive women were co-infected with HPV. Even though HPV infections are quite common, only certain types of HPV are associated with the risk of developing cancer and only a small portion of women infected with these high-risk types of HPV will develop cervical cancer.

Dysplasia, squamous intraepithelial lesions, and neoplasia are different stages of abnormal cell growth in the cervix. Abnormal cells in the cervix are detected through routine Pap tests, a practice that can prevent cervical cancers before they develop. Dysplasia is classified as low grade (less likely to





YOUR  
HEALTH



progress to cancer) or high grade (more likely to progress to cancer) if not treated. Studies have found that the prevalence of dysplasia among HIV-infected women ranges from 31% to 63%, and HIV-positive women are almost five times more likely to have dysplasia than HIV-negative women. In addition to having a higher prevalence of dysplasia, women with HIV tend to have larger lesions, more advanced dysplasia, and more vulvovaginal lesions. Dysplasia can be persistent, progressive, recurrent, and difficult to treat in women with HIV. A recent research suggests that vitamin A deficiency may play a role in the development of cancer in HIV-positive women. Other risk factors for developing cancer include smoking, having a low CD4 cell count, being African-American, having multiple sex partners, and not consuming enough vitamin C.

The risk of developing candidiasis increases significantly when your CD4 cell count is less than 100 or when taking antibiotics, corticosteroids, and oral contraceptives. For some HIV-positive women, a chronic yeast infection is a leading indicator for rapid disease progression. You can help to prevent candidiasis from occurring by keeping your immune system healthy by using antiretroviral drugs, reducing stress, eating right, and getting plenty of rest.

Menstrual abnormalities are not clearly different in HIV-positive and HIV-negative women. However, HIV-positive women with CD4 counts of less than 200 are three times more likely to develop amenorrhea (the absence of menstruation). Albumin levels under three and heroin or amphetamine use also lead to the absence of menstruation. Some women who live with amenorrhea may experience early onset of menopause.

A variety of endocrine (hormone) abnormalities can develop in HIV-positive women. Low levels of some hormones can be attributed to breastfeeding, menopause, disruption of pituitary gland (controls secretion of hormones in body) function, low CD4 cell count, and malnutrition. A variety of symptoms and problems can be associated with hormone abnormalities. These include gynecologic problems, anemia, menstrual disorders, early menopause, weight loss, decreased sex drive, headaches, fatigue, energy loss, pregnancy issues, and loss of bone density. Antiretroviral therapy can also cause a variety of hormone and metabolic changes.

Protease inhibitor drugs decrease the level of estrogen among women receiving hormone replacement therapy or oral contraceptives. Protease inhibitors may also decrease natural levels of estrogen in women. Oral contraceptives contain relatively high amounts of artificial hormones, and increasing the dosage to compensate for protease inhibitor use might increase the risk of breast cancer, gallbladder disease, and uterine cancer as well as other side effects. Women with liver disease or elevated liver enzymes should be cautious about taking oral contraceptives.

Viral load does not appear to fluctuate significantly throughout the menstrual cycle. However, the level of virus in the genital tract is highest during menstruation and lowest during the peri-ovulatory period (midway through the cycle). The higher the plasma viral load, the higher the amount of virus in the cervix and vagina. Even when plasma viral load is undetectable, detectable levels of virus may be present in the genital tract. The same is true for men, who can have virus in semen, even when plasma viral load is undetectable.





## Antiretroviral therapy for women

Highly active antiretroviral therapy (HAART) can decrease the incidence of opportunistic infections and hospitalization, delay the development of AIDS, and prolong your survival. However, many questions about HAART and its side effects remain unanswered. Resistance to the medications can develop if you do not adhere to your medication schedule. If you are considering or if you are already on antiretroviral therapy, you should note that the guidelines for the use of HAART are not gender specific.

The appropriate drug dosage can vary, so it is possible that you may take too little or too much of a particular drug. Therapeutic drug monitoring is a blood-sampling test that determines exactly how much of a particular drug is in your blood. Monitoring drug levels in this way ensures that you are taking an appropriate dose of medication.

Women typically report more side effects from HAART than men. However, most dosing regimens are based on data from male-dominated clinical trials.

Nelfinavir and ritonavir have more severe side effects for women than for men. Compared to other HAART therapies, nelfinavir's side effects include itchiness, rash, and more severe abdominal pain, but fewer bouts of diarrhea. Ritonavir causes more nausea, vomiting, malaise (physical discomfort), and fatigue. Women are also more likely to suffer from nevirapine or delavirdine rash than men.

Low bone density is a side effect of HAART. It also presents an increased risk for HIV-positive aging women who may already have low bone density. HIV-positive women should have their bone mass checked regularly and should consider doing weight-bearing exercises and taking calcium supplements daily.

Lipodystrophy, another side effect of HAART, affects men and women differently. It can result in a variety of body changes and metabolic abnormalities. Men experience more wasting in the limbs and face, but women accumulate more fat in the breasts and abdomen. High cholesterol and triglyceride levels seem to be less prevalent in women. These differences may result from a shorter duration of HAART use among women, greater body fat storage, or hormonal differences.

HAART should be tailored to best fit your own individual needs and lifestyle. The guidelines for starting therapy are evolving, and you should discuss these issues with your medical practitioner. When choosing treatment options, you and your medical practitioner also need to consider the possibility of pregnancy. It is important that you are involved in making treatment decisions and that you obtain as much information as possible.



# PLANNING A POSITIVE PREGNANCY

**H**aving HIV does not mean you can't have kids, but it does mean answering some hard questions. How is your overall health? How might you react if your child has HIV? Do you have long-term plans for your child if you are not able to care for him or her?

About 25% of babies born to mothers with HIV will contract the disease if no antiretroviral treatment is taken. Transmission from mother to baby can occur during pregnancy, childbirth, and breastfeeding. Antiretroviral treatment can reduce the risk of transmission, and if treatment is taken properly and consistently, the risk is less than 2%.

Mothers-to-be should take a folic acid supplement (at least 400 micrograms) daily for at least three months before trying to get pregnant and during the first 13 weeks of pregnancy. This action will reduce the chance of the baby having certain birth defects and is recommended to all women regardless of HIV status.

## Getting pregnant

Trying to get pregnant can put one or both partners at risk of exposure to an STD, including HIV. Before trying to get pregnant, try to achieve the lowest viral load possible and be free of other infections. Limit exposure to when the woman is most fertile (when she's ovulating). This time varies between women and from cycle to cycle. You can learn when a woman is most fertile by doing basal body temperature testing (consistently measuring body temperature orally or vaginally with a thermometer) or using an ovulation predictor kit (available at drug stores).

A theoretical risk of HIV transmission to an unborn baby is higher if a mother becomes infected during pregnancy. And HIV-transmission is more likely to occur between an HIV-positive man and an uninfected woman. Experimental methods for washing sperm may allow an HIV-positive man to father a child without putting his female partner or baby at risk (artificial insemination).

If an HIV-positive woman wishes to become pregnant with an HIV-negative man, the transmission risk to the man can be reduced by engaging in safe sex with a condom (without spermicide) and then inserting the sperm from the condom into the woman's vagina with a clean eye-dropper (put it as





close to the cervix as possible). If the woman already has HIV, the risk of infection to the baby remains the same regardless of the man's HIV status. Contact Oak Tree Clinic ([www.oaktreeclinic.bc.ca](http://www.oaktreeclinic.bc.ca)) or Positive Women's Network ([www.pwn.bc.ca](http://www.pwn.bc.ca)) for more information on conception and pregnancy.

## **Healthy pregnancy**

If you think you might be pregnant, see a doctor right away. Request regular prenatal tests that include blood tests to monitor your viral load. A healthy pregnancy includes seeing a doctor regularly, eating a balanced diet, and getting lots of sleep. To reduce harm to the baby, do not use drugs, alcohol, or cigarettes during your pregnancy.

## **Labour and delivery**

You will be given antiretroviral treatment to protect the baby from becoming infected during the birth, when it is in contact with a lot of blood. The baby will also be given antiretroviral treatment after birth. Vaginal delivery is preferred provided the mother's viral load is low. If her viral load is considered too high to be safe for the baby, a Caesarean section may be recommended. Because a Caesarean birth involves surgery, recovery usually takes six to eight weeks. Mothers are advised not to lift anything heavier than the baby during this time, so you may need help at home.

## **Feeding your baby**

Babies can get HIV through breast milk, so you should avoid breastfeeding. Infant formula is a safe option that provides your baby with the nutrition it needs to grow.

## **Testing newborns for HIV**

Newborns are tested for HIV at birth and after 2 weeks, 1 month, 2 months, and 3 to 4 months. If at least two results are positive after one month of age, the baby is infected. If the results are negative after one month of age, then the baby is not infected.

## **Caregiving and guardianship**

Parenting a baby 24 hours a day is hard work. Connecting with other parents for support can help you get used to your new role. Many health units offer free parent/baby drop-in sessions. Also, try to find someone who can give you a break from time to time.

Once your baby is born, it is recommended that you prepare a legal document specifying who is to be the child's guardian if you and your partner are too sick to care for the child or if you and your partner die. If you don't name a guardian, your child may be placed with someone not of your choosing. Every parent needs to think about this, but it's particularly important for parents with HIV. Usually people name a guardian in a Will. Advocates at the BC Persons With AIDS Society ([www.bcpwa.org](http://www.bcpwa.org)) can provide information and referrals regarding Will/estate preparation.

Parenting is difficult but rewarding work. An HIV diagnosis doesn't have to stand in your way, but you should research your options so that you can have a healthy and rewarding pregnancy.



# HIV-POSITIVE CHILDREN

**H**IV infections affect children around the world. Children can be infected themselves, or they may have a family member or friend who is infected. Children from HIV-affected families need to have support for their special physical, emotional, and social needs.

## **Food and nutrition**

Children with HIV will experience the same nutritional problems as HIV-positive adults, but they will need extra food to support their physical and mental development. HIV-positive children need a loving and supportive family ready to work in partnership with a dietitian for continual nutritional assessment and counselling.

## **Medications**

Antiretroviral therapy allows HIV-infected children to live longer and healthier lives than ever before. HIV-positive children should stay in close contact with their HIV healthcare providers to ensure that they are receiving the most effective and appropriate treatment available and to deal with any medication-related concerns, including side effects and adherence to medication schedules.

## **Disclosure**

How you talk to your child about HIV is a personal decision. Every family and every child is unique. You should trust your own judgement and sense of timing when revealing information. Having the support of a counsellor and your HIV healthcare provider can be an important part of this process. Remember that your child needs to feel safe and loved. Information should be conveyed in an open but gentle way at a level appropriate for your child's age.

Although the situation is continuing to improve, HIV/AIDS is a disease that can still provoke stigma and fear. You and your family must decide how open you wish to be about this disease. The needs of your child and your family should always remain paramount when making decisions about disclosure.

## **Safety**

Families affected by HIV need to learn how they can best protect their own health and the health of those around them. As the children grow and mature, HIV healthcare providers can help parents to educate their children on how to handle an accident or emergency in which people may be exposed to blood and on how to make safer sex and lifestyle choices.







# TRANS-POSITIVE HEALTHCARE FOR HIV/AIDS



**S**ome transgender (trans) people don't need anything extra from their healthcare providers and may not reveal their transgenderedness. Those who do need to talk about trans issues with a healthcare provider should find someone who is trans-positive. Trans-positive providers are comfortable talking about trans issues and are respectful in how they treat you (including using the name and gender pronoun you prefer). Anyone taking hormones or wanting surgery as part of gender transition should find a trans-positive provider who has specific experience with transgender medicine.

## Hormones and HIV meds

Some trans people take hormones without medical help by buying hormones online or on the street or by sharing someone else's prescription. This practice is risky because hormones can have bad side effects and increase the risk for certain diseases. If you are taking hormones on your own, you can still have your blood levels checked and side effects monitored. Vancouver Coastal Health's Transgender Health Program can help you find doctors who will work with people who are self-prescribing.

Male-to-female (MTF) transgendered persons should be aware of the following drug/hormone interactions:

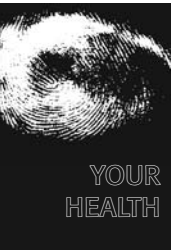
- estrogen levels are *decreased* by nelfinavir (Viracept), nevirapine (Viramune), and ritonavir (Norvir)
- estrogen levels are *increased* by efavirenz (Sustiva) and indinavir (Crixivan)
- estradiol and ethinyl estradiol levels are *decreased* by lopinavir/ritonavir (Kaletra), ritonavir (Norvir), nelfinavir (Viracept), nevirapine (Viramune), and rifampin (also called rifampicin; Rifadin, Rimactane)
- estradiol and ethinyl estradiol levels are *increased* by efavirenz (Sustiva), indinavir (Crixivan), clarithromycin (Biaxin), erythromycin (various brand names, including E-Base, E-Mycin, EES, Ery-Tab, ERYC, EryPed, Erythrocin, Ilosone), fluconazole (Diflucan), isoniazid (also called INH; Laniazid, Nydrazid), itraconazole (Sporanox), ketoconazole (Nizoral), miconazole (Monistat, Micatin, and some acne creams), fluoxetine (Prozac), fluvoxamine (Luvox), paroxetine (Paxil), and sertraline (Zoloft)

## Options for trans surgery if you are HIV-positive

According to international standards of care for trans medicine, denial of surgery solely because someone is HIV-positive is unethical. The decision should be based not on your HIV status but on the specifics of the type of surgery you want to have and on your overall health, including the details of your medical history, the medications you are taking, and how HIV has affected your health.

## For more information

Information and assistance in finding a trans-positive healthcare provider can be found by contacting the Transgender Health Program at 604.734.1514 or 1.866.999.1514 or by visiting [www.vch.ca/transhealth](http://www.vch.ca/transhealth).



# CO-INFECTIONS AND OTHER HEALTH CONDITIONS

**Co**-infections are medical conditions that people living with HIV/AIDS may acquire in addition to their HIV disease. These other infections are not usually considered opportunistic, even though their impact may be worse because of HIV. Common co-infections and other serious conditions include hepatitis B, hepatitis C, tuberculosis, and diabetes.

## Hepatitis B

Hepatitis B is spread through blood and can be transmitted sexually. Although many HIV-positive people may have been exposed to it, only a small proportion will develop long-term consequences, such as end-stage liver disease. A vaccine can protect you against hepatitis B. If you don't already have antibodies for hepatitis B, you should get vaccinated. More medications are becoming available to treat hepatitis B, such as lamivudine (Epivir, formerly 3TC), tenofovir (Viread), and adefovir (Hepsera).

## Hepatitis C

Hepatitis C is spread through blood and can be transmitted sexually, as well as through injection drug use and the use of cocaine snorting equipment and tattooing/piercing equipment. Hepatitis C is present in about 30% of people with HIV/AIDS. About 50% of HIV-negative people infected with hepatitis C will show disease progression in twenty to thirty years. In HIV-positive people, a greater percentage will experience hepatitis C disease progression in seven to ten years.

Although treatment with pegylated interferon plus ribavirin is available for hepatitis C, the drugs are very toxic and a significant proportion of people taking them cannot tolerate them for the required 6–12 months. Even when tolerated, they work in fewer than half of the people treated.

You can protect and support your liver by not drinking alcohol, reducing salt intake, increasing fruits and vegetables in your diet, and taking supplements such as L-carnitine, alpha-lipoic acid, and milk thistle. Unfortunately, a vaccine for hepatitis C is not yet available, but you should consider getting vaccinated for hepatitis A and B.

## Tuberculosis (TB)

Once thought to be on the verge of extinction, tuberculosis has recently made a comeback. HIV is believed to be largely responsible for this resurgence because TB is harder to detect, progresses more quickly, and is harder to treat in the presence of HIV. TB is on the list of opportunistic infections, but it is commonly considered a co-infection.

TB is spread through inhaling or ingesting contaminated water droplets. An infected person must cough or sneeze and then the uninfected person must inhale those infected droplets for transmission to occur. Although TB generally affects the lungs, TB can also cause disease in the liver, spleen, bone





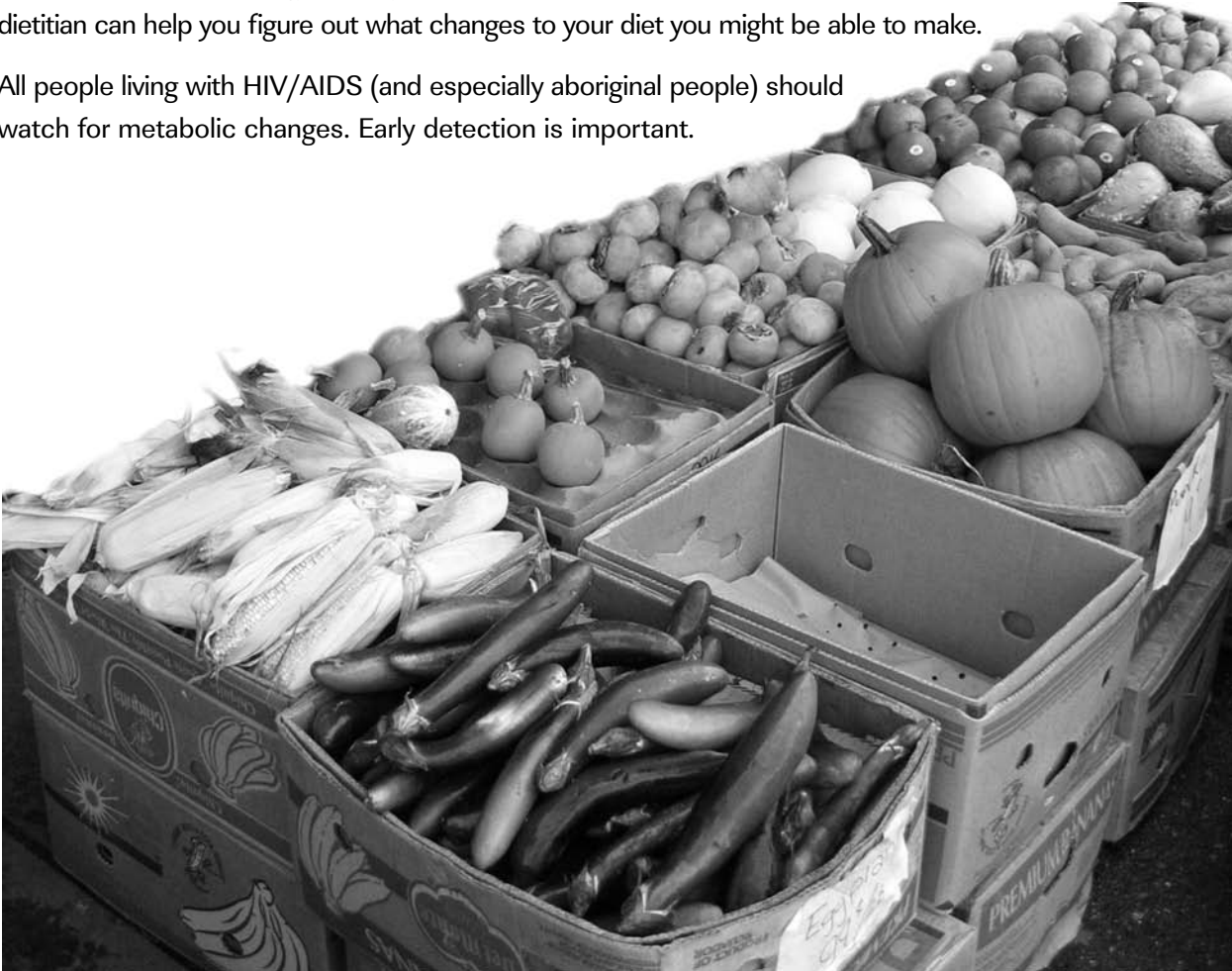
marrow, and lymph nodes. Symptoms include cough, weight loss, and fevers. Diagnosis is through X-rays and various blood and sputum tests. Cases of drug-resistant TB, that can make treatment a lot more difficult, have been reported worldwide.

**Diabetes**

Many aboriginal people have an increased risk of developing diabetes. It is also widely believed that many antiretroviral drugs, especially protease inhibitors, can cause changes in the body’s metabolism of sugar, protein, and fat. Some of these metabolic changes can develop into a lack of insulin sensitivity and, ultimately, diabetes. Studies of metabolic changes are ongoing.

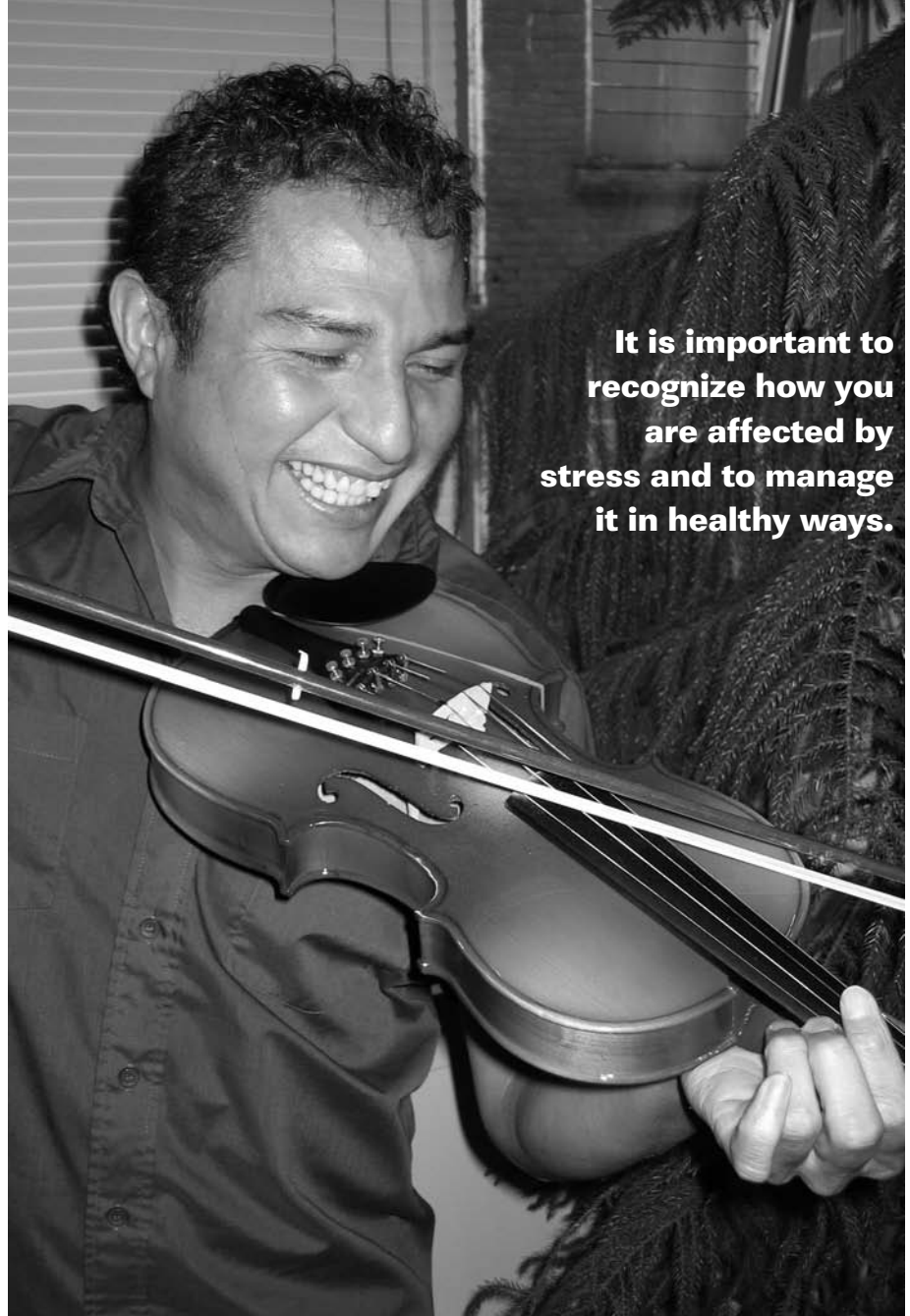
Although drugs such as rosiglitazone (Avandia) can help prevent and treat metabolic complications, the most effective strategy actually appears to be a combination of diet and exercise. An HIV-specialized dietitian can help you figure out what changes to your diet you might be able to make.

All people living with HIV/AIDS (and especially aboriginal people) should watch for metabolic changes. Early detection is important.





YOUR  
HEALTH



**It is important to recognize how you are affected by stress and to manage it in healthy ways.**

## HIV AND STRESS

**L**iving with a chronic illness like HIV can be very stressful. Receiving your initial diagnosis, starting or changing medications, getting test results, and dealing with symptoms or side effects can all be overwhelming. You have endless new information to digest and treatment decisions to be made. It is important to recognize how you are affected by stress and to manage it in healthy ways.

Stress is a natural physical or emotional response to life events. Everyone experiences it in one way or another. A certain amount of short-term stress can be good—it can be challenging and stimulating. But stress can be harmful when you feel like you have to deal with more than you can handle for an extended period of time. Many studies have shown that high levels of stress can have a negative affect on health and well-being. An overload of stress can translate into sleep problems, difficulty concentrating, headaches, muscle tension, irritability, sexual dysfunction, and depression. Stress can also weaken the immune system, which in turn could lead to progression of HIV. To live long and healthily with HIV, you must make managing stress a top priority.



Although stress cannot be eliminated from your life, you can learn to cope with it. You can't always control what happens to you, but you can control your reaction to what happens. Fortunately, most stress can be managed by understanding its source and having a plan of action for self-care. No single prescription exists for stress reduction. Everyone reacts and responds differently. You need to know yourself and find out what works for you. A holistic approach involving mind, body, and spirit is best. Here are some stress management ideas that have proven effective for many people with HIV.

**Cover the basics.** Eat regular, balanced, and nutritious meals. Take vitamins and supplements when needed. Drink lots of water and keep your caffeine intake to a minimum. Get enough sleep. Coping with even minor stress is difficult when you are tired. Rest is crucial. It allows your body to recover and prepare for whatever is coming the next day.

