



Sentenced to Prison, not Disease

By Shelley M. Motz

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Reference Material
NOT FOR LOAN
AVI Resource Centre

TTrue or False: People sentenced to serve time in Canada's federal and provincial prisons have no rights.

False. Prisoners may lose their right to liberty but they retain all other rights and privileges not "removed or restricted by the fact of their incarceration". This includes the "right to the highest attainable level of physical and mental health".

Prisons, then, have a legal obligation to do everything in their power to prevent the spread of infectious diseases among prisoners and to ensure proper care, treatment and support of infected prisoners.

To prevent the spread of HIV, prisons need to develop and support policies and practices that ensure prisoners have confidential access to safer-sex and safer-shooting information and equipment.

The right of prisoners to access preventative measures has been voiced by The World Health Organization Guidelines on HIV/AIDS in Prisons, released in 1993, and is consistent with the Correctional Service of Canada's strategic objective to create a "safe, secure and clean environment that promotes health and well-being".

Believing we are unaffected by what goes on behind prison gates, most Canadians are not concerned about prisoners' lives, rights or vulnerability. We should be.

The United Nations Commission on Human Rights, 1996, reminds us that "Prisoners *are* the community. They come from the community, they return to it.

Protection of prisoners *is* protection of our communities." (Emphasis mine.)

Whether you agree with this statement or

not, take some time to find out more about prisons and HIV/AIDS. Scan *VOX* for an introduction to this complex and often heated issue. Check out some of the resources cited. Conduct your own research. Share what you learn with people you know. Make an informed opinion about the issues that are playing out in provincial and federal prisons right now.

All of the quotes in the above editorial were taken from "HIV/AIDS in Prisons", a set of 13 info sheets released by the Canadian HIV/AIDS Legal Network in 1999. An excellent series, the info sheets address

- HIV/AIDS and Hepatitis C in Prisons;
- High-Risk Behaviours behind Bars;
- HIV Transmission in Prison;
- Prevention: Condoms; Bleach; Sterile Needles;
- Prevention and Treatment: Methadone;
- Care, Treatment and Support;
- A Comprehensive Strategy;
- Aboriginal Prisoners and HIV/AIDS;
- Women Inmates and HIV/AIDS;
- A Moral and Legal Obligation to Act;
- Essential Resources.

The info sheets can be obtained through the Canadian HIV/AIDS Clearinghouse (tel: 613-725-3434) or the Canadian HIV/AIDS Legal Network (www.aidslaw.ca). They can also be borrowed from AIDS Vancouver Island's Resource Centre.

Victoria AIDS Walk 2000 Can't Happen Without You!



AIDS WALK CANADA
A PLEDGE IS THE FIRST STEP

The planning Committee is looking for a volunteer to coordinate the logistical details of the Walk.

This includes working with sponsors and other businesses to ensure things like the stage, tents, waste removal, walkie talkies, etc. are all confirmed and that the technical and physical needs of the event are taken care of.

Skills required include event planning experience, excellent communication skills, attention to detail, reliability and diligence. It sounds like a lot but it is very manageable.

There are other ways that you can help make Victoria AIDS Walk 2000 the most fabulous community event of the year!

Volunteer assignments include

- promotional work in the months leading up to the Walk
- all aspects of the day (security, food, entertainment, set-up, take-down, etc.)
- data entry in the weeks following the Walk.

For more information call Tathra or Stacy at (250) 384-2366.

VOX Gets a Facelift (and a nip & tuck)

Even the glossiest of magazines is updated now and again. Surely a few minor touch-ups and adjustments won't hurt our humble newsletter, *VOX*.

You may have noticed that the subtle Genesis Birch paper stock has been replaced by a brighter white bond. Colour has given way to understated two-toned black and white, which I have been assured is always in style.

Not so evident are a few other changes: a reduced print run and the move towards a quarterly, rather than a bimonthly, publication schedule.

This issue marks the beginning of a new year for *VOX*. After reading the information it contains, and sharing that information with others (we hope), please let us know how we can improve the newsletter by completing and returning the enclosed survey.