**Exercise.** A great stress-buster, exercise can be whatever you like—walking, hiking, cycling, gardening, swimming, weight training, dancing, or spending time in nature. If you haven't been active lately, start slowly and work up to 30 minutes, three times a week. Don't forget to stretch.

**Get support.** Don't bottle up your feelings! Reach out to friends or family when you need help. Find a support group through your local AIDS organization. Learn to cope with strong emotions such as anger, fear, or anxiety. Seek out psychological counseling if necessary.

**Write in a journal.** Writing is a good way to release emotions. Write freely about what's on your mind and then let it go!

**Be creative.** Express yourself through art (drawing, painting, sculpting, or craft-making). Creating art can be very relaxing and healing.

**Meditate.** Take time to go inward and focus on breathing slowly and deeply. It has been said that the breath is the pulse of the mind. Join a group or try using a guided meditation tape or CD. Yoga and t'ai chi are considered moving meditations and are great ways to relax and feel centered.

**Spirituality/religion.** Many people find a sense of hope, purpose, and strength through spirituality. It doesn't matter what your beliefs or practices are, as long as they work for you.

**Massage.** Regular bodywork, such as massage, reflexology, or acupuncture, can really help reduce stress. Check with your local AIDS organization for low-cost practitioners in your area.

**Soak yourself.** Have a hot bath using Epsom salts and aromatherapy for added relaxation. Or sit in a sauna or Jacuzzi at your local community center.

**"Chill, baby chill."** Try not to be too hard on yourself or take life too seriously. Lighten up, laugh, and be silly. Surround yourself with people who boost your spirits. Focus on happiness.



# MENTAL HEALTH

**H**IV/AIDS can affect your mind just as much as it affects your body. It can cause you to experience many different feelings, one by one or all jumbled together. HIV/AIDS can make things even worse if you had psychological problems before you got the virus. Some HIV drugs can interact with medications intended to improve your mental health, causing unpleasant side effects. Just as it is important to find the right HIV/AIDS doctor or clinic to treat your body, you must also understand how your mind is being affected and find the help that you need.

## **Depression, grief, and HIV/AIDS**

Depression can be a natural, predictable reaction to news that you have HIV/AIDS. Your life has changed and the future is unknown. You wonder if you will be sick the rest of your life, if people will treat you differently, and what will happen to your sex life? Most people are able to resolve these questions and find ways to live happy and meaningful lives. But for some people, depression comes and goes throughout their lives. For others, depression is a terrible black hole into which no light seems to be able to penetrate and from which there seems no way out.

Living with HIV/AIDS is a lot like grieving. We usually think about grief as something we feel when someone we love dies. But grief is also what we feel when we lose something important, and AIDS can cause many losses. The intensity of the feeling depends on how deeply we experience the loss. For some, grief can lead to anger at themselves for not being more careful. They may be angry too at someone they think may have infected them, at the healthcare system, at the world at large, or at their God. Grief can bring on many other unexpected feelings of denial, anxiety, fear, or loneliness, but it may also bring some periods of acceptance.

If you find yourself struggling to cope with living with HIV/AIDS, you need to do something about it. Feeling badly about yourself can lead to making poor choices, such as stopping your treatment, taking risks you wouldn't take if you felt better, or not caring about putting other people at risk. Sometimes the most difficult thing is to make the phone call or to step out of yourself to get the help you need. Sometimes you need to trick yourself into getting started, or you may need a family member, a friend, or someone else to help you get the help you need. Here are some tips:

- Find a doctor you trust and are able to talk to about how you are feeling. A doctor experienced with HIV/AIDS should know how to find you the support you need.
- Find a counselor through your local PWA organization or AIDS service agency or through a family services program.
- Locate a support group for people living with HIV/AIDS. Sharing information, hearing how other people are coping, and recognizing that you are not alone in your struggle often make a huge difference to the many people who join this kind of group.



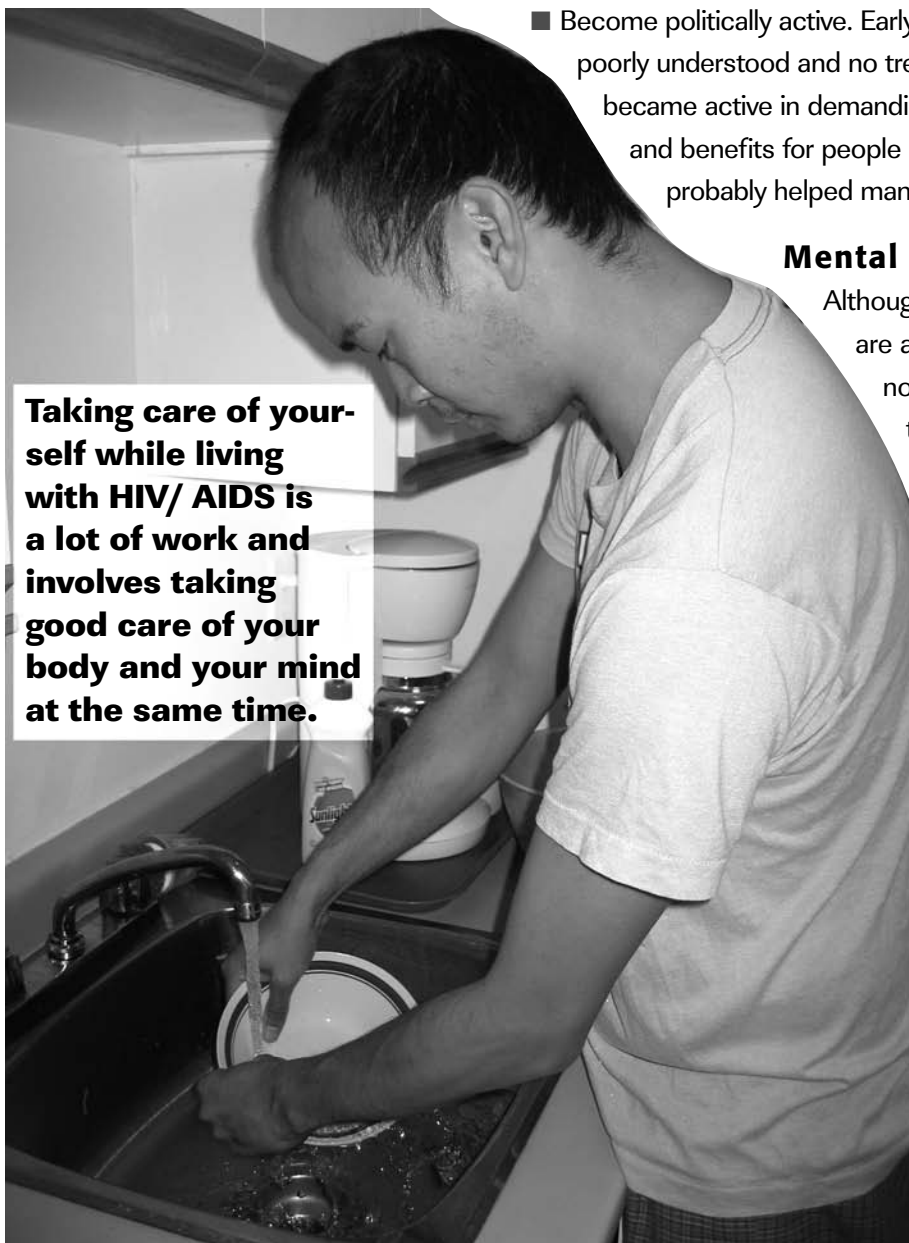


- Look after your relationships. Partner, lover, friends, and family are the people who can be there for you when you need someone. Do not shut out the important people in your life.
- Exercise in whatever way you can. Keep moving. Walk, swim, bicycle, join a gym, or try yoga.
- Work if you are able. Or consider volunteering. Even in a small way, making a difference in someone else's life usually has the bonus effect of making you feel better.

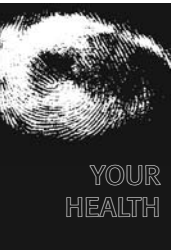
- Become politically active. Early in the epidemic, when AIDS was poorly understood and no treatments were available, people became active in demanding research, fast-tracked treatment, and benefits for people living with HIV/AIDS. Their efforts probably helped many of these activists live longer.

### Mental illness

Although depression, anger, and anxiety are all normal responses to being diagnosed with HIV/AIDS, sometimes the feelings may become so intense or the effects so disabling that a serious mental illness may develop. A good doctor is a crucial ally at these times. The problem may be a side effect from the medications you are taking. It may be something nasty like the way the virus is affecting your brain. It may be the total effect of the huge stresses you have been feeling living with AIDS. Whatever it is, you need to find out. Your family doctor may be able to diagnose the problem and prescribe the right treatment, or your doctor may refer you to a neurologist, psychiatrist, or HIV specialist for treatment.



**Taking care of yourself while living with HIV/ AIDS is a lot of work and involves taking good care of your body and your mind at the same time.**



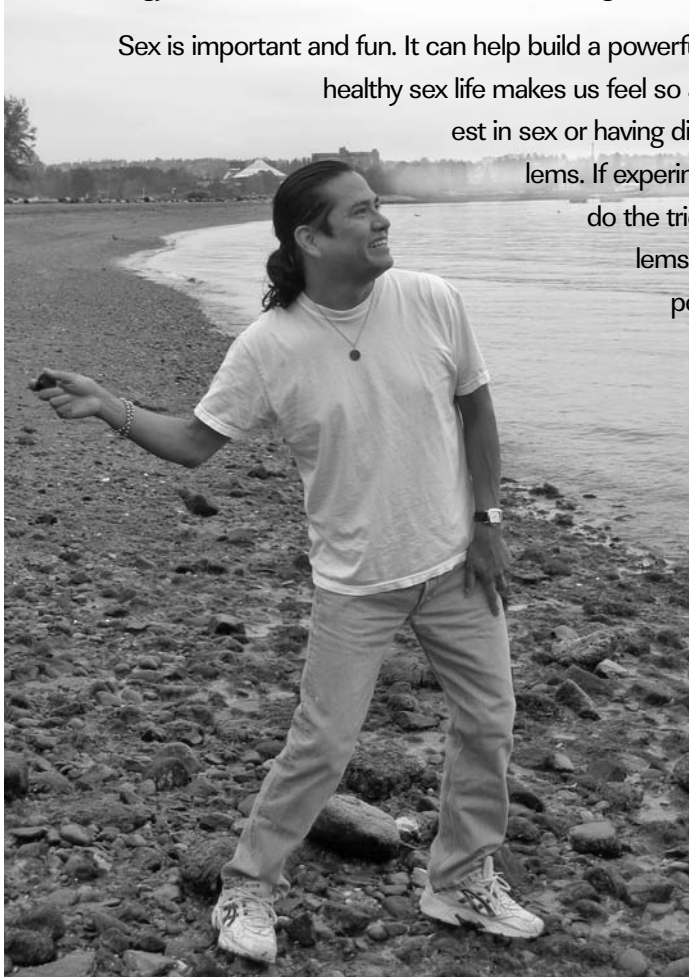
Other people have a mental illness long before being diagnosed with HIV, and that mental illness can be a factor in becoming HIV positive. People who are so depressed that they don't care about the future, people who have a serious addiction, people whose mental illness stops them from thinking clearly, and people who have difficulty making good decisions all have a higher risk of getting the virus.

People with untreated mental illness are also more likely to suffer from complications after being infected with HIV. It is hard enough to stay on top of medical appointments and medications, but if you are suffering from an untreated mental illness, it becomes next to impossible. If you or someone you know has an untreated mental illness and HIV, see your doctor and demand help.

### **Medication interactions and side effects**

Your HIV/AIDS specialist knows about the interactions and side effects of the HIV medications you are taking. Talk to him or her (or to a knowledgeable pharmacist) about the possibility that your depression or anxiety is a side effect of your HIV drugs.

Some drugs used to treat depression or anxiety have side effects and can interact with HIV medications, causing other problems. Staying erect during sex can be one of these problems; in addition, men and women both report of a loss of interest in sex. These symptoms are difficult to attribute to a particular cause. Are these problems related to HIV medications, anti-depressants, your body's overall lack of energy, or some combination of these things?



Sex is important and fun. It can help build a powerful connection between you and your partner. A healthy sex life makes us feel so alive we will probably live longer. Losing your interest in sex or having difficulty keeping an erection are solvable problems. If experimenting or making your play more exciting doesn't do the trick, talk to a good doctor who takes these problems seriously. Sometimes changing medications is possible, or your doctor may suggest adding another drug like testosterone, tadalafil (Cialis), or sildenafil (Viagra) to boost your sexual energy.

Taking care of yourself while living with HIV/AIDS is a lot of work and involves taking good care of your body and your mind at the same time. It is completely normal to experience some form of depression, anxiety, or anger. How you cope with these feelings and how well you are able to get on with your life while you are living with HIV are important factors in dealing with the illness. Life is not over as long as you are alive. It is possible to find happiness, fulfillment, and even discover a new meaning and purpose for your life as you live with HIV/AIDS.





# HIV AND NUTRITION

**S**taying healthy while living with HIV requires a balanced diet. In addition to helping delay disease progression, good nutritional health helps you to maintain a healthy immune system, reduce complications from HIV, achieve maximum benefit from drug therapies, and increase your energy level. Even when viral load is undetectable, individuals with HIV have higher energy, protein, vitamin, and mineral requirements than the average healthy Canadian.

See a registered dietitian specializing in HIV for guidance. For a contact list, call the BCPWA Society Treatment Information office at 604-893-2243. Canada's Food Guide is a good place to start learning about nutrition.



## Canada's food guide

<p><b>Grain Products</b></p> <p><b>5-12</b> SERVINGS PER DAY</p>	<p><b>1 Serving</b></p> <p>1 Slice Cold Cereal 30 g Hot Cereal 175 mL 3/4 cup</p> <p><b>2 Servings</b></p> <p>1 Bagel, Pita or Bun Pasta or Rice 250 mL 1 cup</p>	
<p><b>Vegetables and Fruit</b></p> <p><b>5-10</b> SERVINGS PER DAY</p>	<p><b>1 Serving</b></p> <p>1 Medium Size Vegetable or Fruit Fresh, Frozen or Canned Vegetables or Fruit 125 mL 1/2 cup Salad 250 mL 1 cup Juice 125 mL 1/2 cup</p>	
<p><b>Milk Products</b></p> <p>SERVINGS PER DAY Children 4-8 years: 2-3 Youth 10-16 years: 3-4 Adults: 2-4 Pregnant and Breast-feeding Women 3-4</p>	<p><b>1 Servings</b></p> <p>Milk 250 mL 1 cup Cheese 3"x1"x1" 50 g 2 Slices 50 g Yogurt 175 g 3/4 cup</p>	<p><b>Other Foods</b></p> <p>Taste and enjoyment can also come from other foods and beverages that are not part of the 4 food groups. Some of these foods are higher in fat or Calories, so use these foods in moderation.</p>
<p><b>Meat and Alternatives</b></p> <p><b>2-3</b> SERVINGS PER DAY</p>	<p><b>1 Serving</b></p> <p>Meat, Poultry or Fish 50-100 g Fish 1/3-2/3 Can 50-100 g Beans 125-250 mL 1-2 Eggs TOFU 100 g 1/3 cup Peanut Butter 30 mL 2 tbsp</p>	

# HOW TO GET THE MOST NUTRI- TION ON A LIMITED BUDGET

**W**hen funds are sparse, food is often the first thing people try to cut back on to save money. However, HIV is a condition that requires a special diet. How can you save money on your grocery bill and maintain your good nutrition? It is possible to eat well, even on a tight budget. The key is learning how to plan a menu and how to shop smartly.

Here are some helpful hints for getting the best nutritional value for your dollar.

## ***Plan your menu ahead of time***

- Find some new low-cost recipes by searching the Internet.
- Use items that you already have in your cupboards, refrigerator, and freezer and include them in your menu.
- Use the grocery store flyer to choose low-cost meats and meat alternatives around which to plan your meals.
- Choose low-cost nutritious foods from each of the four food groups to balance your meals.

## ***Make a shopping list***

- Before shopping, complete your list based on your planned meals. A grocery list will keep you on track to purchase only needed items and avoid impulse buys.

## ***Before heading to the store***

- Plan to purchase your fruit and vegetables at a produce stand where they will be less expensive. Shop at a large grocery store for the rest of your purchases.
- Don't go shopping on an empty stomach. For some, this advice can save up to 20% off the total food bill.
- Leave your children at home. The same goes for partners and friends who can't resist impulse buying.

## ***At the store***

- Compare costs using unit prices.
- Buy no-name brand items, which are less expensive but have the same nutritional value.
- Use coupons only for items you usually buy or you may end up with unneeded items or items you really don't like.

- Stock up on non-perishable foods at the sale price if you have a little extra money.

## **Food clubs and programs**

In the Greater Vancouver area, several food clubs and programs provide assistance for those in need or offer effective ways to optimize your food budget.

Learn to cook by joining a community kitchen, where groups of people meet regularly to cook and eat together for a small fee. Call the Vancouver Community Kitchen Project at 604-876-3601.

Food banks provide emergency food assistance to individuals in need. For the Vancouver Food Bank, call 604-876-3601.

AIDS Vancouver Grocery provides food and some personal hygiene products for HIV-positive people with an annual income below \$20,000. For more information, call 604-893-2278.

Some organizations provide home-delivered frozen and hot meals at a reasonable cost. In the Greater Vancouver area, A Loving Spoonful provides free nutritious meals to people living with HIV/AIDS when they meet specific criteria. A Loving Spoonful can be reached at 604-682-6325.

Individuals on social assistance can apply for government assistance for additional nutrition expenses.



# NUTRITION AND HIV

**G**ood nutrition helps to support the immune system, prevent wasting, and maintain good quality of life. HIV-positive individuals require more calories and protein to maintain a healthy lifestyle than HIV-negative people. Because antiretroviral treatment is usually started much later than it used to be, good nutrition is vital component to staying healthy without medications.

## **Take charge of your nutrition**

- Monitor your weight and body shape. Deal with any unwanted changes early.
- Enjoy plenty of healthy foods loaded with the nutrients that keep the body healthy and strong. Get help for any problems that make it hard for you to eat well.
- Exercise regularly.
- Get enough rest.



## **How to eat well and maintain good nutrition**

Eat enough protein to build muscle and immune cells. The best sources of protein are milk products, meats, poultry, fish, soymilk, tofu, legumes, and eggs. Get the right amount of calories to keep your weight in a healthy range. Don't go overboard on fats. Choose healthier fats such as nuts, seeds and olive oil. Choose lots of colourful fruits and vegetables and lots of whole grains.

Drink enough fluids to maintain good hydration. Water keeps the body's systems working properly. People taking HIV medications should drink plenty of liquids to ensure that the drugs are properly absorbed and work efficiently and that excess medication is excreted. If you are losing fluids through night sweats, diarrhea, or vomiting, you have to replace the lost water. If you need to gain weight, choose fluids that contain calories, such as juice, milk, milkshakes, and commercial nutrition drinks.

Go easy on caffeine. Too much of this stimulant can increase blood pressure and stress levels and decrease appetite. It also makes diarrhea,

nausea, and heartburn worse. Caffeine is found mainly in coffee, tea, colas, and chocolate. Try to limit caffeine-containing drinks to about two per day.

Quit smoking. Sounds harsh, but tobacco is one of the biggest contributors to heart disease. Smoking also decreases appetite and the enjoyment of food.

## **Supplements**

Vitamins and minerals provide the fine-tuning for cells to function well and help release energy from foods. Supplements are sometimes needed by people with HIV to prevent deficiencies. Vitamin pills do not provide energy or protein and cannot replace nourishing food. Remember more is not always better; most vitamins and minerals are toxic if taken in large enough amounts. Before taking any new pills get enough information to answer these three questions: Could it help me? Could it hurt me? Can I afford it?

### ***We know the most about the following vitamin and mineral supplements:***

- B-complex vitamins (25 – 50 mg) are highly recommended for immune support.
- Vitamin C (500-1000 mg) and vitamin E (400 IU) provide antioxidant protection.
- Calcium (1000-1500 mg) protects bones. You can get quite a lot of this nutrient from dairy products, so you may not need a supplement.
- A multivitamin with minerals is recommended.

Many other supplements are used to treat specific problems. But disagreement exists about which supplements are best, or even safe, for people with HIV. If you have other health concerns, such as hepatitis C, be especially careful about supplementation. Get advice from your HIV healthcare providers (doctor, dietitian, pharmacist) about your specific needs and be sure to let them know what you are taking.

## **Food and meds**

HAART medications work better if you follow the instructions about food consumption. Food can affect absorption (how drugs get into your body) and metabolism (how much drug is in your system and how fast it clears). Medications usually cause fewer side effects if taken with the right amount of food.

## **Wasting**

Wasting means a person is underweight, has lost muscle mass, or is losing a lot of weight without wanting to. Wasting can also refer to the loss of fat that happens with lipodystrophy. Loss of weight that includes loss of muscle mass has more severe health consequences than loss of fat only. Weight loss usually happens because people cannot eat enough calories and protein to meet their needs. Opportunistic infections that cause fever and illness (especially, liver disease) and side effects of medications can make it difficult to eat enough.

### ***If you are having trouble eating, follow these tip:***

- Eat often. Try to eat every three hours, even just a small snack or high calorie drink. Following this strategy is probably the most important thing you can do.
- Make every bite count by choosing nutritious foods. Include meats, fish, nuts, cheese, yogurt, tofu, or peanut butter in at least three meals. Drink two or three cups of milk or soymilk to boost your protein.





- Eat a variety of foods to meet your daily nutritional needs.
- Consume nutritional drinks and bars. These products work best if taken in addition to (not instead of) meals and snacks.
- Exercise to keep muscle mass intact and improve appetite.
- Find out about resources in your community that can help you meet your nutritional needs.
- Nausea is a common side effect of HIV medications. The following tips will help to alleviate or prevent nausea.
- Eat low-fat, bland foods. Salty foods and cold foods are generally easier to tolerate. Limit greasy, very sweet, and spicy foods, especially those with a strong smell.
- Eat often. Avoid getting too hungry because an empty stomach increases nausea. If you wait a long time between meals, you may have a tendency to eat too much. An overfull stomach can also worsen nausea.
- Eat an adequate amount of food with medications.
- Avoid alcohol and smoking, which can make nausea worse.

### **HEPATITIS C CO-INFECTION**

Hepatitis C nutrition guidelines are similar to those for HIV. It is important to stay as well nourished as possible. Health Canada's national hepatitis C nutrition guidelines recommend the following strategies for maintaining good nutrition.

- Get enough calories and protein to help the liver make new liver cells.
- Increase protein intake because protein requirements are high throughout the course of hepatitis C unless severe encephalopathy (brain fog) is present.
- Eat more whole grains and fresh fruits and vegetables and cut back on sugars and white starchy foods to manage the risk of getting diabetes.
- Cut back on fats if you have nausea or diarrhea. Fatty foods are not always tolerated that well with cirrhosis.
- Restrict salt intake if you have cirrhosis with water retention.
- Eat small meals four to seven times per day if you have cirrhosis. The liver can handle the food load better when it is small.
- Take a multivitamin with minerals. Vitamin E has shown some benefit in a couple of small studies. B vitamins may also help protect the liver. Calcium and vitamin D may be needed to prevent bone disease.
- Take a vitamin without iron if you have cirrhosis or high iron in your blood. Do not take iron supplements unless recommended by your specialist. Vitamin C in very high doses may increase iron levels. Do not take more than 2000 mg daily.
- Keep your weight in the healthy range. If you are too thin you may not be getting enough nutrition to help your liver function. But too much weight, especially around your waist, may contribute to fatty liver. If you need to lose weight, do so very slowly to protect your liver from injury.
- Exercise regularly.

### **Alcohol**

People with hepatitis C should avoid alcohol. It is toxic to the liver and may cause liver disease to progress faster. Alcohol weakens the immune system directly. Alcohol may interfere with hepatitis C treatment and can increase liver toxicity of some HIV medications. It is not known what is a safe amount of alcohol so it is probably best if avoided altogether. If you don't want to quit drinking, try to cut back as much as possible.

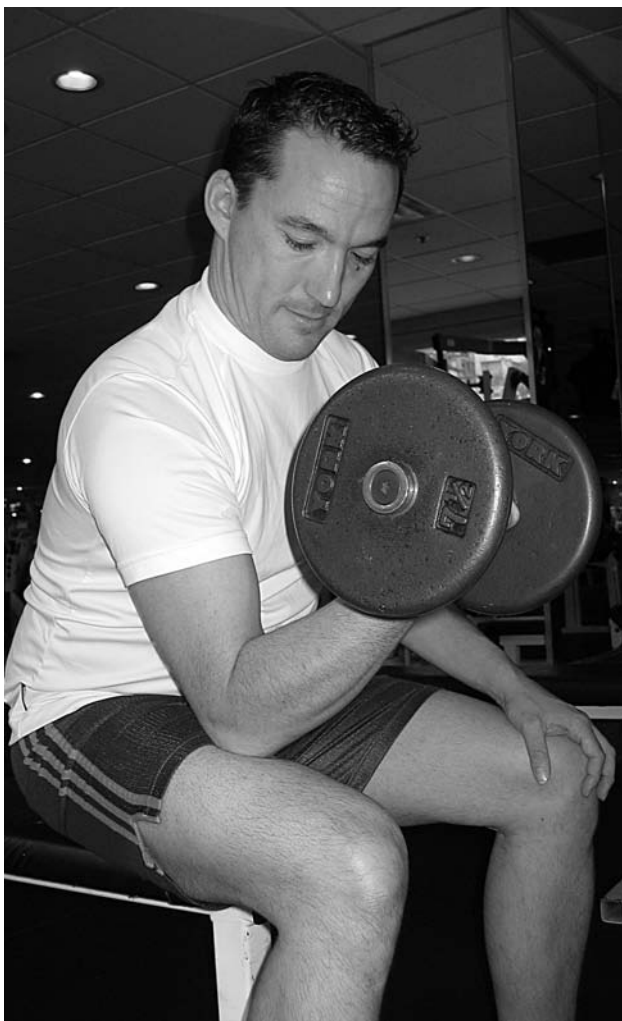
# EXERCISE AND HIV

**R**egular exercise is known to increase feelings of well-being, strengthen the immune system, increase endurance, improve body composition, and enhance overall quality of life.

Before beginning any exercise program, consult with your physician and, if necessary, a certified trainer. Your physician can make recommendations based on the stage of your illness, current symptoms, or medication side effects. The trainer can assess your current fitness level and design a safe program that fits your interests and schedule.

*An exercise program should incorporate the following basic components.*

**Core conditioning.** Improve spinal stability and posture with core exercises that will develop the deep abdominal muscles. Balance drills may be beneficial if illness or medication affects your balance. Examples of these exercises include pilates, yoga, and stair climbing.



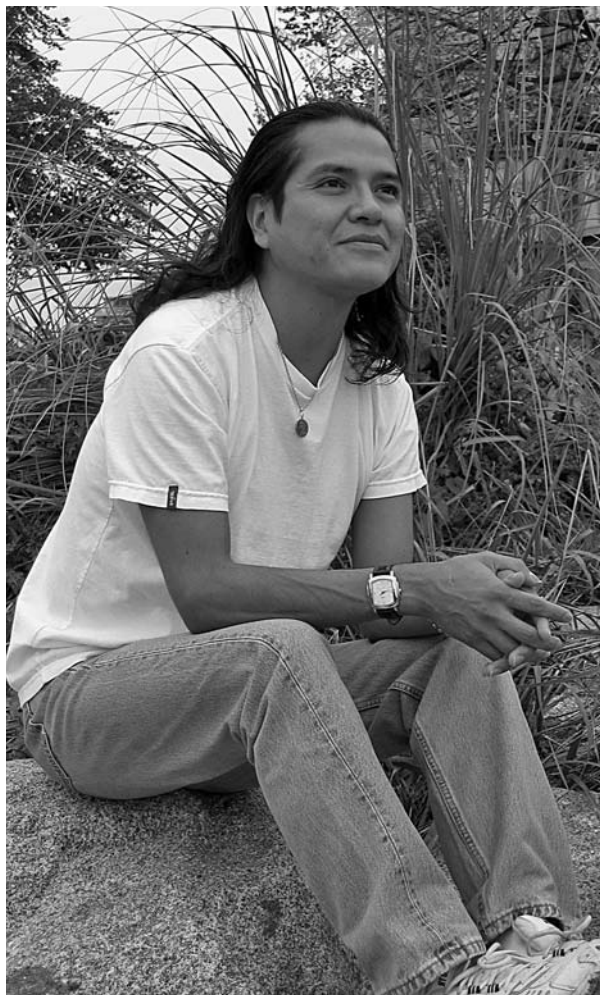
**Resistance training (weightlifting).** Add muscle and prevent muscle wasting. A typical beginner strength-training program includes at least one set of 12-15 repetitions of 8-10 exercises that target all major muscle groups. This routine should be repeated 2-3 times per week.

**Cardiovascular activity.** Improve the function of the heart, lungs, and circulatory system with such activities as walking, running, swimming, and biking. Your exercise program should gradually increase to at least 20-30 minutes 3-4 days per week.

**Flexibility exercises.** Maintain muscle tone, help manage stress, and control pain with stretching exercises. Stretches should end every exercise session when the body is still warm. Hold each stretch for 10-30 seconds. Stretching exercises include t'ai chi and yoga.

These exercise program guidelines may not apply to all situations. Everybody is different. Keep an open mind and remain confident that exercise will benefit you. Set realistic goals and monitor your progress in a workout journal. Consistency is the key to every victory!





# THE HEALING WAY

**T**he Old Ones of long ago taught that a long healthy life would be ours if we made sure that everything we did was balanced with our surroundings, both physical and spiritual. Upsetting this balance would bring suffering and hardship to ourselves and to those around us. So how do we rebalance ourselves and heal what we have done? Each one of us must come to terms with our own individual truth. We begin to heal ourselves when we face these truths.

Remember, the turtle goes nowhere until it sticks its neck out. We never face suffering alone. Facing our truths can be a very painful journey, but our ancestors and the Great Spirit will be there with us.

Today, we face many new health challenges that our ancestors never had to face. The Great Spirit gave us ways to heal ourselves and mend our lives, but the path to healing is easy to understand and

hard to follow. Choose your path carefully because, sadly, an error just might cost you your life. Let's look at some options for mending and recovering by walking the Healing Way.

The Healing Way begins with coming to terms with how we contracted the illness and being able to accept the truth. Now we can begin to look at what we can do about it. If you are suffering from a terminal disease like cancer or AIDS, you must assume responsibility for your own health and survival. Your doctors will probably attempt every treatment proven to be effective, but you may also want to explore alternatives. The objective is to live longer and enjoy a better quality of life. Never give up hope!

## **Understand HIV/AIDS**

To understand the virus that causes AIDS, you have to understand what this virus wants from us. Remember that all living things have one objective: to live as long as possible.

The Old Ones taught us that to become a successful hunter you must know the ways of the animal you seek to kill. You have to know what gives that animal life: where it drinks, eats, sleeps, how far it travels in a day, and when it is vulnerable to attack. No matter how smart an animal is, it is never so smart that it doesn't make a mistake. If you know the disease, then you can come up



with a game plan to fight it. What is my power? Asking these questions will give you power to start overcoming this virus and put you back on a healthy path: *How did I get the virus? Where did I get the virus? What does it want from me? What is it feeling? Strong or weak? When is it weakest? Morning, midday, night?*



## **Mother earth meds**

The Old Ones taught us that every plant can either cure or kill. Books about natural healing herbs can be useful, but often they don't say which part of the plant to use (root, stem, flower, leaf) or what times of the season are best to gather these herbs. These books don't explain the spiritual aspect to the collection of these plants. Our aboriginal ancestors knew that in taking any medical plant, the healing properties were transferred with respect to the affection in which it was taken.

### ***Offering***

When you seek traditional healing, an offering must be made. The offering gift that the Old Ones ask for most is tobacco. The offering can be a pouch, a pack, or a single cigarette. Size or quantity doesn't matter, only the sincerity in which it is offered. The Old Ones will return your healing with the same respect with which the offering was made. You have to give something to get something.

### ***Purification***

The smudging ceremony is an old form of cleansing ceremony that puts the participant in a sacred state of mind. It involves the burning of sacred herbs or plants, such as sage, cedar, juniper, or tobacco.

### ***Indian baths***

Indian bath is another form of purification. This rite takes place in a stream, river, or lake. Offerings are made to the trees and the water to give thanks and to ask the water to remove all negativity and wash it away.

### ***Sweat lodge***

The sweat lodge ceremony was given to us by the Creator in the beginning of time to help us to heal sickness, to gain spiritual strength, to commune with the spiritual world, and to offer restitution for past offences. Sweating is an important bodily function. It removes toxins so effectively that the skin has been called the third kidney. A great number of bacteria and viral agents cannot survive temperatures much higher than 98.6 degrees Fahrenheit. In a sweat lodge, our veins dilate so we have an increase of blood flow. Blood pressure is reduced. When water is poured on hot stones, negative ions are released into the air. Negative ions counteract tension and fatigue, and excess of positive ions has been linked to asthma, heart attacks, allergies, and insomnia. So the sweat lodge helps to literally sweat away illnesses.

Never under any circumstances are fees charged or payment made for true aboriginal healing ceremonies. For more information, call the Medicine Circle at 604-588-5561.



# HOW TO RECOGNIZE A SCAM

**W**hether you are talking about conventional or complementary therapies from the United States or from Timbuktu, you must make informed decisions about what you are choosing to do (or not to do, as the case may be). Making informed decisions can be difficult when the healthcare provider you are working with has an agenda other than simply caring for you. That agenda could be financial, but sometimes it is simply a matter of ego. Whatever the case may be, here are some suggestions about how to avoid being taken for a ride.

**Personal testimonies:** Personal testimony about someone's experience with a treatment can be very persuasive. These stories, though, should not be the only proof given of the treatment's effectiveness. Ask the person promoting the claim to show you scientific evidence that supports the testimonies, preferably scientific research done by someone other than the promoter.

**Claims to cure multiple illnesses:** You should be suspicious of any claim that a therapy can treat not only HIV/AIDS, but also, for example, cancer, diabetes, or hair loss. HIV/AIDS is a unique illness caused by a specific kind of virus. Scientists may be able to learn about HIV from other diseases and vice versa, but the treatments are rarely, if ever, the same. Avoid treatments that claim to cure HIV or ones that claim to make a person "go HIV-negative". As of 2004, both of these claims are biological impossibilities.

**The big cost:** If the cost of a treatment is unusually high, be careful. An expensive alternative treatment should be a bright red flag for you as a consumer. Although many conventional drugs are costly, drug companies have to provide evidence of the treatment's usefulness.

**The secret treatment:** If your practitioner insists on keeping any aspect of your treatment a secret, be aware that the treatment may be fraudulent. The course of treatment may be very simple, and you could perhaps pursue it at a lower cost with your primary healthcare provider. Or it may simply be totally ineffective. It is your right to know what you will be putting into your body and why.

**Requests to end other treatments:** Treatments that require you to stop seeing other healthcare providers or stop conventional treatments may bring you more harm than good. However, some clinical trials may require that you stop taking certain drugs so that the efficacy and safety of the trial treatment can be measured.

**The use of unverifiable studies:** If the only evidence in support of a treatment comes from unpublished studies or studies that did not use standard scientific practices, such as control groups or double-blind randomization, then you should proceed with caution.

**HIV experience:** Any practitioner who has little training or experience in HIV/AIDS research or treatment should be considered carefully. Inquire as to what training the practitioner has had and where this training was completed. Check references.



# COMPLEMENTARY AND ALTERNATIVE MEDICINE

**In** Canada today, western or conventional medicine is the dominant system of healthcare. For centuries many other systems and therapies have been used. These other practices are collectively known as complementary and alternative medicine (CAM).

Complementary medicine can be used together with western medicine. For example, you could use acupuncture or herbs to alleviate some of the side effects of antiretroviral drugs.

Alternative medicine is used instead of western medicine. Meditation, yoga, massage, or dietary supplementation, for example, may be used instead of drugs to relieve depression.

Integrative medicine blends western, complementary, and alternative medicines. It emphasizes wellness and healing the entire self (mind, body, and spirit) in the context of a supportive and effective physician-patient relationship without bias toward a dominant system of medicine.

Your doctor or primary care practitioner should always be advised if you use any of the treatments below because they may interact negatively with your current medications or conditions.

## Alternative medical systems

Some systems of disease care and prevention evolved over centuries, and others have been tested by trial and error more recently. Some were developed and handed down culturally, and others according to geography. They are built upon complete systems of theory and practice. The four most common types currently used in Canada today are homeopathy, naturopathy, traditional Chinese medicine, and Ayurveda.

**Homeopathy.** The goal of homeopathy is to stimulate the body's defence mechanisms to prevent or treat illness. Treatment involves taking minute doses of natural substances derived from plants, minerals, or animals. According to homeopathic principles, these remedies would produce similar symptoms of illness in healthy people if healthy people were given larger doses. Treatment is tailored to each patient. Practitioners select remedies according to the overall needs of a patient, taking into consideration symptoms, lifestyle, emotional and mental states, and other factors.

**Naturopathy.** A naturopath's goal is to help the body heal from disease and attain better health in the gentlest, least invasive, and most efficient manner possible. Practitioners work with natural healing forces within the body to treat the manifestation of disease and to search for and treat the cause of disease. Practices may include dietary modifications, homeopathy, acupuncture, or massage.

**Traditional Chinese Medicine (TCM).** TCM is a complete medical system that has diagnosed, treated, and prevented illness for over 23 centuries. It is based on the notion of harmony and balance



in body, mind, and spirit. Moderation and prevention are the keys to good health. TCM incorporates diet, exercise, acupuncture, herbal medicine, and massage. It focuses on stimulating the body's natural curative powers. In both theory and practice, TCM takes a completely different view from western medicine of how the human body works and how illness occurs and should be treated. Treatment is based on the individual patient rather than on a disease and is often integrated with western medicine.

TCM's goal is to maintain a balance of yin and yang. The interdependent relationship of opposing but complementary forces is believed to be necessary for a healthy life. TCM asserts that chi (life force) is an invisible energy force that flows freely in a healthy person, but it is weakened or blocked when a person is ill. The illness is a result of the blockage, rather than the blockage being the result of the illness. Acupuncture unblocks or corrects the flow of chi allowing for recuperation from or prevention of illness.

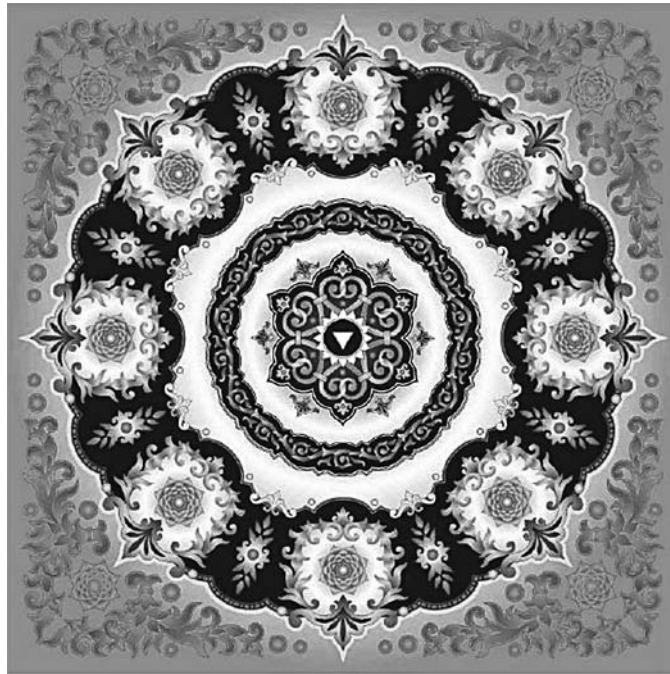


**Ayurveda.** This system treats the whole person, not just the person's health problems. It originated within the ancient Vedic tradition of India and includes a system of herbalism similar to TCM. Ayurveda focuses on preventing disease through a deep connection between mind and body. Being healthy is more than being free of disease. A state of total health is a radiant state of vigour, energy, and balance. The better the balance, the greater your health.

The practitioner classifies an individual's constitution according to which of three types of energies, or doshas, is dominant in their physical and psychological nature. The doshas are vata (movement), pitta (metabolism), and kapha (structure). Appropriate dietary and lifestyle changes along with herbal treatments will then be recommended. A treatment program may also include yoga postures, aerobic exercise, breathing techniques, meditation, massage, and a cleansing program to rid the body of accumulated toxins. Ayurvedic medicine can be used alone or combined with western and other CAM approaches.

### **Mind-body interventions**

These techniques are designed to enhance the mind's capacity to affect bodily function and symptoms. Western medicine is slowly accepting the validity of some techniques considered CAM in the past, such as patient support groups and cognitive therapy. Many techniques still considered CAM



### **Vishuda Chakra**

- Throat Center
- Human Intellect
- Mood & Thought

*by Pashupati*

therapies include meditation, prayer, mental healing, and therapies using creative outlets such as art, music, dance, yoga, biofeedback, and visualization.

### **Biology-based therapies**

These therapies use substances found in nature, such as herbs, foods, vitamins, and dietary supplements that are usually considered foods, not drugs. A dietary supplement is a product taken orally that contains a “dietary ingredient.” These dietary ingredients may include vitamins, minerals, herbs, other botanicals, amino acids, enzymes, animal organ tissues, and metabolites.

### **Manipulative and body-based methods**

These techniques are based on manipulation or movement of one or more parts of the body. Examples are chiropractic or osteopathic manipulation and massage. Chiropractic is a medical technique that focuses on the relationship between body structure (primarily the spine) and function, and how that relationship affects the preservation and restoration of health. Osteopathic medicine, a form of western medicine, treats diseases arising in the musculoskeletal system and assumes that all the systems work together. Disturbances in one system may affect function elsewhere in the body. A full-body system of hands-on techniques (osteopathic manipulation) may be used to alleviate pain, restore function, and promote health and well-being. Massage therapists manipulate muscle and connective tissue to enhance function of those tissues and promote relaxation and well-being.

### **Energy therapies**

Biofield therapies are intended to affect energy fields that surround and penetrate the body. Existence of such fields has not been scientifically proven. Some forms of energy therapy manipulate biofields by applying pressure or manipulating the body by placing the hands in or through these fields (qi gong, reiki, and therapeutic touch, for example). Bioelectromagnetic therapies use electromagnetic fields, such as pulse, magnetic, alternating current, or direct current fields.



# MARIJUANA

**M**arijuana is not an approved therapeutic substance in Canada. It does, however, have therapeutic uses and potentially harmful side effects. The main psychoactive ingredient in marijuana is delta-9-tetrahydrocannabinol (THC).

## **Physical and mental effects**

The acute effects of smoking pot are an almost immediate feeling of euphoria (being high) and motor function impairment. Some people may experience anxiety. The most consistent physiological effect of THC is an increased heart rate. Other short-term effects are enhanced sensory experience and time distortion. Pot use has been associated with impaired cognitive function and short-term memory. Few, if any, gender-based studies of pot use have been conducted.

## **Pain**

For some people, the only effective pain management drug is marijuana. If you choose to smoke pot, you should consider its potential health effects, especially if you have a history of cardiac disorders, respiratory insufficiency such as asthma, or substance abuse.



## **Positive effects**

Pot is most often used to stimulate appetite, alleviate nausea and vomiting, manage pain, relieve depression, and reduce sleep problems. Smoking pot can lessen AIDS-related wasting by increasing appetite, which, in turn, increases food consumption.

## **Negative effects**

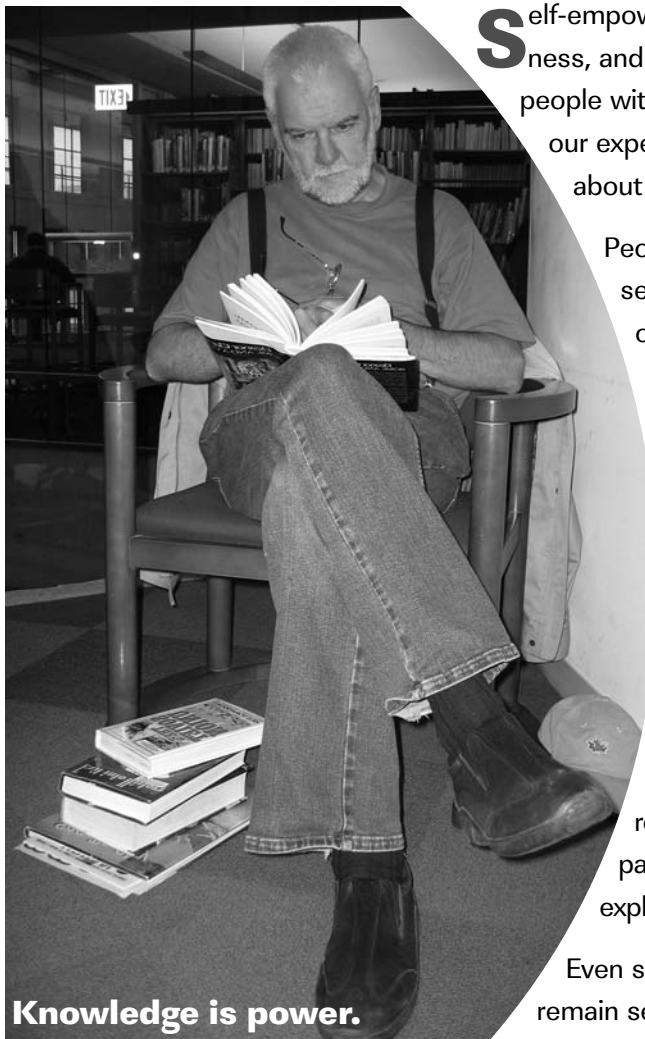
Traces of pot can be detected in urine for weeks. HIV-positive marijuana users may be more vulnerable than HIV-negative marijuana users to the immunosuppressive effects of marijuana and to exposure to infectious organisms associated with low-grade pot. Marijuana that has not been properly dried may contain mold or fungus that could be harmful to the lungs if inhaled. Any patient who has a history of psychotic disorders should not use pot.

For more information on medicinal marijuana, please visit <[www.hc-sc.gc.ca/hecs-sesc/ocma](http://www.hc-sc.gc.ca/hecs-sesc/ocma)>and <[medicalmarihuana.ca](http://medicalmarihuana.ca)>.





# SELF-EMPOWERMENT



**Knowledge is power.**

**S**elf-empowerment means taking charge of your own life, illness, and care to achieve individual and social changes. As people with HIV/AIDS, we must see ourselves as experts in our experience of this disease, and we must be vocal about what we need and how we are cared for.

People living with HIV must choose their own representatives, set their own agendas, and plan their own strategies. We should be involved in making decisions at every level, including serving on the boards of provider organizations. Our voices should be included in all AIDS forums and given equal weight so that we can share our experiences and knowledge.

Knowledge is power. The more knowledgeable we become about our treatment options, the better we will feel about our decisions. No amount of reading will replace your need for a knowledgeable physician, but your own research will shape your relationship with your doctor. You should establish a partnership with a doctor who will encourage you to explore and discuss your treatment options.

Even someone in the final stages of illness should remain self-empowered. Self-empowerment can mean deciding to stop all treatments (knowing that doing so will

hasten your death) or deciding whether to die at home or in the hospital. You should be able to choose the course of action you feel will be the most comfortable for you and for your caregivers.

Self-empowerment should include being free to end your own life when you determine that your quality of life has deteriorated too much to justify continuing to struggle. It also includes struggling to stay alive despite enormous physical and mental deterioration in the hope that a medical breakthrough may benefit you.

Channeling anger by collectively lobbying government, demanding equal opportunities, and refusing to compromise are examples of self-empowerment.

You are the expert in your experience of HIV/AIDS. Realizing your expertise and demanding to be heard are difficult adjustments to make at first. Consider these adjustments a continuous evolution, requiring determination and patience.



# WORKING, LEARNING, AND VOLUNTEERING

**Y**ou may not have been working or studying for many years because of poor health. Now you are feeling well enough to go back to work or school or to volunteer. Before you do, consider the financial help available, especially if you receive persons with disabilities income assistance.

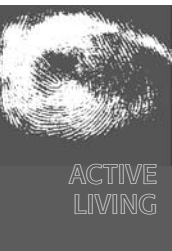
## Back to work

If you work, you can earn up to \$400 per month without affecting how much disability assistance you receive. What you earn above this amount will be deducted from your assistance. If your earnings make you ineligible for assistance, your file will be converted to Medical Services Only status, meaning that you will still receive enhanced health benefits. You must report all income to the ministry. Should you wish to stop working, you will be reinstated with disability levels of assistance.

The ministry provides some support to help people with disabilities enter the workforce. If you have found a job and require employment-related items, such as tools or clothing, you could receive up to \$1000. The ministry will also fund pre-employment services (help with computer skills, decision-making skills, and interview preparation) and planning and employment services (assistance in assessing goals, skills, and needed supports for participating in the workforce).

## Back to school

If you plan to go back to school, you can apply for financial assistance from the BC Student Assistance Program (BCSAP). If you apply for education costs only (tuition and books, for example) and not for shelter or living expenses, you can keep your current amount of disability assistance. You may also receive an additional \$100 per month for six months from the Ministry of Human Resources to participate in education related to your employment plan.



If you volunteer for 10 to 20 hours per month, you may be eligible for a \$50 or \$100 monthly supplement to your disability assistance. Let your social worker know whether you are interested.

Contact the Ministry of Human Resources at [www.gov.bc.ca/mhr](http://www.gov.bc.ca/mhr) or 1-866-866-0800.

Contact BCSAP at [www.aved.gov.bc.ca/student-services](http://www.aved.gov.bc.ca/student-services).



# LONG-TERM DISABILITY PLANS

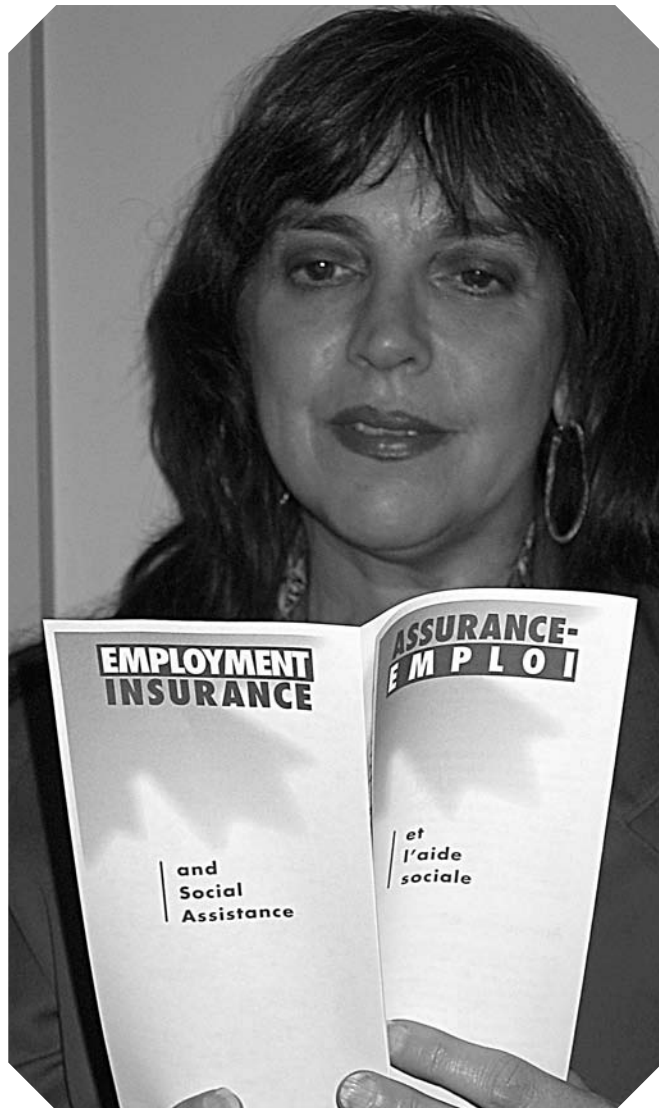
**I**f you work, your company may have group health insurance that offers sickness benefits and long-term disability benefits. Get a copy of your company's health plan to see what the company will pay and how they calculate your payments. Some health benefits policies have a five-month waiting period before you can apply for long-term disability benefits. If you were sick before you started working for your current employer, the health insurance policy may not cover you.