If you are on our mailing list, a stamped, self-addressed envelope has been included in this issue for your convenience.

VOX - The Voice of the Victoria HIV/AIDS Centre

VOX is published quarterly by AIDS Vancouver Island (AVI). Typed submissions and letters to the editor are welcome c/o The Victoria HIV/AIDS Centre Attn: VOX #304 - 733 Johnson St., Victoria, BC, V8W 3C7, or via email at smotz@avi.org. Letters to the editor should not exceed 200 words and must include name, address and telephone number. Your name can be withheld by request. VOX will print no sexist, racist or homophobic copy and will cover issues and events pertaining to the lives of those infected and affected by HIV/AIDS. The appearance of any advertisements, treatment information or letters to the editor does not imply endorsement by AVI.

Submissions may be edited for conciseness and grammatical correctness.

AVI will not be responsible for errors or omissions.

Editorial Committee

Walter Quan, Shelley M. Motz - Editor

What's New in Client Services?

By Jim Oliver, Client Services Worker

New Service Available to Clients

Naturopath, Dr. Maria Payne Boorman (BSc, ND) has been volunteering with AVI clients to help them best manage their health, make the best choices with their vitamin and supplement dollars, understand drug and supplement interactions, and co-manage HIV and Hepatitis C.

Maria's mission is "to offer the highest quality of care to patients, providing information and education that empowers them to take an active role in their health and treatment".

We are very fortunate to have Maria on board; she has generously offered to serve AVI clients on Disability on a complementary basis here at the centre, has been warmly received, and also welcomes new patients for her office at Hawthorne Naturopathic Clinic.

Maria sees clients Thursdays from 1-4pm at AVI (304-733 Johnson Street).

Appointments can be made through Jim Oliver at AVI, 384-2366.

For personal office consultations, Maria can be reached at 598-3314.

Drop-In Update

In keeping with our vision of creating greater health-focused programming within Client Services, the Drop-In area will now be made available for special functions and group opportunities from 2-5pm, Monday to Friday. For drop-in purposes, the area will be closed during these hours starting April 3.

New services during these hours will include naturopathy (see article on left) & healing touch by appointment; art therapy workshops with a qualified practitioner (May); and other workshops, client-focused groups and information seminars.

Access to the Resource Centre during the hours of 2-5pm will not be impeded; clients may let reception know they would like into the Resource Centre and this will be arranged.

Vince Ruttan has resigned as Drop-In Worker in order to pursue a community social work education program. We wish him well.

Financial Aid Programs Adjusted

Due to budget shortfalls incurred by a large number of new clients over the last year, combined with zero increases in funding, we are forced to make adjustments to financial assistance programs. We have attempted to make these changes broadly and to ensure that critical programs such as the Garden of Eat'N Lunch program and Food Store are not affected. We regret the difficulties any of these changes may bring to clients; they have been difficult changes to make but are unavoidable under the present circumstances.

The Emergency Assistance Fund (EAF) (Thrifty's Vouchers) has been reduced to \$50 per year, available in two installments of \$25. EAF will be available during April, July, October and January. Those clients who have been receiving services for at least three months may access the fund in April; newer clients may access the fund in July or later months as indicated. Due to budget limitations, in April we are limited to distributing EAF to the first 84 requests; requests will be processed starting April 17.

BCPWA increased the **Complementary Health Fund (CHF)** (Vitamin Fund) to \$55 from \$35 per month as of January 1, 2000. The one-time "startup" payment has been reduced from \$75 to \$55 (effective April 3). As they see the need, clients are encouraged to utilize the services of the Naturopath (see article above) to help best direct their vitamin dollars.

Bus pass applications made after April 1, 2000 by clients on Disability Level II will be subsidized by \$25.00. We are unable to continue to provide for a 100% subsidy of the annual bus pass cost.

Fit-For-Life: YMCA fitness memberships will no longer be subsidized by AVI due to cost and a low membership-to-usage ratio. This program is augmented, though not replaced, by the **LIFE** program (Leisure is for Everyone) through CRD Recreation and by **low-income access support from the YMCA**.

LIFE provides \$40.00 per year free access to a recreation centre (i.e. Crystal Pool) in your municipality for persons on reduced incomes (under \$14,000/year). Twenty visits cost \$47.50, so the cost to the applicant for 20 visits is \$7.50. Applicants need to take their proof of income and proof of residency to the CRD fitness facility in their municipality to access the program.

YMCA offers a minimum-cost access plan (\$16.05 per month including GST) for persons on reduced incomes. To access this program, see Teddii at the Y and fill out the "assisted membership form" to show your monthly income and basic expenses.

We are encouraged by the potential for development that some of these changes bring about, and disappointed that we have had to make others. Clients with questions or concerns about the above changes are invited to contact Jim Oliver or Garth Greatheart in Client Services at AVI.

Off The Shelf

AVI's Resource Centre, located at #304-733 Johnson Street in Victoria, has the following resources related to prisons and HIV/AIDS, in addition to several other books, periodicals and videos that may be of interest to you. The Resource Centre is open to the public weekdays from 9am to 5pm. For further information call Katrina, Education Worker, at (250) 384-2366. Resource materials are also available at our Nanaimo office at 55 Victoria Road. Call (250) 753-2437 for details.

The Virus in the Steel: HIV/AIDS in Prisons/ Le Virus Derriere Les Barreaux: Le VIH/SIDA en Milieu Carceral

Bilingual. Subtitled "A Practical Guide to Assist Community-based HIV/AIDS Workers within the Canadian Federal Penitentiary System" / Lutte Contre le VIH/SIDA dans les penitenciers Canadiens: Guide Pratique d'Action Communautaire"

Prepared by Cheryl L. White, Education Coordinator (Former Prison Outreach Coordinator), Kingston AIDS Project, Kingston, Ontario March 1994

Get the Facts: Surviving in Prison & the Community

Handbook reproduced with permission of John Howard Society, Metropolitan Toronto.

Information about HIV/AIDS, risk factors, safer-sex / shooting, testing, staying healthy; Street-vocabulary used; West Coast resources are listed but contact information may be outdated.

Cell Count, Prisoners with HIV/AIDS Support Action Network (PASAN) newsletters Vol. II, Issues 3 and 4

PASAN is the only community-based organization in Canada exclusively providing HIV/AIDS prevention, education and support services to prisoners, ex-prisoners, young offenders and their families.

Cell Count includes personal stories, poems, artwork, hints about living with HIV/AIDS on the inside, news about outreach and education services as well as current developments related to HIV/AIDS.

"HIV/AIDS in Prison Systems: A Comprehensive Strategy", subtitled "A Brief from the Prisoners with AIDS/HIV Support Action Network (PASAN) to the Minister of Correctional Services and the Minister of Health", June 1992.

Document urging government to formulate and implement comprehensive HIV/AIDS policies. Written nearly 10 years ago yet some of the concerns still haven't been addressed.

"HIV/AIDS in Prisons: Info Sheets 1-13"

(See "Sentenced to Prison, not Disease", page one.) Released by the Canadian HIV/AIDS Legal Network and Canadian AIDS Society in 1999. Summarizes critical points from "HIV/AIDS in Prisons: Final Report" produced by the Canadian HIV/AIDS Legal Network and Canadian AIDS Society in 1996. Information is more up-to-date than "Final Report".

Breaking the Walls of Silence: AIDS and Women in a New York State Maximum Security Prison.

Written by Members of the ACE (AIDS Counselling and Education) Program of Bedford Hills Correctional Facility. Foreword by Whoopi Goldberg. Documents the ACE Program's development in response to HIV/AIDS crisis in women's maximum security prison; includes personal recollections by HIV-positive and -negative women affected by the disease; shares the workshop materials and plans used by ACE to conduct peer-counselling and peer-education in prison.

- Sentences of fewer than two years are served in provincial prisons; sentences of more than two years are served in federal prisons.