## Employment Insurance sickness benefits

After you receive all of your sickness benefits from your company health plan and while you are waiting to apply for long-term disability benefits, you must apply for Employment Insurance sickness benefits. Under the EI plan, your sickness benefits may be paid up to 15 weeks if you cannot work because of sickness, injury, or quarantine. You must have worked 600 hours in the previous 52 weeks or since your last claim. You must submit a medical certificate that provides an estimate of how long you will be sick. Any money received from EI is taxable. Contact EI at 604-681-8253 or at <[www.hrdc-drhc.gc.ca](http://www.hrdc-drhc.gc.ca)>.

## Canada Pension Plan disability benefits

Long-term disability plans require that you apply for Canada Pension Plan disability benefits. The providers of these plans keep all of your CPP benefits to offset what they pay to you. To apply for CPP disability benefits, you must have had CPP premiums deducted from your pay for at least four of six years and you must be younger than 65 years old. When CPP reviews your application, they must be convinced that your disability is what they call "severe and prolonged" and stops you from doing any kind of full-time work. The benefit includes a fixed amount that everyone receives (\$370.32 per month for 2003), plus an amount based on how much you contributed to the CPP during your entire working career. Contact the Department of Social Development at <[www.sdc.gc.ca/en/home.shtml](http://www.sdc.gc.ca/en/home.shtml)>.



# PERSONS WITH DISABILITIES STATUS

**P**ersons with disabilities (PWD) qualify for higher assistance rates with higher asset limits, enhanced medical benefits, dental benefits, a discounted bus pass, and an exemption from the two-year social assistance cut off.

To qualify for PWD status you must:

- be 18 years or older
- have a physical or mental disability that will continue for at least two years
- be restricted in your ability to perform daily living activities (shopping, cooking, bathing, or using public transit, for example)
- need help from a person, an assisting device, or an assistance animal to perform daily living activities

## How to apply

To apply for PWD status, you must first register with BC Employment and Assistance at the Ministry of Human Resources for basic assistance. When you apply, bring your:

- social insurance card and two other pieces of identification (including one picture ID)
- receipts for shelter costs and utilities
- asset information (title of house, bank book, etc.)
- proof of being HIV positive

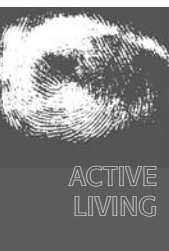
You will be required to complete an orientation and a three-week work search before qualifying. If you have an emergency need for shelter, food, or medical services, ask for an emergency needs assessment, which may eliminate the qualifying period. If your health prevents you from looking for work, bring proof and you may be exempt from the work search. Contact the Ministry of Human Resources at 1-866-866-0800 or <<http://www.gov.bc.ca/mhr>>.

If you reside in the Lower Mainland, see an AIDS Vancouver case manager to assist you with your PWD application form. Otherwise, contact your local AIDS organization for assistance. The form contains sections to be completed by you, your doctor, and another health professional.

## Dependency relationships

Assistance rates are based on your PWD status and the size of your family. Your family includes your dependents—those with whom you share income, assets, or necessities of life. Your spouse or common-law partner, your children, and even your roommates can be considered dependents. The ministry calculates the total family income of you and your dependents to determine how much assistance you are eligible for.

If the ministry decides that you and your roommate live in a dependency situation, you may receive less assistance or no assistance at all. To ensure that your roommate is not considered your dependent, keep separate bank accounts, do not share a credit card, have both of your names on the lease, and keep household bills in both of your names. These measures will help safeguard you against the ministry including your roommate's income in the total family income. If you are in a common-law relationship or live with your spouse, you will receive less assistance than if you were single. You must report changes in your living circumstances to the ministry. Failure to do so could be considered fraud, and you could be banned for life from assistance.



# INCOME SOURCES

*The following benefits reflect current legislation as of October 2004.*

**Y**ou may be eligible to receive additional income and benefits from the Ministry of Human Resources when you have PWD status. All requests must be made in cooperation with your social worker and pre-approved. Do not pay for anything upfront. MHR will not reimburse you. Benefits and rates of payment may depend upon family income.

## Income supplements for a single PWD

Monthly nutritional supplement benefit (MNSB). The MNSB provides additional per month financial assistance for food (\$165.00), bottled water (\$20.00), and vitamins/minerals (\$40.00). If you receive the old Schedule C health benefit, you cannot receive the MNSB. To apply for the MNSB, you must receive basic support and shelter from MHR. Ask your worker for an MNSB application form. To receive the entire benefit, the medical information you provide must be very specific. Bring your blank application form to the BCPWA Society Advocacy Department before taking it into your doctor. Once you get this benefit, you cannot continue to receive the monthly dietary allowance.

**Monthly dietary allowance.** Ask your worker which dietary allowances you can apply for. Most PWD apply for and receive \$40.00 for the high protein diet.

**Blender.** A one-time purchase (\$30.00) that must be prescribed by your doctor.

**Christmas.** An extra \$35.00 in December for a single PWD.

**Community volunteer.** You can receive an extra \$100.00 per month for volunteering.

**Monthly incentive.** An extra \$50.00 per month is available if you are gaining pre-employment work experience.

**Training initiative.** To pay for expenses related to your participation in a training program, you may receive \$50.00 per month.

**Clothing supplement in a special care facility.** Amount depends on need.

**Bus pass.** You can receive \$45.00 for yearly bus pass. If you pay \$20.00, AIDS Vancouver may pay \$25.00.

**Security deposit.** Every PWD may receive this benefit a limited number of times.

**Moving costs.** If you must move, your costs may be covered. Submit three estimates from professionals before you move.

**Crisis benefit.** Crisis money is available for certain items: clothing (\$100.00 per year), food (\$20.00 per month), shelter (varies), and essential utilities (varies).

**Guide animal.** \$62.00 per month.

**Medical services only.** This benefit covers medical costs and does not include money for support and shelter.

### Other benefits, assistance, and income

**Short-term nutritional allowance.** You can receive this subsidy for only three months and only if you are not getting Schedule C benefits or MNSB.

**Other shelter costs.** Short-term stays in emergency shelters or special care facilities.

**Other assistance.** You may be eligible to receive assistance to remedy hardship; to obtain proof of identity; for medical transportation; for alcohol or drug treatment; to buy a ferry, recreation, or camping pass; to buy natal supplements; as a comfort allowance; to buy supplements for life-threatening need; and to buy general health supplements.

If you need information or help or if you are denied a benefit, contact the BCPWA Society Advocacy Department at 604.893.2223.



# HOUSING ISSUES

**A**dequate stable housing is an essential component of treatment of any chronic illness. As a person with HIV/AIDS, you should be aware of the housing assistance available from the BC government.

If you need temporary accommodations, the Ministry of Human Resources will assist you with the cost of room and board, special care facilities, alcohol and drug rehabilitation centres, emergency shelters, and transition homes. MHR will also loan you money to purchase co-op housing shares. Remember that as long as you receive disability benefits, you must report all changes in your living situation to your welfare worker.

## Homeowners

You can own your own home and still collect disability benefits. However, if you sell your home, you would then have a liquid asset (cash) that would most likely put you over the allowable asset level for disability benefits. When you exceed the \$3,000 allowable asset level, your benefits would be reduced or eliminated unless you put all proceeds into the purchase of a new home.

Instead of selling, take advantage of the Ministry of Provincial Revenue's Home Owner Grant, which helps disabled homeowners reduce the amount of taxes they pay on their homes. The Property Tax Deferment Program, which is a low interest loan program, helps disabled BC homeowners pay their annual property taxes. In addition, the Ministry of Human Resources provides a shelter allowance of \$325.00 per month to pay basic charges for heat, water, electricity, garbage disposal, and single-line telephone.

If you are asked to calculate your monthly shelter costs, include only rent or mortgage payment, housing insurance, property taxes, utility costs, maintenance, and repairs.

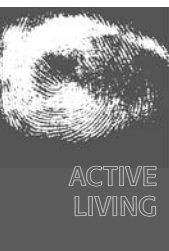
## Your rights as a tenant

As a tenant, you have rights under the BC Residential Tenancy Act. See the Residential Tenancy Office Web site at <[www.pssg.gov.bc.ca/rto](http://www.pssg.gov.bc.ca/rto)> to keep up to date with changes to the act. If you believe that your rights have been violated or if you encounter problems with your landlord, contact the Tenants' Rights Action Coalition (TRAC) at <[www.tenants.bc.ca](http://www.tenants.bc.ca)>. Also contact the BCPWA Society Advocacy Department. If your landlord has acted contrary to the legislation, you can file for arbitration. Take proof of your disability to the nearest Residential Tenancy Office to avoid having to pay the \$50.00 filing fee.

## Housing subsidies

Subsidized housing programs are available. Contact any of the organizations listed below.

- BC Housing: <[www.bchousing.ca](http://www.bchousing.ca)> or 1-800-257-7756 (Lower Mainland 604-433-2218)
- McLaren Housing Society: <[www.mclarenhousing.com](http://www.mclarenhousing.com)> or 604-669-4090
- Wings Housing Society: <[www.wingshousing.bc.ca](http://www.wingshousing.bc.ca)> or 604-899-5405
- Vancouver Native Health Society: <[www.vnhs.net](http://www.vnhs.net)> or 604-254-9949



# AFFORDABLE TRANSPORTATION

**If** you receive disability assistance, you qualify for a yearly subsidized bus pass (\$45). To apply, contact the BC Bus Pass Program at 1-888-661-1566. If you live in the Lower Mainland, bring your application form and \$25 to an AIDS Vancouver case manager. AIDS Vancouver will pay the

rest. You should receive the bus pass within three weeks of mailing in your application. If you lose your bus pass, phone the BC Bus Pass Program. You will be charged for a replacement.



## **HandyDart**

HandyDart is an affordable taxi service for people with disabilities

who cannot use regular buses. You do not

have to be on assistance to qualify. To apply, phone the nearest HandyDart office and ask them to send you a registration form. Mail the completed registration form to the HandyDart office. They will mail you an identification number that you can use to book rides. Rides must be booked in advance and cost between \$2.00-\$4.00. Contact HandyDart in Vancouver at 604-430-2692 or visit <[www.translink.bc.ca/Service\\_Info\\_and\\_Fares/HandyDART.asp](http://www.translink.bc.ca/Service_Info_and_Fares/HandyDART.asp)>. Outside Vancouver, call your public transit office for HandyDart listings or visit <[www.bctransit.com](http://www.bctransit.com)>.

## **Half-price taxis**

If you have a disability that prevents you from using the bus, you can apply for a HandyCard that allows you to buy Taxi Saver coupons. Taxi Saver coupons let you take a regular taxi for half price. In Vancouver, call 604-453-4634 to order a HandyCard application form or to learn more about Taxi Saver coupons. Outside Vancouver, visit <[www.bctransit.com](http://www.bctransit.com)>.

## **Motor vehicle fuel tax rebate and ICBC disability discount**

If you meet the Ministry of Provincial Revenue's definition of disability, you may be eligible for a vehicle fuel tax rebate of up to \$400 per year. For information or to apply, visit <[www.rev.gov.bc.ca/ctb/Disability.htm](http://www.rev.gov.bc.ca/ctb/Disability.htm)> or call 250-387-0635 or 1-800-663-7867. Once you are approved, you will be issued a Motor Fuel Tax claim number. Bring this number to your Autoplan broker to receive a 25% discount. Visit ICBC at <[www.icbc.com](http://www.icbc.com)>.



# DECLARING BANKRUPTCY

**B**ankruptcy is a last-resort solution to major debt problems. To declare bankruptcy, you should hire a trustee in bankruptcy to help you through the process. The average cost is about \$1200 dollars and the bankruptcy is recorded on your credit file for six to seven years.

Tell the trustee what debts you owe. Take proof of your income and expenses, copies of all your debts, and proof of any assets you own, such as a car, house, or land. Trustees can help you develop a budget and show you what other options are available to you.

## Other debt options

**Debt consolidation loan.** Combine or consolidate your debts into one bank loan. You make one monthly payment to your bank.

**Consolidation order.** A court order for payment that sets out the amounts and dates of payments due to the court. The court will distribute your payments to your creditors.

**Consumer proposal.** Under the Bankruptcy and Insolvency Act, you can make a proposal to your creditors to reduce the amount of your debts.

## Debt forgiveness

If you have a totally unmanageable debt, you may ask to have the debt forgiven or “stood aside.” If your debt is forgiven, you no longer owe the debt. If your debt is “stood aside,” you still owe the debt, but the creditor does not try to collect it unless your circumstances change.

Debts are forgiven on compassionate and financial hardship grounds. You must prove what your total income is and what you spend each month. You have to show that you have no money left to pay your bills or

that by paying your bills you will not be able to buy food or vitamins or wash your clothes. In other words, you are proving to the company that by paying this debt, you will endure hardship.



# COLLECTIVE VOICES: HUMAN RIGHTS

**M**any people think human rights legislation applies to everyone in all circumstances, but, in fact, the various codes and charters affect individuals and their relationships to other people, employers, and government bodies in different ways.

The Canadian Human Rights Act, the British Columbia Human Rights Code, and the Canadian Charter of Rights and Freedoms offer individuals protections in different situations. It is important to know which legislation would apply to your particular circumstance.

In 1977, the Canadian Parliament passed the Canadian Human Rights Act. The purpose of the Act is to ensure equality of opportunity and freedom from discrimination in a federal jurisdiction. In other words, this Act protects anyone living in Canada from discrimination by a federal government department, agency, or Crown corporation. The Act also applies to other agencies such as airlines, television broadcasters, and inter-provincial bus companies and railways. The Act protects people from discrimination based on their age, sex, sexual orientation, race, disability, and other grounds.

The BC Human Rights Code covers all provincially regulated businesses and agencies, including all ministries of the provincial government, local and municipal governments, schools and universities, hospitals and medical clinics, and private businesses.

## **Charter of Rights and Freedoms**

You cannot use the Charter to challenge every possible denial of your rights. The Charter applies only to violations of rights that are caused by all federally regulated businesses and agencies. So before you can claim the Charter's protection, you must show that your rights were denied by government or some agency very closely connected to government, such as a school board or labour relations board. If a private individual, organization, or company denies you your rights, you may be able to complain under the BC Human Rights Act or the Canadian Human Rights Act. If you are not sure if your complaint is a federal or provincial matter, contact the BC Human Rights Tribunal toll-free at 1.888.440.8844.

The courts have described themselves as the guardians of the Charter. In that role, judges have the power to strike down laws or other government action to defend a protected right or freedom. If you think a provincial or federal law or action denies your Charter rights, you can ask a court to rule that the law has no effect or to order the government to stop denying your rights.

Section 24 of the Charter allows a person whose rights have been violated to apply to a court for a remedy. The Charter gives courts significant discretion regarding the kind of remedy they can mandate if a Charter right is violated.



# MAKE YOUR VOICE HEARD

**To** effect change in health policy, an individual or advocacy group must develop a clear understanding of the structures, roles, processes, and values of the provincial and federal governments in developing policy.

Healthcare is a provincial responsibility, but the money to provide healthcare comes from the federal government. Policy and funding come from Ottawa, but programs are created and implemented at provincial and municipal levels. Consequently, stakeholders at all levels can influence the development of health policy. An active voluntary sector plays an important role in helping the federal government to identify issues and achieve its public policy objectives. Participating in health policy dialogue can lead to positive change.

## Strategies for influencing policy

**Develop your position.** Do the research. Having a good knowledge of the issues and keeping current on the latest statistics will give you a better chance of gaining credibility with senior bureaucrats and even the media.

**Collaborate with allies.** Seek out other organizations working on the same issues, build relationships with decision makers and their advisors, and seek alliances with the prominent and quotable.

**Decide whom you need to persuade.** Who makes the decisions and who influences those decision makers? These people include Members of Parliament, Senators, Members of Legislative Assemblies, Ministers and Deputy Ministers, ministerial staff, and public servants.

**Identify good opportunities.** Good opportunities often exist during crises, transition periods, or a particular event. A good time to act is just before a new budget is tabled.

**Develop messages and stories.** Make sure your message is politically astute and is tailored to the targeted individual. Create policy documents that state your position and include lots of sound research and background information. Be brief and state the most important information at the beginning.

**Communicate.** Communications material, meetings, and correspondence with decision makers will help strengthen your case.

**Organize policy events.** Rallies and campaigns attract media attention and also help people put faces to the issues.

**Spend your advocacy money wisely.** Consider additional funding from government or foundations. Seek donated services.

**Implement the strategic plan.** Implementation is not an end in itself and evaluating your strategy and the impact of the policy change is just as important.

**Remember to always give credit.** Thank those who made the changes and supported your cause.

Each of us brings unique life experiences and perspectives to the table. Making your voice heard will effect change that will benefit us all. The BC Persons With AIDS Society's Community Representation and Engagement Standing Committee encourages HIV-positive individuals to engage in this committee in different ways. You can contact us by email at [cre@bcpwa.org](mailto:cre@bcpwa.org) or by phone at 604-646-5338.





# WHAT IS POSITIVE PREVENTION?

Considering the needs of HIV-positive people in prevention initiatives is, surprisingly, a relatively new idea. Virtually all prevention programs have so far been directed primarily towards HIV-negative people. Early in the epidemic, HIV-positive people often died within a short time after diagnosis, so including the needs of positive people in prevention did not seem relevant. Prevention agencies also feared increasing the burden of stigma against people living with HIV.

Because HIV-positive people are living longer and healthier lives, more opportunities are available now than ever before for HIV transmission. In response to this reality, “positive prevention” is emerging in the United Kingdom, the Netherlands, Australia, the United States, and elsewhere as a strategy to control the spread of HIV. Positive prevention encompasses a range of initiatives to support positive people in their efforts at risk reduction, as well as initiatives to help positive people maintain the best possible physical and psychological health.

Our working definition of HIV-positive prevention emphasizes positive choices: *Positive prevention optimizes the health and well-being of HIV-positive people by promoting risk reduction activities and healthy lifestyle choices.*

\*Please be aware that the following section (pages 57 to 67) contains sexually explicit language that may offend some readers.



# DISCLOSURE OF HIV STATUS

**S**ignificant progress made in understanding HIV infection and disease has led to the development of highly effective drug treatments, improved life expectancy, and better quality of life. HIV prevention strategies now encourage HIV-positive people to play an important role in reducing HIV transmission because the virus can only be passed on from person to person if a positive individual is involved. Voluntary HIV testing is encouraged as a public health measure that can lead people to healthy and responsible behaviours.

When you get your HIV test results, you may want to see a counselor or get in touch with a local AIDS service organization. You may want to consider disclosing your HIV status. Disclosure concerns the choices you make about informing other people that you are HIV-positive. Only you can make the decision to disclose (*see page 58 for Legal Implications of Disclosure*). Factors should you consider when you decide to disclose your HIV status:

- responsibility to reduce the risk of infecting others
- advantages and disadvantages of letting people know your status
- who you want to tell and how you tell them
- consequences of disclosure and how they may affect you

## **Advantages of disclosure**

Relief that you no longer carry this burden alone; moral and practical support from family, friends, and work colleagues; better management of your disease if medical staff are informed.

## **Disadvantages of disclosure**

People may distance themselves from you in work or personal relationships; risk of physical injury; risk of loss of employment.

## **Family and close friends**

Deciding to tell family and close friends may depend on the type of relationship you had with them before you discovered that you are HIV-positive. If you shared little information about your life with them before, do you want to share this information?

## **Children**

Consider a child's age and ability to understand before disclosing your HIV status. If you are a parent or caregiver, pay special attention to their immediate reactions and worries, and plan for long-term coping strategies.

## **People you live with**

Keeping secret your medical appointments, medication schedule, or illness may be difficult if you live with others. If you tell them, they may worry about their own health and possible risks of infection. It is useful to have accurate written information about how HIV is transmitted.

*\*Current Canadian law states that an HIV-positive person must disclose his or her status before engaging in a sexual encounter(s). To learn about the legal implications of disclosure, go to page 59.*



# LEGAL IMPLICATIONS OF DISCLOSURE TO SEXUAL PARTNERS



**T**he Supreme Court of Canada has ruled on the necessity of disclosing your HIV status to your sexual partners. As the law stands, an HIV-positive person who does not disclose his or her status before having unprotected sex (vaginal or anal) can be charged with assault or aggravated assault. The positive person does not actually have to infect the other person. Charges can be laid simply for putting the other person at significant risk. A charge of assault carries a maximum of 5 years in jail, attempted aggravated assault 7 years, and aggravated assault 14 years.

## **Confidentiality**

You are entitled to confidentiality regarding your HIV status. It is unethical for others to disclose your status without your consent. Doctors are required to make medical reports about certain infectious diseases and to report health information if potential harm to others is probable. There may be legal implications if you do not inform sexual partners and those with whom you share injection equipment.

## **Discrimination**

Many HIV-positive people belong to vulnerable communities that are already socially and economically disadvantaged. Marginalized people (such as First Nations, immigrants and injection drug users) have limited access to adequate education, housing, employment, and healthcare. HIV infection poses additional challenges as it leaves people open to discrimination and human rights abuses. It is illegal for anyone to discriminate against you because you are HIV-positive. If you feel you are being unfairly treated or discriminated against, speak to an AIDS service organization that can advocate on your behalf. You can also seek advice from a lawyer about filing a complaint to the Human Rights Commission.



# SEXUAL HEALTH FOR HIV-POSITIVE PERSONS

**S**exuality is an integral part of the human condition. In fact, some people consider the sex drive to be a basic human instinct, comparable to other needs of survival, such as security and the pursuit of food. Sexuality encompasses physical, physiological, psychological, social, emotional and cultural aspects. These factors influence your sexual behaviour and relationships.

Sexual health involves the capacity to enjoy and control sexual and reproductive behaviour in accordance with a social and personal ethic. The expression of your sexuality involves interaction between personal desires, the requirements and rights of others and of society. Being HIV-positive complicates your sexual health and expression.

It is important to advocate for the right of HIV-positive individuals to have a healthy and fulfilling sexual life in a responsible manner.

## Guiding principles for HIV-positive sexual health

Only recently has the sexual health of persons living with HIV been discussed. Sexual health is important, whether you are HIV-positive, HIV-negative or unknown. People living with HIV play an integral part in developing effective prevention programs. We are essential players in the prevention of HIV, but not wholly responsible for the transmission of HIV. HIV-positive persons are not a homogeneous group whose needs can be universally addressed.

### Four guiding principles

**Self-governance.** HIV-positive persons must be closely involved in the development, delivery, and evaluation of their own self-governance. Whenever appropriate, community partnerships and involvement should be pursued.

**Participation/empowerment.** HIV-positive persons are part of the solution to issues and challenges affecting all aspects of their lives. People living with HIV should not be marginalized, isolated, excluded, or alienated from the management of their health.

**Ethics.** All sectors of our community must protect and promote human rights. HIV-positive people have the right to privacy, confidentiality, informed consent, and freedom from discrimination.

**Community support.** Programs and services must be available and accessible to HIV-positive people to maintain their physical, emotional, mental, and sexual health. Communities must be sensitive to gender issues, religion and culture, socio-economic subcultures within the HIV community.



# NEGOTIATING SAFER SEX

Negotiating safer sex means talking with your partner(s) about the sexual practices you are comfortable with and the ones you do not want to do because they are known to increase the risk of HIV transmission. Before engaging in sex, set your limits regarding high-risk sexual behaviours. When negotiating safer sex, you must clearly understand what safer sex is, what unsafe sex is, and what you can do to protect yourself and your partner.

HIV is present in blood, male and female sexual fluids, and breast milk. For HIV transmission to occur, infected fluid must enter the body. During sex, this transmission can occur in the vagina, penis, rectum, and lining of the mouth, especially if the skin of these areas is damaged. Any activity that leads to direct contact with blood or sexual fluids is high-risk activity.

Unprotected vaginal and anal sex are high-risk behaviours. To reduce the risk of HIV transmission during sex, use external condoms, internal condoms (inserted in the vagina or rectum), water-based lubricants (to reduce the chance of breaking the condom and tearing anal or vaginal tissues), or dental dams.

High-risk sexual activities are dangerous for people who already have HIV. You could be infected with another strain of HIV, which could increase the possibility of developing a drug resistant strain of the virus. Superinfections are difficult to treat. You could also get other serious sexually transmitted diseases that may increase your viral load and increase the chance of transmitting HIV to others.

One way to begin negotiating safer sex is to disclose your HIV status. You can have safer sex and help reduce HIV transmission by:

- speaking with your sexual partner about limits and creative sexual options
- suggesting safer options, such as massage, fantasy, petting, kissing, and mutual masturbation (which avoids exchange of sexual fluids)
- accepting personal responsibility to use condoms
- being aware that alcohol or drug use can impair your decisions regarding sex (you may forget to use protection)

For some people, especially women, certain barriers may prevent disclosure and discourage the negotiation of safer sex. These barriers include: physically abusive relationships, a previous history of sexual abuse, fear of abandonment or violence, dependence on the sex trade for money or drugs, lack of self-empowerment, and depression. Vulnerable individuals may benefit from joining support groups and learning how others have dealt with these challenges.



# Women who have sex with women: are you at risk of HIV?

Are women who have sex with women at risk for HIV? Yes! Your risk for HIV infection is based on what you do, not your identity or sexual orientation.

## **Modes of Transmission**

HIV is passed through four body fluids — blood, vaginal fluid, breast milk and semen. If you have sex with men, use a latex condom for vaginal and anal intercourse.

## **How are women who have sex with women infected with HIV?**

You can be infected by:

- Having unprotected sex with a woman who has HIV.
- Sharing needles for injection drugs, vitamins, steroids, hormones, tattoos or body piercing — or having unprotected sex with someone who shares needles.
- Having another sexually transmitted disease (it increases your risk)

## **Reducing the Risk**

To reduce the risk of HIV transmission, do not exchange bodily fluids with your partner. You can also lower your risk by limiting the number of your sexual partners. It is safest to kiss, touch the outer body, massage and fantasize.