Get the Facts

- In Canada's federal prisons the number of reported cases of HIV/AIDS rose from 14 in January 1989 to 159 in March 1986 and 200 in April 1999; more than one per cent of all federal prisoners are known to be HIV+.
- In BC, a 1993 study found an HIV seroprevalence rate of 1.1% in all adult provincial prisons. A 1996 review of known cases alone showed rates ranging from two to 20% in various provincial prisons.
- As many as one in five inmates in Spanish and Irish prisons are HIV+; rates are also high in Denmark (6.6%), Norway (2.9%) and France (1.9%). Rates are relatively low in Australian prisons.
- In the US, some prisons have rates below one per cent while in others the rates approach or exceed 20%.
- A 1997 European study showed nine of the 22 participating prison systems offered Methadone Maintenance Treatment (MMT); half the prisons in New South Wales, Australia provide MMT as does Rykers Island in t S.
- In 1996 the BC Corrections Branch, followed by the federal prison system in 1997, adopted a policy of continuing MMT for adults who were on it prior to sentencing. Currently, no Canadian system makes MMT available to opiate-dependent prisoners who were not receiving MMT prior to incarceration.

Note: MMT aims to get people off injecting, not off drugs.

VOX 2000 Survey

Thanks for taking the time to complete and return this survey. Please answer every question and do not write your name on the survey. *All responses are confidential.* You may photocopy the survey and give to others to complete if desired. If you would like to include additional comments please feel free to return them with this survey or email them to smotz@avi.org or call Shelley at (250) 384-2366.

Please rate the following statements on a scale of 1 to 4:

1: completely disagree 2: somewhat disagree 3: mostly agree 4: completely agree

Content

1. I like that each issue of VOX focuses on a particular theme (e.g. youth, Aboriginal communities, prisons, etc.)
1 2 3 4
2. I would like to see more news about the activities of AIDS Vancouver Island's Board of Directors.
1 2 3 4
3. I would like to see more news about the day-to-day activities of AIDS Vancouver Island's staff and volunteers.
1 2 3 4
4. I would like to see articles profiling or written by clients of AIDS Vancouver Island.
1 2 3 4
5. The calendar of events (included in each issue) is useful to me.
1 2 3 4
6. The articles are interesting and informative.
1 2 3 4
7. The articles are easy to understand.
1 2 3 4
8. VOX contributes to my understanding of issues related to HIV/AIDS.
1 2 3 4
9. VOX contributes to my knowledge of the work of AIDS Vancouver Island.
1 2 3 4

Design

1. The articles are laid out in a way that is easy to read.
1 2 3 4
2. The font type and size are easy to read.
1 2 3 4
3. The use of graphics is pleasing and does not distract from the content of the articles.
1 2 3 4

Interest

1. I enjoy reading VOX.
1 2 3 4
2. I save my copies of VOX or share them.
1 2 3 4
3. I have responded to requests for volunteers published in VOX.
1 2 3 4
4. I have attended events promoted in VOX.
1 2 3 4
5. I would like to continue receiving VOX.
1 2 3 4
6. I think VOX should offset copying and distribution costs by accepting paid advertisements.
1 2 3 4
7. I think VOX should offset costs by soliciting donations or sponsorship.
1 2 3 4

Please circle the responses that apply to you. You may circle more than one item.

1. I would like to see future issues of VOX address HIV/AIDS and . . .
 Poverty Aging/Elderly Complementary Therapies Stress Work
 Disabilities Other: (Please print): _____

2. I heard about VOX through
 AIDS Vancouver Island Outreach Worker Friend/Family
 Other (Please print): _____

3. I am a
 Member of AVI Member of another ASO
 PHA/PWA Health care worker or professional
 Other: (Please print) _____

Additional comments (Please attach another piece of paper if you require more space.):

Thank you for taking the time to complete this survey. All responses are confidential. The information provided will be used solely to determine if VOX is currently meeting readers' needs. Please return survey to Shelley Motz, AIDS Vancouver Island, 304-733 Johnson Street, Victoria, BC, V8W 3C7. Fax: (250) 380-9411 by June 1, 2000.



Health Risks Increase Behind Bars

By Carolyn Showler, Vice Chair, AVI Board of Directors and Registered Nurse

In recent years I have been going to jail, as a representative of AVI, to provide basic HIV/AIDS, harm reduction and safer tattooing information twice monthly. My focus has been on providing education that may help to prevent the spread of blood-borne disease as well as making harm reduction information useful and relevant, particularly during incarceration.

Although each story is personal, many threads tie our Canadian offenders—approximately 60 to 75% of whom are in jail on drug-related charges—together.

The prohibitionist foundation of the War on Drugs (drug users) has efficiently increased the crime rate and kept our prisons full. Building and staffing jails has become big business. The illegal drug trade has contributed to imprisonment for theft and violent crimes. In prison, addictions frequently go untreated and cycles of violence, poverty and hopelessness are often perpetuated. Now we can add transmission of disease, specifically blood-borne disease, to the mix aligned with incarceration.

Although the statistics vary, the number of reported cases of HIV and AIDS among Canadian prisoners has risen steadily since 1989; studies show that HIV-seroprevalence rates could be as high as 10 times that of the general population. The Hepatitis C prevalence rates in prisons are significantly higher, with estimates as high as 80-90% among intravenous drug users (IDUs).

Despite the efforts of Corrections to prevent the use of drugs by prisoners it is commonly accepted that this practice occurs, along with needling related to tattooing and piercing-activities that are legal and relatively harmless on the street but are considered to be illegal and indictable offenses in jail.

It stands to reason that if prisoners are often in jail because of wrongdoing related to drug use that these behaviours would continue throughout incarceration. Due to the lack of available sterile equipment needle sharing is a relatively common high-risk practice in jails. Some years back I was at an HIV-related conference and I will always remember the story told by one gentleman who had been serving time in a Canadian correctional facility. He described a loosely

organized group of intravenous-drug-using inmates, 24 of them, who were sharing one rig due to the lack of clean and available equipment. By way of confirmation I have heard this story told on multiple occasions in various ways in different jails since then.

The groups I work with are often small and informal and I am struck by the high number of people infected or affected by blood-borne disease, especially Hep C, among them. Many of their stories are similar; they believe they were exposed to Hepatitis many years ago through contact with tainted blood from a medical scenario or rare or infrequent needle use involving shared needles or equipment either in jail or on the street. Many inmates are aware of the contagion involved with Hep C and HIV but are unable to access clean equipment while incarcerated and continue to have difficulty obtaining recognition and treatment for addictions, including methadone maintenance.

As far back as 1993 The Expert Committee on AIDS and Prisons undertook an extensive study that recommended a comprehensive strategy for dealing with HIV/AIDS and other infectious disease in prison. The strategy was to include long-term, coordinated and collaborative efforts by all resources with uniform implementation and built-in accountability.

Corrections Canada continues to discuss reducing the spread of HIV with ASOs but action and implementation have been tedious and slow. For example, Corrections has instituted a two-pronged system to offer methadone maintenance to prisoners; at this time only people who are on methadone before entering the system are eligible, leaving others to illicit means of obtaining drugs and furthering the cycle of transmission. Clearly treatment for *more legitimate* chronic challenges such as Diabetes would not be implemented

in separate phases over a period of years.

Bleach is now available in most penitentiaries but it is my understanding that needle exchange, which has been recommended as a health initiative to prevent the spread of disease, is strongly opposed by some correction employees and not presently considered a viable option. It is also my understanding that the prototype for anonymous one-to-one syringe exchange dispensers is available and being successfully utilized in other countries.

Tattooing is an ancient art form that is an integral aspect of prison culture. It is reportedly a means of personal expression and a way to create something while in prison that cannot be taken away. It is also a deadly accurate way of transmitting blood-borne disease if not performed under sterile conditions. It is hard to see the argument against providing a safe, clean environment in which tattooing and piercing could become healthy, creative endeavours and could provide opportunities for enrichment, mentoring and career direction. There is certainly a high level of interest within the prison culture.

Prisoners come from and return to the community. The health of our community members is a shared responsibility. The consequences of health practices are collective. There is need for ongoing education, not just for my captive audiences but for prison staff, health care workers and the public in general, to understand the complex health issues related to incarceration.