## **Making risky sex safer**

Talking with your partner can help to make better choices around safer sex.

Use a barrier for any sexual activity that involves body fluids, including:

- Oral to vaginal and hand to vaginal contact — especially if either partner has sores on the mouth, hands or vagina, or if menstrual blood is present.
- Use sufficient lube and latex gloves when fisting.
- Any sex where blood may be present.

## **Safer sex can be fun!**

Knowing how to practice safer sex can help you feel more comfortable and have more fun.

- Oral sex - cover the vaginal or anal area with plastic wrap, a dental dam, or a square cut out of a latex glove or condom.
- Fisting - use sufficient lube and latex gloves. Use a water-based lubricant between the latex and the skin to increase the pleasure and safety.
- Sex toys — they are safe as long as you don't share them and use sufficient lube. If you do share, use a new condom for each person or clean with warm water and soap between usages.



# Risk Reduction Chart for Heterosexual Partners

	<p style="text-align: center;"><b>Your HIV transmission risk can be REDUCED</b></p>	<p style="text-align: center;"><b>Your HIV transmission risk can INCREASE</b></p>
<p><b>An HIV-positive man having sex (vaginal and anal) with an HIV-negative woman without a condom</b></p>	<p><b>If you take these facts into account:</b>  <b>R</b>egular sexual health checks for both partners can ensure sexually transmitted diseases (STD) are diagnosed &amp; treated; <b>C</b>umming outside the vagina/anus reduces risk, but HIV still presents a risk in pre-cum; <b>A</b> generous amount of lube applied before and re-applied during sex can prevent soreness and bleeding.</p> <p><b>Treat the vagina/anus with care. Make sure the vagina/anus is relaxed and use plenty of lube when:</b>  <b>F</b>ingering or douching to avoid damage; <b>F</b>isting or using dildos – it may be safer to avoid these before sex.</p>	<p><b>If the HIV-positive man:</b>  <b>C</b>ums inside the vagina/anus; <b>H</b>as a high HIV viral load; <b>H</b>as an untreated STD in/on his penis.</p> <p><b>If the HIV-negative woman:</b>  <b>H</b>as an untreated STD inside the vagina/anus; <b>H</b>as soreness or bleeding inside the vagina anus (can be caused by the lack of, or insufficient, lube; fingering or fisting; long or rough sex); <b>I</b>s near ovulation or is ovulating.</p> <p><b>It's more likely for HIV to be transmitted if the HIV-positive man is having sex with an HIV-negative woman compared to an HIV-negative man having sex with an HIV-positive woman.</b></p>
<p><b>An HIV-negative man having sex with an HIV-positive woman without a condom</b></p>	<p><b>Remember:</b>  Viral load tests only measure:  <b>H</b>IV in blood, not in cum; <b>T</b>he amount of free-flowing HIV when the blood sample was last taken</p> <p><b>When viral load is 'undetectable' or low, there's probably less HIV in cum and pre-cum, however there's no guarantee.</b></p> <p><b>Viral load can go up and down between tests, particularly if:</b>  <b>T</b>he HIV-positive woman is run down or has another infection; <b>H</b>er immune system is further damaged by HIV; <b>H</b>er HIV treatment 'fails'.</p>	<p><b>If the HIV-positive woman:</b>  <b>B</b>leeds inside or around the vagina/anus (can be caused by the lack of, or insufficient, lube; fingering or fisting; long or rough sex); <b>H</b>as a high HIV viral load; <b>H</b>as an untreated STD in her vagina/anus.</p> <p><b>If the HIV-negative man has:</b>  <b>A</b>n untreated STD in his penis; <b>S</b>oreness or skin abrasions on his penis (can be caused by the lack of lube).</p>
<p><b>Sex WITH a condom between serodiscordant sexual partners (one partner HIV-positive and the other is HIV-negative)</b></p>	<p><b>You can minimize the chance of 'condom failure' if you use the condom correctly and:</b>  <b>E</b>nsure the condom has not expired; <b>P</b>ut it on properly (if you're not sure, practice by following the instructions in the package); <b>C</b>heck during sex – replace it with a new condom during long or rough sex; <b>U</b>se a new condom with every sexual act.</p> <p><b>And if you use lots of water-based lube:</b>  <b>O</b>utside and all over the condom after you put it on; <b>I</b>n and around the vagina/anus; <b>A</b>nd apply more during long or rough sex.</p> <p><b>Remember:</b>  Avoid using any lube and pre-lubed condoms that contain nonoxonyl-9 (a spermicide that's been shown to damage the cell lining inside the vagina/anus and may cause HIV to be transmitted more easily).</p>	<p><b>When the condom tears or slips off during sex. This can happen particularly if the condom you use has:</b>  <b>B</b>een unrolled before it's fitted on; <b>P</b>assed its expiration date; <b>B</b>een put on top of another condom; <b>B</b>een exposed to heat or direct light.</p> <p><b>And if you don't use any lube or if you:</b>  <b>U</b>se saliva as lube; <b>U</b>se oil-based substances as lube; <b>A</b>pply lube inside the condom or on the penis before the condom is fitted on; <b>A</b>llow the lube to dry up during long or rough sex.</p> <p><b>If you discover the condom has 'failed', the information on condom-less sex can be useful in assessing the risk of infection.</b></p>
<p><b>An HIV-negative woman giving oral sex to an HIV-positive man</b></p>	<p><b>If the HIV-positive man:</b>  <b>C</b>ums outside the mouth; <b>H</b>as regular sexual health checks; <b>H</b>as regular HIV health monitoring.</p> <p><b>If the HIV-negative woman has:</b>  <b>R</b>egular sexual health checks which include throat swabs;  <b>R</b>egular oral health checks (if may be safer to avoid teeth brushing or flossing before performing oral sex on the penis).</p>	<p><b>If the HIV-positive man:</b>  <b>C</b>ums inside the mouth; <b>H</b>as a high HIV viral load; <b>H</b>as an untreated STD in his penis.</p> <p><b>And if the HIV-negative woman has:</b>  <b>U</b>nhealthy gums or ulcers or cuts in the mouth; <b>A</b> sore or inflamed throat or an untreated infections (eg. gonorrhoea, syphilis) in the throat, which may not show symptoms.</p>
<p><b>An HIV-positive woman giving oral sex to an HIV-negative man</b></p>	<p><b>If the HIV-positive woman has:</b>  <b>R</b>egular HIV health monitoring; <b>R</b>egular oral health checks (if may be safer to avoid teeth brushing or flossing before oral sex).</p> <p><b>If the HIV-negative man has:</b>  <b>R</b>egular sexual health checks.</p>	<p><b>If the HIV-positive woman has:</b>  <b>S</b>erious bleeding in the mouth due to a gum disease.</p> <p><b>And if the HIV-negative man has:</b>  <b>A</b>n untreated STD in his penis.</p>



# Risk Reduction Chart for Gay Men

	<p style="text-align: center;"><b>Your HIV transmission risk can be REDUCED</b></p>	<p style="text-align: center;"><b>Your HIV transmission risk can INCREASE</b></p>
<p style="text-align: center;"><b>An HIV-positive man having anal insertive sex with an HIV-negative man WITHOUT a condom</b></p>	<p><b>If you take these facts into account</b>  <b>R</b>egular sexual health check ups for both partners can ensure STD's are diagnosed and treated; <b>I</b>f the HIV-positive man is giving anal, insertive sex, cumming outside the anus reduces risk, but HIV can still be present in pre-cum; <b>A</b> generous amount of lube applied before and re-applied during anal intercourse can prevent soreness and bleeding;  <b>Treat the anus with care:</b> <b>W</b>hen fingering or douching to avoid damage; <b>S</b>tart gently first - make sure the anus is relaxed and use plenty of lube; <b>T</b>ake extra care when fisting or using dildos - it may be safer to avoid these before anal intercourse.</p>	<p><b>If the HIV-positive man:</b>  <b>C</b>ums inside the anus; <b>H</b>as a high HIV viral load; <b>H</b>as an untreated STD in his penis.  <b>If the HIV-negative man has:</b>  <b>A</b>n untreated STD in his anus; <b>S</b>oreness or bleeding inside the anus (can be caused by the lack of sufficient lube; fingering or fisting; or rough sex).  <b>Remember:</b>  <b>P</b>oppers can widen blood vessels in the anus, making bleeding more likely; <b>I</b>t is more likely for HIV to be transmitted if the HIV-positive man is having anal insertive sex with an HIV-negative man.</p>
<p style="text-align: center;"><b>An HIV-negative man having anal insertive sex with an HIV-positive man WITHOUT a condom</b></p>	<p><b>Remember:</b>  <b>Viral load tests only measure:</b> <b>H</b>IV in blood, not in cum; <b>T</b>he amount of free-flowing HIV when the blood sample was last taken.            When load is 'undetectable' or low, there's probably less HIV in cum and pre-cum, however, there's no guarantee.  <b>Viral load can go up and down between tests, particularly if:</b>  <b>T</b>he HIV-positive man is run down or has another infection;  <b>H</b>is immune system is further damaged by HIV; <b>H</b>is anti-HIV treatment 'fails'.</p>	<p><b>If the HIV-positive man:</b>  <b>B</b>leeds inside or around the anus (can be caused by the lack of sufficient lube; fingering or fisting; or rough sex); <b>H</b>as a high viral load; <b>H</b>as an untreated STD in his anus.  <b>If the HIV-positive man has:</b>  <b>A</b>n untreated STD in his penis; <b>S</b>oreness or skin abrasions on his penis (can be caused by the lack of lube).</p>
<p><b>Condoms reduce risk SIGNIFICANTLY when used correctly.</b></p>		
<p style="text-align: center;"><b>Anal insertive sex WITH a condom between HIV-negative man and an HIV-positive man</b></p>	<p><i>You can minimize the chance of 'condom failure' if you use the condom correctly and:</i> <b>E</b>nsure that condom has not gone past expiration date; <b>P</b>ut in on properly (if you are not sure, practice by following the instructions in the pack); <b>C</b>heck during sex - replace it with a new condom during extensive rough sex; <b>I</b>f you use a new condom with every sexual act.  <i>To enhance sexual enjoyment, put a small amount of lube in the reservoir (tip) of the condom. And use lots of water based lube:</i>  <b>O</b>utside and all over the condom after you put it on; <b>I</b>n and around the anus; <b>A</b>nd apply more during long or rough sex.  <b>Remember:</b>            Avoid using any lube and pre-lubed condoms that contain nonoxonyl-9 (a spermicide that has been shown to damage the cell lining inside and the anus and may cause HIV to be transmitted more easily).</p>	<p><i>When the condom tears or slips off during sex. This can happen particularly if:</i>  <b>T</b>he condom has expired; <b>T</b>he condom has been unrolled before its put on; <b>T</b>he condom has been put on top of another condom; <b>T</b>he condom has been exposed to heat or direct light; <b>T</b>he condom doesn't have any lube on it; <b>Y</b>ou use saliva as lube; <b>Y</b>ou use oil-based substances as lube; <b>I</b>f you allow the lube to dry up during long or rough sex; <b>I</b>f you discover the condom has 'failed', the information above on condom-less anal insertive sex can be useful in assessing the risk of transmission.</p>
<p><b>Condoms are not 100% safe; they can tear or slip off.</b></p>		
<p style="text-align: center;"><b>An HIV-negative man giving oral sex to an HIV-positive man</b></p>	<p><b>If the HIV-positive man:</b>  <b>C</b>ums outside the mouth; <b>H</b>as regular sexual health check-ups; <b>H</b>as regular HIV health monitoring.  <b>If the HIV-negative man has:</b>  <b>R</b>egular sexual health checks-ups that include throat swabs;  <b>R</b>egular oral health check-ups (it may be safer to avoid brushing or flossing before performing oral sex on the penis).</p>	<p><b>If the HIV-positive man:</b>  <b>C</b>ums inside the mouth and; <b>H</b>as a high viral load or; <b>H</b>as an untreated STD in his penis.  <b>And if the HIV-negative man has:</b>  <b>U</b>nhealthy gums, or ulcers, or cuts in the mouth; <b>A</b> sore or inflamed throat or an untreated infection (eg. gonorrhea, syphilis) in the throat which may not show symptoms.</p>
<p style="text-align: center;"><b>An HIV-positive man giving oral sex to an HIV-negative man</b></p>	<p><b>If the HIV-positive man has:</b>  <b>R</b>egular HIV health monitoring; <b>R</b>egular oral health check-ups (it may be safer to avoid brushing or flossing before performing oral sex on the penis).  <b>If the HIV-negative man has:</b>  <b>R</b>egular sexual health check-ups.</p>	<p><b>If the HIV-positive man has:</b>  <b>A</b> very high viral load; <b>S</b>erious bleeding in the mouth due to gum disease.  <b>And if the HIV-negative man has:</b>  <b>A</b>n untreated STD in his penis.</p>
<p><b>The HIV transmission risks of this last row is extremely low.</b></p>		





# SEXUALLY TRANSMITTED DISEASES (STD)

**H**IV is one of several STDs. The good news is that safer sex will protect you from many of these diseases, many of which can be easily cured. Vaccines are even available to prevent some of them. The bad news is safer sex won't protect you from all of these diseases. You may have them without knowing it, and some cannot be cured.

As a sexually active person, you should know what's out there and how you can protect yourself and your sexual partners. Sexually active people should have a checkup about every six months, regardless of whether you have symptoms. If you believe you are experiencing symptoms, consult a doctor or visit a clinic.

## Bacterial or viral?

Most STDs are either viral or bacterial. Most bacterial infections can be treated with antibiotics, so they should clear up quickly. If you are HIV-positive, antibiotics may take longer to work or may not work at all.

Viral infections are usually more difficult to treat, and some (HIV, herpes, hepatitis B, and hepatitis C) cannot be cured. All treatments work with your body's immune system to fight off infection. If your immune system has been weakened, this process can be more difficult and may take longer.

## Advice for HIV-positive people

Every infection is serious when you are HIV-positive. Current evidence suggests that an STD can speed up the progression of HIV disease and further weaken the immune system. Treating an STD and HIV at the same time can be complicated and may slow the rate of success for both treatments.

Clinics do not routinely check for STDs when you have blood taken. If you are sexually active, get regular checkups at your clinic or your doctor's office. Ask to be tested for syphilis and other STDs when you are having your blood taken for CD4 cell counts and viral load tests.



# SAFER DRUG USE

**S**haring needles to inject drugs into your veins is the same as sharing blood. Reusing or sharing needles is one of the easiest ways to pass on HIV, hepatitis B, and hepatitis C. Drug-using equipment (works), such as cookers, needles, and water, become contaminated when you share equipment or when any clean drug-using tool comes in contact with a used or dirty one.

The safest choice for you and the person you are using with is for each of you to use a brand new syringe every time you inject or divide drugs. Do not share the syringe with each other. You can get free clean works from a needle exchange. Visiting a supervised injection facility (ie. Insite) is another option because it provides a secure and clean place where you can inject drugs with sterile equipment. You will also have access to a healthcare professional who can help you if you have any medical concerns. Contact your healthcare provider or an AIDS service organization to find the location of the closest needle exchange or supervised injection facility.

If you don't have a clean, brand new needle, cleaning a syringe with bleach can lower the risk of transmitting HIV, but only if you do it right away.

## **How to use bleach to clean your equipment**

1. Fill the syringe with water. Tap it with your finger to loosen blood drops. Shake the syringe. Shoot out the bloody water. Repeat these steps until you can't see any blood.
2. Fill the syringe with bleach. Make sure the bleach touches the inside of the syringe for at least 30 seconds. Shoot it out.
3. Rinse out the bleach with new clean water. Shoot it out. \*Remember a brand new syringe is always the best choice.

Using bleach this way can kill HIV, but it is not likely to kill hepatitis C.

## **Look out for abscesses**

An abscess is a pocket of pus. If you have an abscess, you have an infection. Often drug users get abscesses on their arms and legs. If you think you have an abscess, see a healthcare professional as soon as possible.

## **Other methods of drug use**

Because some drugs, such as crystal meth, GHB, and ecstasy, contain so many toxic chemicals, no safe way to use them exists. Health risks are associated with every method of use mentioned below. And no matter how you use them, you can still become addicted. If you do use these drugs, remember to drink plenty of water. Make sure someone knows which drugs you are taking and how much. If you need medical attention, this information will be important. Learn about drug interactions with HIV medications, methadone, anti-depressants, and oral contraceptives.

**Swallowing.** No real tissue damage.

**Snorting.** Possible membrane and tissue damage inside the nose.

**Smoking.** Possible tissue damage inside mouth, throat, and lungs. You may be at increased risk for contracting hepatitis C.

**Muscling** (injecting into a muscle). An extremely painful method that can put you at very high risk for abscesses and tissue infections.

**Skin popping** (injecting under skin). Another extremely painful method can that put you at very high risk for abscesses and tissue infections.

**Keistering** (anal injection, butt whacks, booty bumps). Potential for serious damage to anal tissue and membranes, which increases the risk of contracting HIV, hepatitis B, and other STDs. May lead to intestinal cramping and bowel problems.



BETWEEN  
YOU, ME  
AND ...



# ISSUES AFFECTING INCARCERATED POPULATIONS

**H**IV is ten times more prevalent in prison populations than in the general population, which makes incarceration itself a risk factor for contracting HIV, tuberculosis, and hepatitis B and C.

What are the risk factors for getting HIV in prison? The same as for the general population, including high-risk sexual behaviours and sharing contaminated needles and syringes for injecting drugs.

Tattooing is an additional high-risk activity in prisons.

However, prisons also present opportunities for education and harm reduction strategies to reduce risks of HIV transmission. Prisons offer HIV testing on a voluntary basis and also provide access to healthcare for prisoners. Peer education initiatives teach prisoners and prison staff about reducing HIV transmission risks.

Harm reduction strategies that are or would be effective in preventing HIV transmission in prisons include access to dental dams, condoms, and water-based lubricants; availability of bleach to sterilize equipment for injection drug use and tattooing (never share or reuse your tattoo ink/cap of ink); needle exchange programs; and methadone maintenance therapy, which avoids injection drug use altogether.

Not all of these measures are available in prisons because of legal and administrative barriers. We must ensure through education and advocacy that inmates have the ability to protect themselves from HIV infection.

Studies in several prisons have proved that when HIV-positive female prisoners have access to health-care, including treatment of mental health problems and gynecologic conditions, together with a planned program for follow-up care after release, their overall health improves significantly. The women in these studies reported more frequently practicing safer sex. They also re-offended less often.

HIV-positive inmates need to be well-informed about how to access continued care before they re-enter communities. They need to know about AIDS service organizations that can help them access physical and mental healthcare, housing, financial aid, and disability support. Good preparation before release increases overall health and improves compliance with drug treatments that may have been initiated in prisons.





# CARE AT THE END OF LIFE

**T**he word euthanasia comes from the Greek word euthanos, which means “a good death.” Is there such a thing as a good death? In 1994, the Canadian Senate struck a committee to report on the legal, social, and ethical issues relating to euthanasia and assisted suicide. This committee heard testimony for 14 months and was unable to come to an agreement on this difficult issue. Ultimately, they voted against a legalization proposal. No consensus was to be had to define a good death.

For many people, a good death means having the right to choose the time and manner of their own death.

## **Do not resuscitate (DNR) order**

A DNR order means that healthcare providers will not attempt resuscitation in the event that a patient suffers cardiac or respiratory arrest or a rapid decline in cardiac or respiratory function to a level that cannot sustain life.

If you do not want to be resuscitated, you and your physician must sign the BC Ministry of Health Services “No Cardiopulmonary Resuscitation” form, available through your health care provider. This form should be hung on your fridge because your providers may experience a crisis when caring for you and may need to call for emergency assistance or transfer you to hospital. If this form is visible, the emergency care team can then follow your wishes for your desired level of care.

A DNR order does not imply diminishment of any other appropriate medical or nursing care. When a DNR order is being fulfilled, you can expect emotional and spiritual comfort, physical comfort including skin care, change in body position, mouth care and oral/nasal suctioning, body hygiene and cleanliness, pain management, and food and fluids if you can tolerate them.

## **Hospital healthcare protocol**

Any competent patient has the legal and ethical right to refuse any medical intervention, including life-saving procedures. Since the will of the patient takes legal and ethical precedence over the health of the patient, physicians must not force unwanted interventions on competent patients.

Patients may accept or refuse recommended medical care. When the patient is mentally incapable of making a decision, a healthcare proxy will determine the appropriateness of an intervention.

Every patient has the right to be provided with sufficient and clearly understandable information about his or her diagnosis and the diagnostic and therapeutic options (including risks, benefits, nature, and purpose of the options) that can reasonably be made available.



## Professional autonomy

Healthcare providers are not obliged to initiate or continue medically useless (futile) treatment. When death is imminent for a terminally ill patient, any treatment, including resuscitation, that cannot reasonably be expected to achieve the desired outcomes need not be offered or provided.

## Palliative care

Palliative care is the compassionate care of the terminally ill when cure or prolongation of life are no longer paramount and when the objective of care is comfort and quality of life until death. Palliative care can be carried out in either a hospital or hospice setting. It includes physical (pain and symptom management), psychological, and spiritual components.

## Dying at home

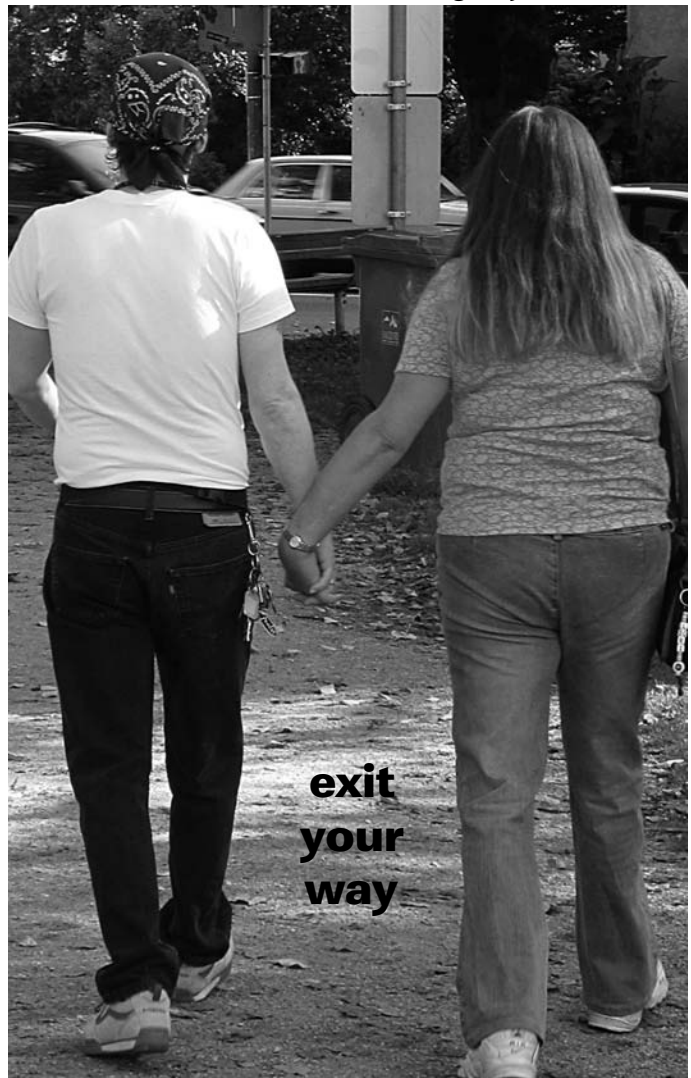
Where you would like to spend your final days and where you would like to die? Home is an option, but it requires sufficient support because you may need 24-hour care. Home care nursing may be able to provide some of that. You will need to rely on your significant other and your support network. Providing home care may be an unrealistic burden for loved ones, so you should think about moving to a community hospice or palliative care ward at your hospital.

Sufficient space may not be available in a palliative care unit, so you may be given a bed in another unit until a palliative care bed or community hospice space becomes available.

## Signing yourself out of the hospital

If you decide to leave the hospital against medical advice, you will be asked to sign a form acknowledging that it is your decision. If you need to return to the hospital, you may find that your bed has been given to someone else. You will have to be patient because you may have to re-enter the hospital through the emergency room.

Patients have the right to decide with their doctors which medication regimes best fit their particular needs. If you are not comfortable for what ever reason with a doctor recommended drug regime, you have the right to refuse to take those medications.



# WILLS

**E**veryone should have a will. A will is a document that speaks on your behalf once you have died. This document comes into effect only upon your death. Often, people postpone writing a will until it is too late.

Every province has different legislation overseeing estates and wills. Once you have written a will, you are absolutely free to revoke it, change it, or dispose of anything you mention in the will at any time. Seek legal advice when changing your will in any way.

A will should do three basic things:

- appoint an executor to take charge of your affairs
- provide for payment of your debts
- provide for all of your property to be divided as you wish

A properly drafted will must reflect your intentions as accurately and clearly as possible. If your will is vague or unclear, the result will be, at best, delays and, at worst, litigation. If you have property and a substantial estate, you may wish to consult a lawyer to assist in the drafting of your will. However, in British Columbia, a legally binding will does not require anything special from a lawyer. No standard legal words or phrases are necessary in a will, but you must follow several steps, and you must meet certain requirements for your will to be a valid document.

When you draft the will, you must be of sound mind and understand what you are doing. You must be 19 years or older in British Columbia (exceptions do apply). A will must be typed or hand written. It cannot be video or audio taped.

You must sign the will in the presence of two witnesses, who are both present at the same time. And they in turn must witness your signature at the same time in your presence. Witnesses cannot be beneficiaries of your will. Nor can a witness' spouse be a beneficiary. All witnesses must be 19 years or older. If you are unable to read or sign the will, you can still acknowledge your will and keep it valid. Follow all these steps, or else your will can be considered invalid. The government by way of legislation will then dispose of your estate.

Many people believe that a holographic will is valid. This type of document is not witnessed and is written entirely by hand. In British Columbia, a holographic will is valid only in particular circumstances. Seek legal counsel if you are considering a holographic will.

What if you wish to make changes to your will? You may execute a codicil. This addendum to or an amendment of an original will can add to, subtract from, or change the original will in any way you wish. It must be prepared in the same way you prepared your will in strict accordance to the witnessing procedures described above.

A will is a document that lives on after your death, and it can prevent heartaches and headaches for those left to carry on.



# REPRESENTATION AGREEMENTS

**If** you become sick and unable to make decisions for yourself, who will act on your behalf? Who will do your banking for you and make healthcare decisions for you? You can put a legal tool in place to ensure that a person you trust will be able to act on your behalf in the day-to-day running of your life.

The two types of legal documents that enable you to address these concerns are an enduring power of attorney and a representation agreement. You may need only one of these documents.

An enduring power of attorney is a tool for advance planning in financial and property matters only. A representation agreement is a good tool to allow someone to speak for you on health and personal care matters. This document can also grant financial decision-making powers.

The two types of representation agreements are standard power and additional power agreements.

The standard power agreement does not require legal consultation and need not be notarized. You can draft it yourself. Two people must witness your signing of the agreement and then complete a Certificate of Witness. The person to whom you are giving power over your finances and healthcare is called your representative. She or he must also sign the agreement, but that signature need not be witnessed. Your chosen representative must complete a Certificate of Representative.

You must also appoint a monitor unless your representative is your spouse/common law partner, a trust company, or a group of two or more people who must act together to exercise the financial powers. The monitor is a safeguard who ensures that your wishes are carried out and that your representatives act honestly and fulfill their obligations. The monitor must complete a Certificate of Monitor.

## ***What a representative can do for you***

A standard power agreement provides authority for routine management of financial affairs, dealing with healthcare issues, and making decisions about personal care, including living arrangements and support services. This standard power agreement has limitations. Your representative must be aware that seven activities are listed in the regulations that are not part of routine management of financial affairs. Your representative cannot purchase or dispose of real estate, for example, or use or renew your credit card, or guarantee a loan. An agreement with only standard powers does not allow you to give your representative the authority to independently refuse life-supporting care. The majority of your medical team must agree with a decision to refuse life support. However, the representative will still be involved to represent your wishes. Giving your representative the authority to independently refuse life support on your behalf is an additional power. The full list of limitations can be found in section 2 of the regulations <[www.rarc.ca/textual/info-info.htm](http://www.rarc.ca/textual/info-info.htm)>.

## ***Agreements with additional powers***

You can give your representative very broad powers, which gives him or her greater authority to act on your behalf. These powers include selling real estate, refusing life support, and making temporary arrangements for the care of minor children. If you include any of these powers in your agreement, you must consult a lawyer.

For more information or to obtain a representation agreement, please contact the BCPWA Society's Advocacy Department at 604-893-2223 or the Representation Agreement Resource Centre at 604-408-7414.





# FUNERALS

**S**ection 56 of the employment and assistance regulations gives authority to the government to pay necessary funeral service costs relating to burial, cremation, and other funerary practices. However, the government is mandated to recover costs whenever possible.

*Four basic criteria must be met for your remains to be buried by the provincial government:*

- no other immediate sources of funds or assets are available to pay funeral costs
- all services must be performed within the province
- in cases of out-of-province death, the body must be returned to the province at no expense to the government
- prior approval must be obtained from your employment and assistance worker

*The government will pay a flat Funeral Provider's Service fee. This fee covers the following costs:*

- transportation of the body within 32 km
- death certificate
- registration of death
- burial/cremation permit
- professional staff services to coordinate the funeral, including counselling and use of facilities for a reception
- preparation of the deceased
- funeral coach for transfer of the casket to the cemetery
- facilities and equipment

*In addition to the Funeral Provider's Service fee, the Ministry will pay the following pre-approved costs:*

- casket
- burial plot
- cremation fee, urn and cremation plot

*Your legal representative is responsible for making the following decisions:*

- choosing a funeral home
- choosing cremation or burial according to the will or wishes of the deceased
- choosing the type of service (graveside or memorial)

The government will request reimbursement of the funeral expenses from the legal representative. The money would come from whatever estate the individual may have had. If no legal representative has been appointed, the employment and assistance worker will make the arrangements according to the above guidelines.

Burial of an aboriginal person has some special requirements. If the deceased was not residing on an aboriginal reserve at the time of death and wished to be buried on a BC reserve, the government will pay the following:

- 60% of the funeral provider's service fee
- cost of the casket to the local funeral director
- transportation of the body to the reserve

The remaining 40% of the cost must be borne by the agency that provides assistance on the reserve.



# EXIT YOUR WAY

Let's face it, conversations about end-of-life planning are awkward. They force us to confront the many complex feelings associated with impending grief and loss. Still, after more than two decades into the AIDS movement, witnessing thousands of lost lives and with so many long-time survivors still among us, conversations about death are not uncommon in our circles.

The AIDS community has responded to its losses with compassion, honour, and a commitment to publicly recognize and celebrate the lives of people we have loved.

In North America, one of the earliest AIDS awareness and commemorative initiatives was the AIDS Memorial Quilt. Originating in San Francisco in 1987, the US quilt currently consists of more than 44,000 3x6 foot panels. Today, over 35 countries, including Canada, independently maintain similar quilts. Some PWAs have participated with family and friends in creating their own panels. Alternatively, posthumous quilting gatherings provide people with a supportive environment to share memories. Contributing a panel to the Canadian AIDS Memorial Quilt does not cost any money.

Locally, the Vancouver AIDS Memorial is a public monument honouring British Columbians who have died of AIDS. It is a place for quiet reflection located near Sunset Beach. The memorial consists of a series of steel panels, arranged in the shape of a winding ribbon, containing the names of more than 800 people. Names will be added to the monument annually. No fee is charged to submit a name, but a completed nomination form is required.

Funerals and memorial services provide creative and personalized ways to honour the lives of loved ones. Many services include vocal or instrumental musical performances, or specifically selected recordings, in addition to opportunities for people to speak publicly and share memories. Some memorials also have photo exhibits and the display of other mementos, video compilations, or computer-generated slide shows as a personal tribute. Gatherings sometimes also include discreetly positioned containers or envelopes to collect in memoriam charitable donations to be directed to a designated AIDS service organization.

The opportunity to support and assist our friends with their final wishes can be a deeply enriching experience that demystifies death, softens our grief, and creates a lasting legacy to remember and celebrate the lives of those we have loved.

## **For more information**

Names Project Foundation AIDS Memorial Quilt (US) <[www.aidsquilt.org](http://www.aidsquilt.org)>

Names Project Canadian AIDS Memorial Quilt (Halifax) <[www.quilt.ca](http://www.quilt.ca)>

AIDS Memorial Society of Vancouver <[www.aidsmemorial.ca](http://www.aidsmemorial.ca)>

Basic facts about funerals/memorials <[www.generations.on.ca/funeral-faq](http://www.generations.on.ca/funeral-faq)>

Peoples Memorial Society of BC <[www.memorial-society.bc.ca](http://www.memorial-society.bc.ca)>



# RESOURCES

## PROVINCIAL LISTINGS

### BC Housing Corporation

A crown agency that delivers social housing programs.

**Address:** 601-4555 Kingsway, Burnaby, BC V5H 4V8    **t** 604.433.2218    **www.bchousing.org**

### BC Non-Profit Housing Association

**Address:** 303-3680 East Hastings Street, Burnaby, BC V5K 2A9

**t** 604.291.2600    **f** 604.291.2636    **www.bcnpha.bc.ca**

### British Columbia Persons With AIDS Society (BCPWA)

**Address:** 1107 Seymour Street, 2nd floor, Vancouver, BC V6B 5S8

**t** 604.893.2200    **toll free** 1.800.994.2437    **e** info@bcpwa.org    **www.bcpwa.org**

### Canadian Mental Health Association

Locate a mental health unit in your area. **Address:** 1200-1111 Melville Street, Vancouver, BC V6E 3V6

**t** 604.688.3234    **toll free** 1.800.555.8222    **e** info@cmha-bc.org    **www.cmha-bc.org**

### Co-operative Housing Federation of BC

**Address:** 133 East 8th Avenue, Vancouver, BC V5T 1R8

**t** 604.879.5111    **www.chf.bc.ca**

### Legal Services Society of BC

Provides legal aid through offices across BC. A law-line for legal information.

**t** 604.408.2127    **toll free** 1.866.577.2525    **www.lss.bc.ca**

### Pacific AIDS Network (PAN)

PAN is a member-driven network of more than 60 community-based AIDS organizations from across British Columbia. **Address:** 1601 Blanchard Street, Victoria, BC V8W 2J5

**t** 250.881.5663    **f** 250.920.4221    **e** erikages@pan.ca    **www.pan.ca**

## LOWER MAINLAND and the SUNSHINE COAST

### FOOD & DRINK

#### AIDS Vancouver Grocery

Free for PWAs living in Greater Vancouver, based on income. Tuesday and Wednesday, 1pm-4pm.

Closed cheque issue Wednesday.

**Address:** 1107 Seymour Street, Vancouver, BC V6A 2S7    **t** 604.893.2278

#### ASIA Positive Lunch and Dinner and IDU Lunch

Lunch for HIV-positive Asians on Mondays. Lunch for Asian IDUs on Wednesdays. Dinner for HIV-positive Asians monthly. These programs combine meals with a confidential support group.

**t** 604.669.5567    **www.asia.bc.ca**

#### A Loving Spoonful

Delivers free nutritious meals to PWAs, who because of medical reasons require assistance. **Address:**

100-1300 Richards Street, Vancouver, BC V6B 3G6    **t** 604.682.MEAL (6325)    **f** 604.682.6327

#### BCPWA Water Program

Purified water at a discounted rate for BCPWA members.

**t** 604.893.2245    **toll free** 1.800.994.2437    **e** support@bcpwa.org    **www.bcpwa.org**



## **BCPWA list of free and low cost meal locations**

Call for a copy of these lists. **t** 604.893.2223 **toll free** 1.800.994.2437 **e** advdesk@bcpwa.org  
**www.bcpwa.org**

## **BCPWA Lunch Voucher Program**

For BCPWA volunteers. **t** 604.646.5323 **e** volunteer@bcpwa.org **www.bcpwa.org**

## **Friends For Life Society Dinner with Mom & Drop-in Brunch**

Friends For Life members only. Dinner with Mom by reservation takes place Sundays at 5:30PM. Drop-in brunch is first come first served with several seatings Monday and Wednesday from 11:30AM to 1PM.

**Address:** 1459 Barclay Street, Vancouver, BC V6G 1J6 **t** 604.682.5992  
**e** email@friendsforlife.ca **www.friendsforlife.ca**

## **Positive Women's Network Drop-in and Lunch**

Drop-in Tuesday through Friday From 11:30AM-3:30PM. Lunch served from noon until 2PM.

**Address:** 614-1033 Davie Street, Vancouver, BC V6E 1M7  
**t** 604.692.3000 **toll free** 1.866.692.3001 **e** pwn@pwn.bc.ca **www.pwn.bc.ca**

## **Low Cost Meals at St. Paul's Hospital**

Low cost meals in the cafeteria at St. Paul's Hospital.

**Address:** 1081 Burrard Street, Vancouver, BC **t** 604.682.2344

## **Vancouver Native Health Society HIV Outreach Food Bank**

Free lunch and dinner seven days a week. **Address:** 441 East Hastings Street, Vancouver, BC  
**t** 604.254.9937 **e** vnhs@shawbiz.ca **www.vnhs.net**

## **HEALTH**

### **BC Centre for Disease Control (BCCDC)**

BCCDC is a component of the Provincial Health Services Authority that has responsibility to support a comprehensive program of communicable disease and environmental health prevention and control for the province of British Columbia.

**Address:** 665 West 12th Avenue, Vancouver, BC V5Z 4R4 STD/AIDS Centre  
**t** 604.660.6161 **f** 604.775.0808 **e** info@bccdc.hnet.bc.ca **www.bccdc.org**

### **BC Centre for Excellence in HIV/AIDS (BCCfE)**

Conducts specialized research, provides treatment, clinical services and programs and is a teaching facility for medical students and doctors.

**Address:** St. Paul's Hospital, 608-1081 Burrard Street, Vancouver, BC V6Z 1Y6  
**t** 604.806.8515 **f** 604.806.9044 **www.cfenet.ubc.ca**

### **BC Centre for Excellence in HIV/AIDS Immunodeficiency Clinic (IDC)**

At St. Paul's Hospital, the IDC provides comprehensive confidential on-site specialized doctors, nurses, nutritionists, pharmacists, medication monitoring and dispensary, social workers, addiction, crisis, and emotional support counselors, resource assistance, referrals, a HIV/Hep C co-infection treatment and support program, a support group for people with HIV/AIDS. For information on the IDC's programs/services: **t** 604.806.8223 **e** mpetty@providencehealth.bc.ca.

For information on the social work and counseling services: **t** 604.806.8694 **www.cfenet.ubc.ca**

### **BCPWA Treatment Information Program (TIP)**

Trained knowledgeable society members/volunteers provide confidential, accurate, current treatment and health information, peer support and counseling. **Address:** 1107 Seymour Street, Vancouver, BC V6B 5S8 **t** 604.893.2243 **toll free** 1.800.994.2437 **e** treatment@bcpwa.org **www.bcpwa.org**



RESOURCES

## **BCPWA Complementary Health Fund (CHF)**

Reimburses society members for the cost of services and products for HIV/AIDS-related symptoms not funded by other sources.

**t** 604.893.2245 **toll free** 1.800.994.2437 **e** support@bcpwa.org **www**.bcpwa.org

## **BCPWA Member Retreats**

Free retreats for HIV-positive people offer recreation, diversity, peer support and tools for well-being.

**t** 604.646.5323 **toll free** 1.800.994.2437 **e** support@bcpwa.org **www**.bcpwa.org

## **Bute Street Clinic**

Drop-in clinic for sexually transmitted diseases and HIV/AIDS issues. Plain language HIV/AIDS prevention materials available. Monday to Friday noon to 6:30PM.

**Address:** The Centre, 1170 Bute Street, Vancouver, BC V6E 1Z6 **t** 604.660.7949

## **Canadian HIV Trials Network**

**Address:** National Centre, 620-1081 Burrard Street, Vancouver, BC V6Z 1Y6

**t** 604.806.8327 **f** 604.806.8210 **e** ctn@hivnet.ubc.ca **www**.hivnet.ubc.ca

## **Downtown Eastside Youth Activities Society (DEYAS)**

Youth outreach and needle exchange. **Address:** 49 West Cordova Street, Vancouver, BC V6B 1C8

**t** 604.685.6561 **f** 604.685.7117 **www**.deyas.org

## **Dr. Peter Centre**

The day program provides healthcare support to adults with HIV/AIDS, at high risk of deteriorating health. The residence is a 24-hour supported living environment that offers palliative, respite and stabilization care to individuals who no longer find it possible to live independently.

**Address:** 1110 Comox Street, Vancouver, BC V6E 1K5

**t** 604.608.1874 **f** 604.608.4259 **e** admin@drpeter.org **www**.drpeter.org

## **Friends for Life Society**

Confidential support services and programs for people living with life threatening illnesses, employing a holistic approach encompassing the mind, body and spirit.

**Address:** 1459 Barclay Street, Vancouver, BC V6C 1J6

**t** 604.682.5992 **e** email@friendsforlife.ca **www**.friendsforlife.ca

## **Gilwest Clinic**

Provides healthcare for PWAs, HIV antibody testing, methadone maintenance, Hep C treatment & monitoring and needle exchange.

**Address:** Richmond Hospital, 7000 Westminster Hwy, Richmond, BC V6X 1A2 **t** 604.233.3100

## **HIV Community Based Research Network**

Purpose is to support the research and knowledge development needs of other community organizations locally, nationally and worldwide.

**Address:** 122-1628 West 1st Ave, Vancouver, BC V6J 1G1 **t** 604.736.0091 **www**.hiv-cbr.net

## **Holistic Gay Men's Talking Circle**

Provides support in making change through traditional Native healing practices. Thursday evenings from 7PM-10PM at St. Paul's Anglican Church. **Address:** 1130 Jervis Street, Vancouver, BC V6E 2C7

## **Oak Tree Clinic**

Provides healthcare to HIV-positive women, children and youth.

**Address:** B4 West-4500 Oak Street, Vancouver, BC V6H 3N1

**t** 604.875.2122 **f** 604.875.3063 **www**.oaktreeclinic.bc.ca



## **Pacific Spirit Community Health Centre**

For youth, adults and families. Confidential counseling, general health and prevention education, methadone maintenance, needle exchange, general healthcare and support.

**Address:** 2110 West 43rd Avenue, Vancouver, BC V6M 2E1    **t** 604.267.3970

## **Pender Community Health Clinic**

Specialized treatment of addiction and HIV/AIDS. Doctors, nurses, counselors and a dietician.

**Address:** 59 West Pender Street, Vancouver, BC V6B 1R3    **t** 604.669.9181

## **Pine Free Clinic**

Free and confidential medical care primarily to youth without medical insurance. HIV/STD testing.

**Address:** 1985 West 4th Avenue, Vancouver, BC V6J 1M7    **t** 604.736.2391

## **Three Bridges Community Health Centre**

Provides free and confidential access to doctors, nurses, addiction counselors, a youth clinic and complementary health programs.

**Address:** 1292 Hornby Street, Vancouver, BC V6Z 1W2    **t** 604.736.9844    [www.vch.ca](http://www.vch.ca)

## **Pride Health Services**

For lesbian, gay, bisexual and transgendered communities on Thursdays from 3PM-6PM. Services include doctors, nurses, community counselors, the Vanguard Project, community resources, print and safer sex resources and a transgendered support group.

**Address:** 1292 Hornby Street, Vancouver, BC V6Z 1W2    **t** 604.633.4220    [www.vch.ca](http://www.vch.ca)

## **Traditional Chinese Acupuncture**

Acupuncture for people with HIV/AIDS on alternate Thursdays at 4PM.

**Address:** St. John's United Church, 1401 Comox Street, Vancouver, BC V6G 1N9    **t** 604.682.2120

## **Vancouver Coastal Health Authority (VCHA)**

Provides funding for several specialized HIV/AIDS clinics and organizations and operates several specialized community health care clinics.

**Address:** 10th floor 601 West Broadway Street, Vancouver, BC V5Z 4C2

**t** 604-736-2033    [www.vch.ca](http://www.vch.ca)

## **Vancouver Native Health Society**

Medical outreach program and assisted healthcare program. Outreach program has registered nurses and trained health care workers and volunteers. Assisted healthcare program has drop-in centre, social activities, free meals and a medication dispensation program (maximally assisted therapy) that assists people who have difficulties taking medication regularly and on time.

**Address:** 441 East Hastings Street, Vancouver, BC V6A 1P5    **t** 604.254.9937    [e popvnhs@mdi.ca](mailto:popvnhs@mdi.ca)

## **HOUSING**

### **Greater Vancouver Housing Corporation**

**Address:** 4330 Kingsway, Burnaby, BC V5H 4G8    **t** 604.432.6300    [www.gvrd.bc.ca/housing](http://www.gvrd.bc.ca/housing)

### **McLaren Housing Society**

Provides subsidized housing apartments and portable housing subsidies for people living with HIV/AIDS.

**Address:** 200-649 Helmcken Street, Vancouver, BC V6B 5R1

**t** 604.669.4090    **f** 604.669.4092    [e info@mclarenhousing.com](mailto:info@mclarenhousing.com)    [www.mclarenhousing.com](http://www.mclarenhousing.com)



## **Wings Housing Society**

Administers portable and fixed-site subsidized housing for men, women and families living with HIV/AIDS.

**Address:** 12-1041 Comox Street, Vancouver, BC V6E 1K1

**t** 604.899.5405 **f** 604.899.5410 **e** info@wingshousing.bc.ca **www**.wingshousing.bc.ca

## **Vancouver Native Health Society Housing Subsidy Program**

Administers portable housing subsidies for people living with HIV/AIDS.

**t** 604.254.9937 **e** vnhs@shawbiz.ca **www**.vnhs.net

## **LEGAL & FINANCIAL**

### **BCPWA Individual Advocacy**

Provides confidential individual advocacy services, such as disability benefits, debt relief, assistance dealing with the ministry, tribunals, wills and representation agreements and more. Law students, under lawyer supervision and legal referrals to trusted lawyers available.

**Address:** 2nd floor, 1107 Seymour Street, Vancouver, BC V6B 5S8

**t** 604.893.2223 **toll free** 1.800.994.2437 **e** advdesk@bcpwa.org **www**.bcpwa.org

### **Downtown Eastside Residents Association (DERA)**

Provides assistance and representation regarding residential tenancy issues and arbitration.

**Address:** 12 East Hastings Street, Vancouver, BC V6A 1N1

**t** 604.682.0931 **f** 604.669.5499 **e** board@dera.bc.ca **www**.dera.bc.ca

### **Legal Services Society of BC** (*see provincial listing*)

### **UBC's Law Students Legal Advice Program (LSLAP)**

LSLAP does not give legal advice over the telephone, fax, or email.

**t** 604.822.5791 **www**.lslap.bc.ca

## **PET CARE**

### **Bosley's Pet Food Mart**

Free delivery of supplies to PWAs in the West End area of downtown Vancouver.

**Address:** 1630 Davie Street, Vancouver, BC V6G 1V9

**t** 604.688.4233 **www**.bosleys.com

## **FREE SERVICES**

### **BCPWA Complementary Health Fund (CHF)**

The CHF reimburses members for the cost of services and products for HIV/AIDS-related symptoms not funded by other sources.

**t** 604.893.2245 **toll free** 1.800.994.2437 **e** support@bcpwa.org **www**.bcpwa.org

### **BCPWA Complementary Ticket Program**

Free tickets for society members for entertainment and community events.

**t** 604.893.2285 **e** comptix@bcpwa.org **www**.bcpwa.org

### **BCPWA Hair Salon**

Professional hairstylists provide free haircuts for members on a 1st come, 1st served basis.

**Address:** 1107 Seymour Street, 2nd floor, Vancouver, BC V6B 5S8

**t** 604.646.5323 **e** support@bcpwa.org

### **BCPWA Income Tax Preparation Assistance**

Professionally trained volunteers help members fill out their income tax forms during tax season.

**t** 604.646.5323 **toll free** 1.800.994.2437 **e** support@bcpwa.org **www**.bcpwa.org



## **BCPWA Lounge**

A comfortable living room environment for members. Free coffee, snacks, juice, movies, music, a telephone, daily newspapers, and an indoor smoking room.

**Address:** 1107 Seymour Street, 2nd floor, Vancouver, BC V6B 5S8

## **BCPWA Polli and Esther's Closet**

Society members can get free clothing, household goods, bedding, small appliances and more at our peer-run store. Open Tuesdays 11am-3pm and Wednesdays and Thursdays from 11am-2pm. Please drop off donated items during those hours.

**Address:** 1107 Seymour Street, 2nd floor, Vancouver, BC V6B 5S8

**t** 604.646.5323 **e** support@bcpwa.org

## **Free Condoms**

Free condoms are available at BCPWA, AIDS Vancouver, YouthCO, The Centre, Positive Women's Network, Healing Our Spirit, and at Friends for Life.

## **Xtra! West Newspaper**

Free listings for PWAs in the 'Proud Lives' section, up to 50 words. Space may be used for memorials. \$20.00 charge if a photo is used. **t** 604.684.9696 **www.xtra.ca**

## **RESOURCES**

### **Pacific AIDS Resource Centre Library**

A community based, publicly accessible specialized collection of publications on HIV/AIDS. Open Monday through Friday 10AM-5PM.

**Address:** 1107 Seymour Street Vancouver, BC V6B 5S8 **t** 604.893.2294 **e** library@aidsvancouver.org.

## **SUPPORT GROUPS and PROGRAMS**

### **AIDS Vancouver Care Team Program**

Small teams of trained volunteers provide companionship, practical assistance and personal care for people experiencing HIV/AIDS related illnesses, as a supplement to professional home care services. **t** 604.893.2270

### **AIDS Vancouver Hospital Visitation Program**

Trained caring volunteers provide visitation/companionship/phone contact to people with HIV/AIDS who are in hospital, hospice or recently released from hospital. **t** 604.681.893.2270

### **AIDS Vancouver Professional Counseling & Therapy Program**

Professional counselors and therapists available for low-income people with HIV/AIDS. **t** 604.681.893.2270

### **AIDS Vancouver Case Management Program**

Trained volunteers assist people with HIV/AIDS to overcome barriers with disability benefits, accessing services, advocacy, care planning and more. **t** 604.893.2270

### **Boys R Us**

A drop-in centre for male and transgendered sex trade workers in Vancouver, particularly the downtown south area. Open 7PM-9PM Tuesday to Thursday. Offers a safe and confidential place for connecting with others, including social activities such as dinner and movies. A joint program of VCHA and BCPWA. **Address:** 1292 Hornby Street, Vancouver, BC V6Z 1W2 **t** 604.633.4200

### **BCPWA Average Joe's Social Group**

An evening social activity for HIV-positive gay men. A supportive alternative to the bar/club scene. Every Wednesday evening from 8PM-11PM at Numbers Cabaret, 1042 Davie Street, Vancouver, BC V6E 1M3 **t** 604.646.5323 **e** support@bcpwa.org



RESOURCES





### **BCPWA Body Positive Support Group**

A peer-facilitated topic-orientated drop-in support group for both long-term survivors and the newly diagnosed. Wednesday evenings 7PM-9PM. Out-of-towners welcome. **Address:** Members Lounge, 1107 Seymour Street, Vancouver, BC V6B 5S8      **t** 604.646.5323    **e** support@bcpwa.org

### **BCPWA Narcotics Anonymous Support Group**

Weekly group hosted by peers with a focus on HIV-related issues.

**Address:** 1107 Seymour Street, Vancouver, BC V6B 5S8      **t** 604.646.5323    **e** support@bcpwa.org

### **BCPWA Prison Outreach Program (POP)**

POP provides support, counseling and information to HIV-positive inmates in BC prisons. Confidential phone line **t** 604.525.8646 on Wednesday through Sundays from 4PM-10PM. Collect calls accepted. **t** 604.893.2283

### **BCPWA Theatre Positive Program**

Join a group of people living with HIV/AIDS interested in exploring various aspects of theatre arts. No experience necessary.      **t** 604.893.2259    **e** support@bcpwa.org

### **Canadian Hemophilia Society HIV-T Support Group**

A support group for people who are HIV-positive due to blood transfusions.

**toll free** 1.800.668.2686    **www.hemophilia.ca**

### **Carnegie Centre AIDS Support Group**

Group meets Thursdays from 6PM-8PM, Pottery room. Free dinner the Thursday before cheque issue day.

**Address:** 401 Main Street, Vancouver, BC V6A 2T7      **t** 604.665.2220    **e** rika\_uto@city.vancouver.bc.ca

### **The Centre Professional Counseling Project**

Registered clinical counselors and social workers provide free and confidential counseling to clients by appointment. **Address:** 1170 Bute Street, Vancouver, BC V6E 1Z6      **t** 604.684.5307

### **Discussion/Support Group for Partners of People Living with AIDS**

Informal confidential discussion/support group meets Wednesday evenings.      **t** 604.806.8223

### **St. John's United Church Mask Therapy Program**

Explore your creativity through mask making, color, sound and movement. Drop-in sessions every Friday from 1PM-4PM. All welcome, no experience or registration necessary.

**Address:** St. John's Church, 1401 Comox Street, Vancouver, BC V6G 1N9      **e** stjoh@axion.net

### **Thursday Support Group**

Centre for Excellence/IDC program confidential support group on Thursdays from 2:30PM-4PM.

**Address:** St. Paul's Hospital, 1081 Burrard Street, Vancouver, BC V6Z 1Y6

**t** 604.806.8694 or 604.806.8223    **e** MPetty@providencehealth.bc.ca

### **YouthCO Support Program**

A peer run support program for HIV-positive youth (ages 15 to 30). Provides support, education, retreats, social opportunities, referrals and skills building opportunities.

**Address:** 205-1104 Hornby Street, Vancouver, BC V6Z 1V8

**t** 604.688.1441 or 604.808.7209    **e** information@youthco.org    **www.youthco.org**

## **AIDS GROUPS & PROGRAMS**

### **AIDS Vancouver (AV)**

AV exists to alleviate individual and collective vulnerability to HIV/AIDS through care and support, education, advocacy and research. AV provides information, referrals, short and long-term care planning



and service coordination, practical social and emotional support programs, a grocery, a help line at 604.893.2222, a library, printed resources and volunteer opportunities.

**Address:** 1107 Seymour Street, Vancouver, BC V6A 2S7

**t** 604.681.2122 or 604.893.2201 **f** 604.893.2211 **e** contact@aidsvancouver.org **www**.aidsvancouver.org

### **ASIAN Society for the Intervention of AIDS (ASIA)**

Committed to providing culturally appropriate language support, outreach, advocacy, research and information to Asian people with HIV/AIDS. The MSM Program and the Women's Project offer education, prevention, peer counseling, accompaniment services and a Monday lunch/support group from 12PM- 2PM. Volunteer opportunities in administration, outreach and skills building.

**Address:** Suite 210-119 West 10th Avenue, Vancouver, BC V6B 1S5

**t** 604.669.5567 **f** 604.669.7756 **e** asia@asia.bc.ca **www**.asia.bc.ca

### **Alcohol and Drug Counseling Society (Sunshine Coast Needle Exchange Program)**

To reduce and prevent the spread of HIV and other infectious diseases, improve health and well being, focus on injection drug users and those in the sex trade. Apply harm reduction philosophy.

**Address:** 5686 Dolphin Street, Sechelt, BC **Mail:** Box 2647 Sechelt, BC V0N 3A0

**t** 604.885.5680 **p** 604.740.9042 **f** 604.885.5863 **e** action\_society@sunshine.net

### **BC Coalition of People with Disabilities**

Programs for people with disabilities in BC. The AIDS and Disability Action Program produces and distributes educational materials.

**Address:** 204-456 West Broadway, Vancouver, BC V5Y 1R3

**t** 604.875.0188 **f** 604.875.9227 **TDD** 604.875.8835 **e** adap@bccpd.bc.ca **www**.bccpd.bc.ca

### **BC Persons With AIDS Society (BCPWA)**

BCPWA exists to enable persons living with HIV/AIDS to empower themselves through mutual support and collective action. Provides membership, advocacy, support, treatment information, positive prevention, prison outreach, community based research, volunteer opportunities, and a variety of free services.

**Address:** 1107 Seymour Street, 2nd floor, Vancouver, BC V6B 5S8 **t** 604.893.2200

**toll free** 1.800.994.2437 **f** 604.893.2251 **e** info@bcpwa.org **www**.bcpwa.org

### **Canadian Hemophilia Society-BC Chapter**

Broad range of services for hemophiliacs and hemophiliacs with HIV/AIDS.

**Address:** PO Box 78039 North Side, Port Coquitlam, BC V3B 7H5

**t** 604.688.8186 **f** 604.941.8572 **e** contact@hemophiliabc.ca **www**.hemophiliabc.ca

### **The Centre**

A community centre serving and supporting the lesbian, gay, bisexual and transgendered community and their allies. Wide range of free services and programs, including a library, an information and referral service, youth services, professional counseling, the Bute Street clinic, support groups, educational outreach, a generational project for seniors, a peer support "Pride Line" from 7PM-10PM, every night at 604.684.6869 **toll free** 1.800.566.1170

**Address:** 1170 Bute Street, Vancouver, BC V6E 1Z6

**t** 604.684.5307 **www**.lgtbcentrevancouver.com

### **Chee Mamuk Aboriginal Program**

Provides culturally appropriate on-site community based HIV/AIDS and sexually transmitted disease (STD) education and training to Aboriginal communities, organizations and professionals within BC.

**Address:** BC Centre for Disease Control, 655 West 12th Avenue, Vancouver, BC V5Z 4R4

**t** 604.660.1673 **e** cheemamuk@bccdc.ca **www**.bccdc.org



RESOURCES

## **Downtown Eastside HIV/IDU Action Plan Consumers Board**

Services and programs include a needle exchange and sponsorship of HIV/IDU events.

**Address:** 105-177 E. Hastings Street, Vancouver, BC V6A 1N5

**t** 604.688.6241 or 604.899.9401 **f** 604.688.6294 **e** cnabd@mdi.ca or hividucb@vcn.bc.ca

**www.vcn.bc.ca/hividucb**

## **Friends For Life Society**

Offers a variety of services and programs with a holistic approach to people living with life threatening illness and to support their families, friends and caregivers.

**Address:** 1459 Barclay Street, Vancouver, BC V6G 1J6

**t** 604.682.5992 **e** ffl@radiant.net **www.friendsforlife.ca**

## **Healing our Spirit BC Aboriginal HIV/AIDS Society**

Working to prevent and reduce the spread of HIV/AIDS, to provide care, treatment, support services and increased community accessibility to HIV/AIDS resources for Aboriginal people infected and affected by HIV/AIDS. Educational outreach workshops and volunteer opportunities.

**Address:** 100-2425 Quebec Street, Vancouver, BC V5T 4L6

**t** 604.879.8884 **e** info@healingourspirit.org **www.healingourspirit.org**

## **The Heart of Richmond AIDS Society**

Weekly support groups, grocery vouchers, monthly dinner, advocacy, education outreach, volunteer opportunities for people affected by HIV/AIDS. 24-hour crisis line **t** 604.872.3311

**Address:** 200-5671 No.3 Road, Richmond, BC V6X 2C7

**t** 604.277.5137 **f** 604.277.5131 **e** contact@heartofrichmond.com **www.heartofrichmond.com**

## **Hummingbird Kids Society**

Confidential services, support and social opportunities for HIV/AIDS infected/affected children and families.

**Mailing address:** Box 56622, 236-9855 Austin Avenue, Burnaby, BC V3J 7W2

**t** 604.515.6086 **f** 604.824.1457 **www.hummingbirdkids.com**

## **Latin American Health/AIDS/Education Program at Storefront Orientation Services (SOS)**

Provides HIV/AIDS education, outreach, printed health information, advocacy and general information for Latin PWAs, immigrants and refugee claimants. Si desea consejera, orientacion sobre servicios o ser voluntario del Grupo de Animadores Populares en Salud y SIDA llame a Bayron o 604.255.7249. For PWA Support Programs/information **e** elopez@sosrefugee.org For Health Promotion & Outreach Programs/information **e** bfigueroa@sosrefugee.org

**Address:** 360 Jackson Street, Vancouver, BC V6A 3B4 **t** 604.255.7249

## **Living Through Loss Counseling Society**

Provides professional grief counseling to people who have experienced a traumatic loss.

Crisis line: **t** 604.872.3311 **Address:** 201-1847 West Broadway, Vancouver, BC V6J 1Y6

**t** 604.873.5013 **f** 604.873.5002 **e** ltlc@sprint.ca **www.ltlc.bc.ca**

## **Lower Mainland Purpose Society for Youth and Families**

HIV/AIDS Program provides free HIV/AIDS education/prevention presentations and workshops, advocacy, emotional support, a weekly hot lunch, support groups, youth addiction programs, health and resource centre, clinic, volunteer opportunities and more for youth and families in crisis.

**Address:** 40 Begbie Street, New Westminster, BC V3M 3L9

**t** 604.526.2522 **f** 604.526.6546 **e** purposeaids@pacificcoast.net **www.purposesociety.org**



## Positive Women's Network

Committed to providing choice and quality of life for HIV-positive women through support, research and community education throughout BC. **Address:** 614-1033 Davie Street, Vancouver, BC V6E 1M7  
**t** 604.692.3000 **f** 604.684.3126 **toll free** 1.866.692.3001 **e** pwn@pwn.bc.ca  
**www.pwn.bc.ca** or **www.pwn\_wave.ca**

## Red Road HIV/AIDS Network

Coalition of ASOs, skills building workshops, resource materials, quarterly aboriginal magazine called Blood Lines.

**Address:** 804-100 Park Royal South, West Vancouver, BC V7T 1A2  
**t** 604.913.3332 **f** 604.913.3352 **e** info@red-road.org **www.red-road.org**

## Western Canadian Pediatric AIDS Society

Provides recreational, social, educational, and support programs for children living with or affected by HIV/AIDS. **Address:** 104-1260 Hornby Street, Vancouver BC V6Z 1W2  
**t** 604.684.1701 **f** 604.684.1741 **e** info@campmoomba.com **www.campmoomba.com**

## Youth Community Outreach AIDS Society (YouthCO)

Youth for youth member driven agency. Provides a variety of services, support and education to HIV/AIDS infected/affected youth (15-30).

**Address:** 205-1104 Hornby Street, Vancouver, BC, V6Z 1V8  
**t** 604.688.1441 **f** 604.688.4932 **e** information@youthco.org **www.youthco.org**

## SURREY and the FRASER VALLEY

### HEALTH

#### Fraser Valley Connection Services Harm Reduction Program

Needle exchange, HIV/AIDS and sexually transmitted disease education, prevention, referrals and counseling. **Addresses:** 1-45905 Yale Road West, Chilliwack, BC V2P 2M6 and  
2-46010 Princess Avenue, Chilliwack, BC V2P 2A3 **t** 604.795.3757 **f** 604.795.8222

#### Fraser Health Authority

Public health units or other health services in this area.

**Address:** 300-10233-153 Street, Surrey, BC V3R 0Z7  
**t** 604.587.4600 **f** 604.587.4666 **e** feedback@fraserhealth.ca **www.fraserhealth.ca**

#### Surrey HIV/AIDS Centre Society

**Address:** 10693-135A Street, Surrey, BC V3T 4E3 **t** 604.588.9004 **f** 604.588.9044  
**e** administrator@surreyhealth.bc.ca **www.surreyhealth.bc.ca**

#### Surrey HIV/AIDS Centre Society Street Health Outreach Clinic

Provides free general health services including testing and counseling for sexually transmitted diseases, pregnancy, hepatitis and HIV/AIDS. Needle exchange, doctor and nurse on-site.

**Address:** 10693-135A Street, Surrey, BC V3T 4E3 **t** 604.583.5666

### SUPPORT

#### Chilliwack HIV/AIDS Prevention Connection Society

Provides an HIV/AIDS buddy system/support group, general health and emotional support and referrals, in-house and outreach education and a needle exchange.

**Address:** 1-45905 Yale Road West, Chilliwack, BC V2P 2M6 **t** 604.795.3757 **f** 604.702.4901



RESOURCES



## **Surrey HIV/AIDS Centre Society Support Network**

Provides support, advocacy, counseling, education, referrals, a food bank and a support group for people living with HIV/AIDS.

**t** 604.588.9004 **e** administration@surreyhealth.bc.ca **www**.surreyhealth.bc.ca

### **AIDS GROUPS & PROGRAMS**

#### **Langley HIV/AIDS Community Coalition at Langley Public Health**

Provides general healthcare by nurses and referrals to healthcare resources.

**Address:** Langley Health Unit, 22033 Fraser Highway, Langley, BC V3A 4H3

**t** 604.532.2300 **f** 604.530.3750

#### **Langley Hospice Society**

Offers one-on-one and group bereavement and emotional support to palliative/dying and/or bereaved people while also providing education about death and dying to individuals and the community at large. Hospice Training Program and volunteer opportunities.

**t** 604.530.1115 **f** 604.530.8851 **e** info@langleyhospice.com **www**.langleyhospice.com

#### **Mennonite Central Committee HIV/AIDS Support Group and Support Worker**

Provides an HIV/AIDS support group and a HIV/AIDS support worker in the Abbotsford area.

**t** 604.850.6639 From Vancouver **t** 604.857.0011 **toll free** 1.888.622.6337

## **VANCOUVER ISLAND**

### **HEALTH**

#### **Nanaimo Area Street Outreach and Needle Exchange Clinic**

Confidential healthcare counseling and information on STDs, HIV/AIDS, Hep A, B and C and other health concerns, on-site and mobile needle exchange **t** 250.755.8408. Health clinic hours Tuesday 1-5PM Wednesday and Thursday 6-10PM, mobile needle exchange Mondays 1-5PM and Fri 6-10PM.

**Address:** 60 Cavan Street, Nanaimo, BC V9R 2V1 **t** 250.753.6759 **f** 250.753.6717 **e** nsop@narsf.org

### **HOUSING**

#### **Wings Housing Society-Vancouver Island**

Vancouver Island office takes applications, but Wings main office in Vancouver administers the subsidies. Leave message for local Wings representative at the Vancouver Island Persons Living with HIV/AIDS Society. **t** 250.382.7927

### **AIDS GROUPS & PROGRAMS**

#### **AIDS Vancouver Island (AVI)**

Provides education, prevention, advocacy and counseling, care, treatment and support services, prison outreach and medical clinic, drop-in lunch, in-house and mobile needle exchange, street nurses, education for IDUs, HIV-positive speakers bureau, volunteer opportunities, women's wellness program and many other programs and services. **Address:** 1601 Blanchard Street, Victoria, BC V8W 2J5

**t** 250.384.2366 **f** 250.380.9411 **toll free** 1.800.665.2437 **e** info@avi.org **www**.avi.org

#### **AVI-Nanaimo**

A variety of services and programs for those affected by HIV/AIDS. Education, counseling, advocacy, and a morning drop-in centre. Collect calls accepted.

**Address:** 201-55 Victoria Road, Nanaimo, BC V9R 5N9

**t** 250.753.2437 **f** 250.753.4595 **e** info@avi.org



### **AVI-Courtenay**

Provides advocacy, in-house and outreach education, harm reduction, general support, a resource library, referrals, newsletter and individual counseling. Collect calls accepted.

**Address:** 355-6th Street, Courtenay, BC V9N 1M2    **t** 250.338.7400    **f** 250.334.8224    **www**.avi.org

### **AVI-Campbell River & District**

Provides in-house and outreach education, support program, a resource centre, a harm reduction/needle exchange program, wellness program, provides health information and promotion, drop-in lounge with free coffee, bread, clothing, advocacy and referrals. **Address:** 1249 Ironwood Road, Campbell River, BC V8W 5T4    **t** 250.830.0787    **f** 250.830.0784    **e** info@avi.org

### **AVI-Cowichan Valley**

Mobile and in-house harm reduction and needle exchange program.

**Address:** 1 Kenneth Place, Duncan, BC V9L 2Y9    **t** 250.701.3667    **f** 250.748.3509

### **AVI-Port Hardy**

Serving the Port Hardy, Port McNeill, Sointula, Alert Bay, Woss, Sayward, Holberg and Zeballos communities. Provides HIV/AIDS and Hep C support programs, an in-house and outreach harm reduction and a 24-hour needle exchange program, a support services program, individual general support, counseling, advocacy, support groups for HIV/AIDS and Hep C, a youth clinic with HIV/STD/PAP/pregnancy testing, support, counseling and referral services. Office hours are Monday to Thursday from 9AM-12PM.

**Address:** 8635 Granville Street, Port Hardy, BC V0N 2P0  
**t** 250.902.2238    **f** 250.902.2239    Evening contact **t** 250.949.0432

### **Legal AID–Campbell River**

Not a legal service. Provides info and referrals for clients about legal aid. Open Tuesdays from 1PM-3PM for intake and Wed and Friday from 9AM-11AM and 1PM-3PM for intake.

**Address:** 206-1040 Shopper's Row, Campbell River, BC V9W 2C6    **t** 250.287.9521

### **Mid Island HIV/AIDS Society**

For people with HIV/AIDS, partners, family, friends and the community. Education, resource materials and health information available.

**Address:** PO Box 686, Parksville, BC V9P 2G7    **t** 250.248.1171    **e** mais@nanaimo.ark.com

### **Native Friendship Centre Health Centre and HIV/AIDS Clinic**

Provides STD/HIV/Hep C, pregnancy testing and counseling, general advocacy, referrals, health education, outreach nurse, prison outreach, family support programs, addiction and sexual abuse counseling, support groups, social opportunities and more. **Address:** 927 Haliburton Street, Nanaimo, BC V9R 6N4

**t** 250.753.6578    **f** 250.754.1390    **www**.tillicumhaus.ca

### **North Island Advocacy**

Assists clients with representation and the administrative processes such as arbitration, legal research and referrals, housing and other issues. **Address:** 206-1040 Shopper's Row, Campbell River, BC V9W 2C6  
**t** 250.830.1171    **e** niacs@crcn.net

### **Right To DIE Society of Canada**

Information on voluntary euthanasia, suicide counseling and the "Last Rights" magazine.

**Address:** PO Box 39018, Victoria, BC V8V 4X8  
**f** 604.386.3800    **e** rights@freenet.victoria.bc.ca    **www**.ncf.ca/freeport/social.services/rt-die/menu

### **Vancouver Island Regional Health Authority**

Health services in this area. **Address:** 1952 Bay Street, Victoria, BC V8R 1J8

**t** 250.370.8699    **f** 250.370.8570    **www**.vancouverislandhealth.ca



## **Victoria AIDS Resource & Community Service Society**

Provides in-home respite care, emotional and social support for people living with HIV/AIDS and their caregivers, resource directory and referrals. **Address:** 1284 F Gladstone Avenue, Victoria, BC V8T 1G6 **t** 250.388.6220 **f** 250.388.7011 **e** varcs@shaw.ca [www.varcs.org](http://www.varcs.org)

## **Vancouver Island Persons Living with HIV/AIDS Society**

Peer support program, treatment information program, life enhancement activities program. **Address:** 330-1105 Pandora Avenue, Victoria, BC V8V 3P9 **t** 250.382.7927 **f** 250.382.3232 **e** support@vpwas.com [www.vpwas.com](http://www.vpwas.com) and [www.raiseyourhats.org](http://www.raiseyourhats.org)

## **THOMPSON – OKANAGAN AREA**

### **HEALTH**

#### **Interior Health Authority**

Information and health services in this area.

**Address:** 2180 Ethel Street, Kelowna, BC V1Y 3A1  
**t** 250.862.4200 **f** 250.862.4201 **e** feedback@interiorhealth.ca [www.interiorhealth.ca](http://www.interiorhealth.ca)

#### **Living Positive Resource Centre Okanagan**

Prevention education and support to the community and those affected by HIV and Hep C.

**Address:** 101-266 Lawrence Avenue, Kelowna, BC V1Y 3L3  
**t** 250.862.2437 **toll free** 1.800.616.2437 **e** lprc@lprc.ca [www.livingpositive.ca](http://www.livingpositive.ca)

#### **Cammy LeFleur Street Clinic–Vernon North Okanagan**

Information and support available to individuals affected by HIV/AIDS.

**Address:** 2900-32nd Avenue, Vernon, BC V1T 2L5  
**t** 250.545.3572 **f** 250.545.1510 **e** noyfss@telus.net

#### **Okanagan Boys and Girls Club Outreach Health Services**

Full STD testing and counseling, healthcare, pregnancy, contraception counseling, and needle exchange. **Address:** 539 Lawrence Avenue, Kelowna, BC V1Y 6L8

**t** 250 868.2230 **f** 250.868.2841 **e** outreachhealth@boysandgirlsclub.ca

#### **Westside Health Network Society's Community Service Directory**

**Address:** 160-2300 Carrington Road, Westbank, BC V4T 2N6  
**t** 250.768.3305 **e** whns@telus.net

### **AIDS GROUPS & PROGRAMS**

#### **AIDS Society of Kamloops (ASK)**

Provides support, counseling, advocacy and treatment information for persons living with or affected by HIV/AIDS. Serving the Thompson–Nicola–Cariboo region. Prison and post release outreach/support, peer driven support groups, referral programs, health management planning, return to work counseling, advocacy services, treatment information, complementary health fund, income tax assistance, internet café and more.

**Address:** 437 Lansdowne Street, Kamloops, BC V2C 1Y2  
**t** 250.372.7585 **toll free** 1.800.661.7541 **e** ask@telus.net [www.aidskamloops.bc.ca](http://www.aidskamloops.bc.ca)

#### **Columbia Shuswap HIV/AIDS Project**

Advocacy, support and referrals, one-on-one peer counseling, prevention and education.

**Address:** Box 154, Salmon Arm, BC V1E 4N3  
**t** 250.804.8823 **f** 250.804.8825 **e** csharp@telus.net



## Interior Indian Friendship Society Native Health Centre

Health education, needle exchange, free condoms, addiction counseling, mental health worker, general support, referrals and advocacy, health clinic, STD/HIV/pregnancy testing, vaccinations, access to traditional aboriginal health and referrals.

**Address:** 125 Palm Street, Kamloops, BC V2B 8J7  
**t** 250.376.1294 **f** 250.376.2275 **e** barry.hivliaison@shawbiz.ca

## The Living Positive Resource Centre–Okanagan

Information, referrals, advocacy, peer support, social and support groups, education and resource library on HIV/AIDS and Hep C. **Address:** 101-266 Lawrence Avenue, Kelowna, BC V1Y 2M3 Kelowna office **toll free** 1.800.616.2437 **f** 250.868.8662 **e** info@lprc.ca Penticton **toll free** 1.800.616.2347 Princeton **toll free** 1.800.616.2437 **www.livingpositive.ca**

## North Okanagan Youth and Family Services Society

General health, emotional, advocacy and support outreach worker, street clinic, STD/HIV/Hep C/PAP/pregnancy testing and counseling, free condoms, addiction and mental health counseling, referrals, prevention, safer sex education and vaccinations.

**Address:** 2900-32 Avenue, Vernon, BC V1T 2L5 **t** 250.545.3572 **f** 250.545.1510 **e** noyfss@telus.net

## Okanagan Aboriginal AIDS Society

Provides services and programs for aboriginal people about HIV/AIDS and Hep C. We work to dispel myths and misunderstandings while advocating for aboriginal people affected by HIV/AIDS and Hep C. **Address:** 101-266 Lawrence Avenue, Kelowna, BC V1Y 6L3

**t** 250.862.2481 **f** 250.862.8662 **toll free** 1.800.616.2437 **e** info@oaas.ca **www.oaas.ca**

## Penticton AIDS Support Group

Provides one-on-one, group, and family support and referrals to people with HIV/AIDS and their families and friends. **t** 250.490.0909 or 250.492.4000

## CARIBOO – INTERIOR

### AIDS GROUPS & PROGRAMS

#### Cariboo AIDS Information & Support Society (CAIS)

Provides information and support to persons living with HIV/AIDS, their family and friends. Facilitates education and awareness for the community. Home of the Noopa Youth Centre with a HIV/AIDS support youth worker. **Mail:** Box 6084, Williams Lake, BC V2G 3W2 **Address:** 17 South 4th Avenue, Williams Lake, BC V2G 3W2 **t** 250.392.5730 **f** 250.392.5743 **e** dsheach@noopa.org

## NORTHERN BC

### AIDS GROUPS & PROGRAMS

#### Boys and Girls Club of Williams Lake and District

Provides support, advocacy and prevention services for youth with HIV/AIDS.

**Address:** 17 South Fourth Avenue, Williams Lake, BC V2G 3W2  
**t** 250.392.5730 **f** 250.392.5743 **e** noopa@www.stardate.bc.ca

#### Dawson Creek Public Health Unit

Cultural drop-in centre, soup, bannock, tea and coffee, HIV/AIDS education, general and addiction counseling, medical referrals and cultural activities. Provides adult mental health services, HIV/STD testing, immunizations, nurses, homemakers, home support, support groups and an in-house needle exchange. **Address:** 1001-110 Avenue, Dawson Creek, BC V1G 4X3 **t** 250.784.2400





## **Fire Pit**

**Address:** 1110-4th Avenue, Prince George, BC **t** 250.562.1172 or 250.563.6113 **e** heidi@pgweb.com

## **Fort Nelson-Liard Native Friendship Society**

HIV/AIDS support worker, confidential information, support and referral program.

**Mail:** Box 1266, 5012-49th Avenue, Fort Nelson, BC V0C 1R0

**t** 250.774.2993 **f** 250.774.2998 **e** hiv\_aids\_awareness@hotmail.com

## **Native Health Clinic**

Doctors, nurse, social worker, alcohol and drug counseling and primary health care for high-risk populations. Methadone clinic twice a week on Tuesday and Thursday afternoons. Research, education, support, street outreach, referrals for alcohol and drug counseling, free food, shelter, and other resource service referrals. The Community Against Sexual Exploitation of Youth Program (CASEY) **t** 250.564.4422 x 229

**Address:** 1110-4th Ave, Prince George, BC V2L 3J3 **t** 250.564.4422

## **Northern Health Authority**

Information and health services in this area. **Address:** 300-299 Victoria Street, Prince George, BC V2L 5B8

**t** 250.565.2649 **f** 250.565.2640 **www.northernhealth.ca**

## **Northern Health Authority AIDS Prevention Program and Needle Exchange**

**Address:** 1095-3rd Avenue, Prince George, BC V2L 4S6 **t** 250.564.1727 **f** 250.564.1743

## **Northern Health Authority Public Health Unit**

Quesnel support group and services for people with HIV/AIDS and their families. Part of the Positive Living North Society. **t** 250.992.4366

## **Northern Interior Public Health Unit and Clinic**

Provides education, outreach, testing, vaccinations, treatment, support, counseling and more. STD/HIV/Hep C/TB and pregnancy testing, treatment, counseling and support, a wellness youth clinic with a team of adult communicable disease nurses and a doctor with nurses on Thursday's between 3PM and 6PM provides testing, treatment, counseling, support, vaccinations, general medical support and referrals. Needle exchange information **t** 250.565.7381 **Address:** 1444 Edmonton Street, Prince George, BC V2M 6W5 **t** 250.565.7311 **f** 250.565.6674 **www.northernhealth.ca**

## **Prince George Urban Aboriginal Justice Society**

Aboriginal youth programming, prevention, intervention and advocacy for high-risk in-crisis youth.

Resource lists, referrals, assistance, advocacy for free food, shelter, clothing, medical, education, legal, corrections, justice, recreation and more. **t** 250.562.7928

## **Prince George Native Friendship Centre and Needle Exchange**

Pre-school health programs, one for Cree language and one for the Carrier language, an aboriginal infant family development program, a native healing centre with a drug and alcohol counseling program, an elder cultural counsellor advisor. Education & employment programs include employment counselors, a literacy program with tutors, a new beginnings program with life skills and employment training for adults, the smoke house culinary arts program, school programs for high-risk youth. Social programs, the Ketso Yoh men's shelter, the friendship house for youth in care of the ministry, and the reconnect youth drop-in and shelter program. **Address:** 1600-3rd Avenue, Prince George, BC V2L 3G6

**t** 250.564.3568 **f** 250.563.0924 **www.pgnfc.bc.ca**

## **Positive Living North Society**

Aboriginal organization providing a cultural drop-in centre, counseling, advocacy, support services, outreach, in-house education and referral services. **Address:** 1-1563 2nd Avenue, Prince George, BC V2L 3B8

**t** 250.562.1172 **toll free** 1.888.438.2437 **f** 250.562.3317



## Quesnel AIDS and Education Committee

Promotes HIV/AIDS awareness in the community and provides education, support group for HIV-positive people, their family and friends. **Address:** Cariboo Health Unit, 511 Reid Street, Quesnel, BC V2J 2M8  
**t** 250.992.4366 **f** 250.992.4312

## Quesnel Tillicum Society Native Friendship Centre

Addiction and mental health counseling, youth outreach, family support, crisis intervention, assistance and referral program, an employment counsellor, needle exchange and harm reduction program, academic educational program, general referrals, testimonial/educational videos by HIV-positive individuals, a street nurse, HIV/Hep testing and counseling, support group, small group workshops and presentations, free condoms and free clothing. **Address:** 319 North Fraser Drive, Quesnel, BC V2J 1Y9 **t** 250.992.8347 **f** 250.992.5708 **e** donna.greenway@qnfc.bc.ca **www.quesnel-friendship.org**

## Youth around Prince George Resource Centre

Information, support, education and assistance for in crisis/high risk youth. **t** 250.565.6215

## KOOTENAYS

### AIDS GROUPS & PROGRAMS

#### AIDS Network Outreach and Support Society (ANKORS)

For those living with or affected by HIV/AIDS and Hep C. Providing support, advocacy, harm reduction, prevention and education information, a needle exchange, newsletter, volunteer, networking, employment opportunities, and more.

**East office address:** 101 Baker Street, Nelson, BC V1L 4H1

**t** 250.505.5506 **f** 250.505.5507 **e** info@ankors.bc.ca

**West office address:** 205-14th Avenue North, Cranbrook, BC V1C 3W3

**t** 250.426.3383 **f** 250.426.3221 **e** gary@ankors.bc.ca **www.ankors.bc.ca**

#### Kootenay Community Resource Directory

Online community resource directory.

**Address:** Kootenay Internet Communications Society, 2001-622 Front Street, Nelson, BC V1L 4B7

**e** noel@kics.bc.ca **www.resdir.kics.bc.ca/index.php**

## NORTH COAST

### GROUPS & PROGRAMS

#### Dze L K'ant Friendship Centre Society

**Address:** 3860 Broadway Avenue, Smithers, BC V0J 2N0

**t** 250.847.5211 **f** 250.847.8974 **e** dzelkant@canada.ca

#### Northwest Health Public Health Unit - Outreach Prince Rupert

Provides mental health services, support, group meetings, needle exchange, HIV testing, including pre and post-testing counseling and educational outreach.

**Address:** Northern Health Authority, N.W. Health Unit, 300-3rd Avenue West, Prince Rupert, BC V8J 1L4

**t** 250.624.7723 **f** 250.624.7591 **www.northernhealth.ca**

#### Positive Living North West

Needle exchange, day and evening drop-in centre, talking circle, one-on-one education, peer support group, referrals, advocacy, family meals and general assistance with healthcare issues. **Mail:** PO Box 4368, Smithers, BC V0J 2N0 **Address:** 3862-F Broadway Avenue, Smithers, BC V0J 2N0

**t** 250.877.0042 **toll free** 1.866.877.0042 **f** 250.877.0047



RESOURCES



# Glossary

**Terms are listed in alphabetical order. Words that are in bold small caps are themselves defined within the Glossary.**

**Abscess:** A localized collection of pus in any part of the body, caused by an infection.

**Acute:** Sudden or severe, Symptoms appear, change, or worsen rapidly.

**Adherence:** The degree to which a patient sticks to a schedule for taking medicines.

**Adverse event:** An unwanted serious side effect.

**AIDS:** Acquired Immune Deficiency Syndrome. A collection of specific illnesses and conditions that occur when the body's immune system has been damaged by **HIV**.

**Anabolic:** any constructive metabolic process that converts substances into other components such new body tissue.

**Anorexia:** a lack or loss of appetite that leads to significant decline in weight.

**Antenatal:** relating to pregnancy, Before birth.

**Antibiotic:** An agent that kills or inhibits the growth of microorganisms.

**Antibody:** Protein substance produced by the immune system in response to a foreign antigen.

**Antigen:** A foreign substance, usually a **PROTEIN** that stimulates an immune response

**Antioxidant:** A vitamin, mineral or drug which may reduce the activity of free radicals in the body

**Antiretroviral:** A substance (or drug) that acts against retroviruses such as **HIV**.

**Antiviral:** A substance (or drug) that acts against viruses.

**Arthritis:** Inflammation of the joints due to infectious, metabolic, or constitutional causes.

**Assay:** A test used to measure something.

**Asymptomatic:** Having no symptoms.

**Atrophy:** A wasting or shrinking of cells, tissue, organs or muscle.

**Bacteria:** Single celled micro organisms.

**Baseline:** Starting point or value.

**BID:** Abbreviation of a Latin term meaning twice daily.

**Bile:** A fluid secreted by the liver, stored in the gall bladder, that aids digestion by breaking down fats and assisting the absorption of nutrients.

**Bilirubin:** A chemical released by the liver as a result of damage caused by infection or drugs. Levels are assessed in the diagnosis of liver problems.

**Bioavailability:** the extent to which an oral medication is absorbed in the digestive tract and reaches the bloodstream of the body.

**Biopsy:** A small sample of tissue that can be examined for signs of disease.

**Blood-Brain Barrier:** A natural, physiological wall part of the body's defence system, which makes it hard for many substances in the blood to get into the central nervous system.

**Bone Marrow:** Cells in the middle of bones that are responsible for producing red blood cells.

**Caesarean Section:** Method of birth where the child is delivered through a cut made in the womb.

**Candidiasis:** A disease caused by the fungi of the candida family such as *Candida albicans*. Commonly known as thrush. Infection.

**Cardiovascular:** Relating to the heart and blood vessels.

**CD4:** one of the **PROTEIN** structures on the surface of a human cell that allows HIV to attach, enter, and thus infect the cell.

**CD8:** Another type of white blood cell/lymphocyte. CD8 cells can detect and destroy cells infected with foreign bodies.

**Central Nervous System:** The brain and spinal cord.

**Cervical Ectopy:** Sometimes small patches of the columnar cells can spread down from the cervical canal onto the vaginal surface of the cervix. When this happens they appear as reddish-pink, raw looking areas on the neck of the womb.

**Cervix:** The 'neck' of the womb at the top of the vagina.

**Chemotherapy:** the use of chemical substances in the treatment of a disease.

**Cholesterol:** A waxy substance, mostly made by the body and used to produce steroid hormones. High levels can be associated with atherosclerosis.

**Chronic:** A long-term condition.



**Clinical:** refers to physical signs and symptoms directly observable in the human body. A term referring to the nursing or medical care of patients.

**Clinical Event:** The occurrence of a physical sign or symptom, rather than an abnormality that can only be detected by laboratory tests.

**Clinical Trial:** A study done to test an **EXPERIMENTAL DRUG** or procedure in human beings to see whether it is safe and effective, as well as to determine its proper dose.

**Clinician:** A medical doctor who is active in looking after patients.

**CMV:** Cytomegalovirus, a virus that can cause blindness in people with advanced HIV disease.

**Coinfection:** Having more than one infection at a time.

**Cohort:** A group of people who share at least one common factor (e.g. being HIV positive) and who are studied over a period of time.

**Colitis:** Inflammation of the bowels.

**Colonoscopy:** Examination of the large bowel using a video camera device.

**Colposcopy:** Examination of the surface of the cervix under magnification to identify the location and extent of abnormal lesions.

**Combination Therapy:** using two or more drugs simultaneously to more effectively combat a disease.

**Compassionate Use:** The release of an experimental drug by its manufacturer to people who are unable to obtain it in a clinical trial.

**Compliance:** An alternative term for adherence.

**Contagious:** An infection that can spread easily.

**Contraindication:** A reason why a drug should not be used.

**Control Group:** the group of participants in a **CLINICAL TRIAL** that receives a standard treatment and/or a **PLACEBO**. Those receiving the experimental treatment are compared to the control arm.

**Cross Resistance:** The mechanism by which HIV that has developed resistance to one drug may also be resistant to other, similar drugs.

**Cryptococcosis:** A type of fungal infection usually affecting the membrane around the brain, causing meningitis. It can also affect the lungs and chest.

**Cryptosporidiosis:** Infection with the gut parasite

*Cryptosporidium parvum* and other species, causing severe diarrhea.

**Culture:** the process of growing **BACTERIA** or other cells in a special laboratory medium

**Dementia:** Changes in mental function, coordination and personality resulting from direct effects of HIV infection in the brain.

**Dermatitis:** Inflammation of the skin.

**Diabetes:** A condition characterized by raised concentrations of sugar in the blood and urine, due to problems with the production of insulin.

**Disease Progression:** A worsening of a disease.

**DNA:** Deoxyribonucleic acid, the material in the nucleus of a cell where genetic information is stored.

**Double Blind:** A clinical trial where neither the researchers nor the participants know which assigned treatment an individual participant in the trial is taking until after the end of the trial.

**Efficacy:** How well something works.

**Endpoint:** An event used in clinical trials to evaluate whether a trial therapy is working.

**Enzyme:** A protein that speeds up a chemical reaction.

**Epidemiology:** The study of diseases within a population.

**Epitope:** The part of an antigen that the immune system recognizes.

**Expanded Access Scheme:** A program that allows access to an experimental drug outside clinical trials for people in particular need.

**First Line Therapy:** The regimen used when starting treatment for the first time.

**Fusion Inhibitor:** Anti HIV drug targeting the point where HIV locks onto an immune cell.

**Gall Bladder:** An organ connected to the liver which stores bile.

**Gene:** A DNA sequence which determines the structure of a protein.

**Genotype:** The genetic make up of an organism.

**Glucose:** A form of sugar found in the bloodstream.

**Glutathione:** A natural chemical used by the body to work against oxidative stress.

**Gynaecology:** Study of medical conditions specific to women's reproductive organs.



**HAART:** Highly Active Antiretroviral Therapy, a term used to describe anti HIV combination therapy with three or more drugs.

**Haemophilia:** Inherited illness in which the blood does not always clot, often requiring injections of blood clotting agents.

**Half Life:** The amount of time it takes for half a dose of any drug to be eliminated by the body.

**Helper Cell:** An alternative name of CD4 T cells.

**Hepatic:** To do with the liver.

**Hepatitis:** Inflammation or infection of the liver.

**Hepatotoxicity:** chemical-driven liver damage

**Herpes Simplex:** A viral infection which may cause sores around the mouth or genitals. Commonly referred to as a "cold sore"

**HIV:** Human Immunodeficiency Virus, the virus which causes AIDS.

**Homeopathy:** A therapy which aims to treat illness using tiny quantities of the substance that caused the illness, or of a substance that causes similar symptoms.

**Hormone:** A chemical which stimulates or suppresses cell and tissue activity.

**Human Papilloma Virus (HPV):** A group of wart causing viruses which are also responsible for cancer of the cervix and some anal cancers.

**Hypersensitivity:** an abnormally exaggerated **IMMUNE RESPONSE** to an agent, such as a drug or an **ANTIGEN**. An allergic reaction.

**Hypertension:** Raised blood pressure.

**Immune Modulator:** A substance that changes an aspect of the way the immune system is working.

**Immune Reconstitution:** Improvement of the function of the immune system as a consequence of anti HIV therapy.

**Immunoglobulin:** Another name for **ANTIBODIES**.

**Immunologic Response:** The effect of treatment on the immune system, particularly on the CD4 cell count.

**Immunosuppression:** A reduction in the ability of the immune system to fight infections or tumours.

**Inclusion Criteria:** conditions that must be met in order to participate in a **CLINICAL TRIAL**. For example, inclusion in a trial could require a certain

**VIRAL LOAD** or **CD4 CELL COUNT**. The conditions a person must meet to join a clinical trial.

**Informed Consent:** the acknowledgement that an individual understands and agrees with the purpose, procedures, risks and requirements before participating in an experiment or beginning a therapy.

**Insomnia:** Sleeplessness.

**Insulin:** A hormone produced by the pancreas that tends to lower blood sugar levels.

**Integrase:** HIV enzyme that the virus uses to insert its genetic material into that of an infected cell.

**Interferon:** A type of anti-viral protein that stimulates the immune system.

**Intramuscular:** Injection into the muscle.

**Intrapartum:** During the birth of a baby.

**Intravenous:** Injection into a vein.

**Jaundice:** A yellowing of the skin and whites of the eyes associated with liver or gall bladder problems.

**Kaposi's Sarcoma:** an **AIDS-DEFINING ILLNESS** consisting of individual cancerous lesions caused by an overgrowth of blood vessels.

**KS:** Short for Kaposi's sarcoma.

**Lactate:** Another name for lactic acid.

**Lactic Acidosis:** High blood levels of lactic acid, a substance involved in metabolism. Lactic acidosis is a rare side effect of nucleoside analogues.

**Lesion:** a disturbed area of tissue - a wound, ulcer, injury, nodule or tumour on the skin or elsewhere. An abnormal change in body tissue caused by disease or injury. Often refers to Kaposi's sarcoma, which can cause skin lesions.

**Leukocytes:** White blood cells.

**Leukopenia:** Fewer than normal white blood cells in the blood, usually due to bone marrow damage.

**Leukoplakia:** A mouth infection caused by Epstein Barr Virus that can occur relatively early in HIV disease. Often called hairy leukoplakia due to its appearance as white patches on the sides of the tongue.

**Lipid:** A general term for fats.

**Lipoatrophy:** Loss of body fat.

**Lipodystrophy:** A disruption to the way the body produces, uses and distributes fat.

**Liver:** An organ involved in digestion of food and excretion of waste products from the body.



**Log:** Short for logarithm, a scale of measurement often used when describing viral load. A one log change is a ten fold change, such as from 100 to 10. A two fold change is a one hundred fold change, such as from 1000 to 10.

**Lymphocyte:** A type of white blood cell.

**Lymphoma:** A type of tumour affecting the lymph nodes.

**Lymph Nodes:** Special areas in the body where white blood cells and other important immune cells are found. Also known as glands.

**Magnetic Resonance Imaging MRI:** Diagnostic imaging technique similar to CAT scanning.

**MAI/MAC (Mycobacterium avium intracellulare):** Micro organisms related to TB which can cause disease in people with advanced HIV disease.

**Malabsorption:** Failure of the gut to absorb food, resulting in weight loss, diarrhea and decreased effectiveness of drugs taken orally.

**Malignant – Tumours:** which may grow rapidly, infiltrate surrounding tissues and spread around the body.

**Meningitis:** Inflammation of the outer layers of the brain.

**Microsporidiosis:** Infection with the gut parasite Microsporidia.

**Mitochondria:** Cellular compartment involved in energy production.

**Monotherapy:** Taking a drug on its own, as opposed to in combination with other drugs.

**Mutation:** A single change in a gene sequence.

**Mycobacteria:** Family of bacteria that includes the causes of tuberculosis and MAI.

**Naïve:** Never having taken anti HIV treatments before.

**Neoplasm:** An abnormal and uncontrolled growth of tissue; a tumour.

**Neuralgia:** A sharp pain along the path of a nerve.

**Neurological:** Relating to the brain or nervous system.

**Neuropathy:** Damage to the nerves.

**Neutropenia:** A shortage of neutrophils.

**Neutrophils:** Immune cells in the blood that attack bacterial and fungal infections.

**NNRTI:** Non Nucleoside Reverse Transcriptase Inhibitor, the family of antiretrovirals including:

efavirenz, nevirapine and delavirdine.

**NRTI:** Nucleoside analogue Reverse Transcriptase Inhibitor, the family of antiretrovirals including: AZT, DDI, 3TC, DDC, and Abacavir.

**Nucleoside:** One of the building blocks from which DNA and RNA are made.

**Nucleoside Analogue:** Chemical which closely resembles a nucleoside particle. Family of antiretrovirals includes: AZT, D4T, 3TC, DDC, and Abacavir.

**Nucleotide Analogue:** Chemical which resembles a nucleotide particle. Family of antiretroviral which includes tenofovir.

**Observational Study:** A clinical trial that reports on an unfolding situation.

**Obstetric:** Relating to antenatal care.

**OD.:** Abbreviation of a Latin term meaning every day. Prescription drug dosing schedule term meaning both once daily and orally daily.

**OI:** Opportunistic Infection.

**Open Label:** a study in which both researchers and participants know what drugs a person is taking and at what dose.

**Opportunistic Infection:** Specific infections which cause disease in someone with a damaged immune system.

**Paediatric:** Of or relating to children.

**Palliative:** To do with relieving rather than curing symptoms.

**PAP Smear:** A specimen of cells from the cervix, usually obtained in scrapings from the opening, which may be examined by microscope to look for abnormalities.

**Pathogen:** Any micro-organism that causes disease. There are four main types: bacteria, fungi, protozoa and viruses.

**PCP:** Pneumocystis carinii pneumonia, a rare form of pneumonia, which is an AIDS defining illness.

**Peripheral Neuropathy:** Damage to the nerves of the hands and/or feet, causing symptoms ranging from numbness to excruciating pain. Caused by HIV itself and many antiretroviral medications.

**Pharmacokinetic:** The study of how a drug is absorbed and distributed throughout the body.

**Phase I/II:** Stage of a clinical trial to see what the most effective dose of a drug is.



**Phase II:** Stage of a clinical trial to see if a drug is effective in the short term.

**Phase III:** Stage of a clinical trial where the experimental drug is given to large numbers of people at the dose determined in phase I or phase II. The trial drug is usually compared with a treatment already in use or with a placebo.

**Phenotype:** an organism's functional capabilities and outward appearance. It is the physical expression of the **GENOYPE** Trait or behaviour which results from a particular genotype.

**PI.:** See protease inhibitor.

**Placebo:** A pill or liquid that looks and tastes exactly like a real drug but contains no active substance.

**Plasma:** The fluid portion of the blood.

**PML:** Progressive Multifocal Leukoencephalopathy, a serious brain infection.

**Primary Infection:** The first few months after HIV infection. This initial infection precedes **SEROCONVERSION** and is sometimes characterized by fever, sore throat, headache, skin rash and swollen glands. Also called acute infection.

**Prognosis:** The likely outcome of a disease, and the risk of disease progression.

**Prophylaxis:** Taking a drug to prevent an illness.

**Protease:** An enzyme that HIV uses to break up large proteins into smaller ones from which new HIV particles can be made.

**Protease Inhibitor:** Family of antiretrovirals which target the protease enzyme. Includes amprenavir, indavir, lopinavir, Ritonavir, saquinavir, nelfinavir and atazanavir.

**Protein:** An extremely complex natural substance that forms the structure of most animal and plant cells, enzymes, hormones and immunoglobulins.

**Protocol:** A detailed research plan that describes the aims and objectives of a clinical trial and how it will be conducted.

**Protozoa:** A group of single celled animals (micro organisms), a few of which cause human diseases.

**Psoriasis:** A disease in which the skin develops raised, rough, reddened areas.

**Q4D:** Abbreviation of a Latin term meaning every four hours. Dosing schedule notation meaning every four hours.

**QD.:** Abbreviation of a Latin term meaning once every day.

**Radiotherapy:** Treatment using radium or other radioactive matter.

**Randomization:** The process of selecting by chance the treatment that a clinical trial participant will receive.

**Recombinant:** Genetically reconstructed.

**Regimen:** A drug or treatment combination and the way it is taken.

**Regression.:** Improvement in a tumour.

**Remission:** A state or period during which an illness is partially or wholly dormant.

**Replication:** The process of viral reproduction.

**Resistance:** A drug resistant HIV strain is one which is less susceptible to the effects of one or more anti HIV drugs because of its genotype.

**Retinitis:** Damage to the retina, the light sensitive surface at the back of the eye.

**Retrovirus:** Family of viruses to which HIV belongs, that are distinguished by their use of **RNA**.

**Reverse Transcriptase:** A retroviral enzyme which converts genetic material from **RNA** into **DNA**, an essential step in the life cycle of HIV.

**RNA:** Ribonucleic acid, the form in which HIV stores its genetic material.

**Salvage Therapy:** Any treatment regimen used after a number of earlier regimens have failed.

**Sepsis:** The presence of puss forming bacteria in the body.

**Seroconversion:** The time at which a person's antibody status to a specific antigen changes from negative to positive.

**Seronegative:** Negative antibody result in a blood test.

**Seropositive.:** Positive antibody result in a blood test.

**\*Serodiscordant:** a unique relationship where one partner is HIV-positive and the other is HIV-negative

**Serum:** Clear, non-cellular portion of the blood, containing antibodies and other proteins and chemicals.

**Shingles:** Condition involving painful blisters on the skin. Shingles are caused by a reactivated infection of the Varicella Zoster Virus (chicken pox virus).



**Strain:** A variant of an organism characterized by a specific genotype.

**Subcutaneous:** Beneath or introduced beneath the skin, e.g. a subcutaneous injection is an injection beneath the skin.

**Subtype:** Different strains of HIV which can be grouped according to their genes.

**Superinfection:** When somebody already infected with HIV is exposed to a different strain of HIV and becomes infected with it in addition to their existing virus.

**Surrogate Marker:** An indicator of something, such as measuring viral load to assess the treatment effect of a drug.

**Symptomatic:** Having symptoms.

**Syndrome:** A group of symptoms and diseases that together are characteristic of a specific condition.

**Synergy:** When two or more drugs produce an effect greater than adding their separate effects.

**Systemic:** Acting throughout the body rather than locally.

**T B.:** Short for Tuberculosis

**T Cell:** A type of immune system cell which is damaged in the course of HIV infection. **cd4** and **cd8** cells are both sub types of T cells.

**T Helper Cells:** see **cd 4**.

**Therapeutic Dose:** The concentration of a drug in the blood necessary to achieve a specific effect or result.

**Therapeutic Vaccine:** A vaccine like product used with the aim of improving the immune function of someone who already has an infection, rather than of preventing the infection.

**Thrush:** A fungal infection of the mouth, throat or genitals, marked by white patches. Also called candidiasis.

**TID. :** A medication dosing schedule notation based on an abbreviated Latin term meaning three times a day.

**Topical:** applied directly to the skin.

**Toxicity:** The extent or ways in which a drug is poisonous to the body.

**Toxin:** A poisonous substance.

**Toxoplasmosis:** A disease due to infection with

the protozoa *Toxoplasma gondii*, usually causing inflammation of the brain.

**Triglycerides:** The basic building blocks from which fats are formed.

**Trough Level:** The lowest point to which levels of a drug fall in the blood between doses.

**Tumour:** Abnormal growth of tissue that performs no useful function, sometimes caused by cancer.

**Tuberculosis:** *Mycobacterium tuberculosis*. A highly communicable disease primarily affecting the lungs.

**Ulcer:** A break in the skin or mucous membrane, which involves the loss of the surface tissue.

**Undetectable Viral Load:** A level of viral load that is too low to be picked up by the particular viral load test being used.

**Vaccine:** A substance that contains antigenic components from an infectious organism. By stimulating an immune response (but not disease), it protects against subsequent infection by that organism.

**Vertical Transmission:** transmission of a **PATHOGEN** such as HIV from mother to fetus or baby during pregnancy or birth. Also called perinatal transmission. Transmission, of HIV, from mother to baby.

**Viral Load:** Measurement of the amount of virus in a sample of blood.

**Virologic Response:** The effect of treatment on viral load. The extent to which a virus responds to a specific treatment.

**Virus:** A sub microscopic infectious germ which can only reproduce within the living cells of the organism it infects.

**Vulva:** The external female genitals.

**Wild Type Virus:** HIV Virus that has not been exposed to anti HIV drugs before.