Being in jail in Canada is now an official risk factor for contracting Hepatitis C. Incarcerated men and women are entitled to the same benefits from the health care system as the rest of us. Accordingly, they should have non-judgmental access to a range of harm-reduction options such as treatment with methadone and the availability of condoms and clean equipment for needling.

How to Reach us & Where to find us

Victoria HIV/AIDS Centre/ AIDS Vancouver Island (Victoria)

304-733 Johnson Street
Victoria, BC V8W 3C7
Phone: (250) 384-2366
Fax: (250) 380-9411
email: info@avi.org

AIDS Vancouver Island (Nanaimo)

55 Victoria Road
Nanaimo, BC V9R 5N9
Phone: (250) 753-2437
Fax: (250) 753-4594
email: info@avi.org

AVI Cowichan Valley Needle Exchange

1 Kenneth Place
Duncan, BC V9L 5G3
Cell: (250) 246-6483
Fax: (250) 748-3509

AVI Street Outreach Services

1220 Commercial Alley
Victoria, BC V8W 3S9
Phone: (250) 384-1345
Fax: (250) 380-9411
email: sos@avi.org

Check out our website at www.avi.org. Note: website construction is still in progress.

AIDS Vancouver Island (AVI) is a non-profit organization whose mission is to *confront* Acquired Immune Deficiency Syndrome (AIDS), *prevent* its spread through education, *support* all those affected by the disease, and *advocate* on their behalf.

Who We Are & What We Do

Harm Reduction

The work of AVI is guided by “harm reduction”, which promotes treatment or services that save lives, enable safer drug use and safer sex, and lead to better physical, mental and emotional well-being.

The use of condoms and other barriers when having sex is a form of harm reduction, as is needle exchange.

Where needle exchange is unavailable, as in prisons, harm reduction measures include cleaning shared rigs with bleach and Methadone Maintenance Treatment (MMT), which is currently only available to prisoners on MMT prior to their incarceration.

AVI has adopted a very broad definition of harm reduction. Our SOS workers point out that cars are dangerous and that seat belts are a form of harm reduction.

Take a look at your own lifestyle: do you smoke, work long hours, drink or eat too much? What harm reduction measures do you employ?

Harm reduction measures must meet individual needs. At SOS, workers “don’t sacrifice people who *don’t respond appropriately* to treatment”. They change the treatment.

To assess whether or not a program is informed by harm reduction, ask:

- Who sets the goals, rules, structure?
- Who decides that change is necessary?
- What choices are available?
- Are people treated non-judgementally, including those suspected of doing high-risk activities?
- Are people permitted to make mistakes?
- Do the people administering the program honestly care about the people involved and do they deliver services and treatment with compassion?

For more information on harm reduction, contact Claire or Kate at SOS (250) 384-1345.

Calendar of Events May 2000

Monday	Tuesday	Wednesday	Thursday	Friday	Sat./Sun.
1	2	3	4 Naturopath by appointment @ Drop-In	5	6 7 Speakers Bureau training 10-5
Call 384-1345 to find out when the Naturopath will be seeing clients @ SOS					
8 Christian Drug & Alcohol Support Group @ SOS 7-9	9 Board meeting @ 6pm in training room Acupuncture @ SOS 7-9	10 Art @ SOS 7-9 Speakers Bureau training 6-9	11 Naturopath by appointment @ Drop-In Acupuncture @ SOS 7-9	12 Music Jam @ SOS 7-9	13 14 Speakers Bureau training 10-5
15 Monday Night Dinner @ Drop-In Call for time Christian Drug & Alcohol Support Group @ SOS 7-9	16 Acupuncture @ SOS 7-9	17 Art @ SOS 7-9 Men's Wellness Forum on Coming Out Call to reserve a space	18 Naturopath by appointment @ Drop-In Acupuncture @ SOS 7-9	19 Music Jam @ SOS 7-9	20 21
22 AVI Closed Victoria Day Christian Drug & Alcohol Support Group @ SOS 7-9	23 Acupuncture @ SOS 7-9	24 Art @ SOS 7-9	25 Naturopath by appointment @ Drop-In Acupuncture @ SOS 7-9	26 Music Jam @ SOS 7-9	27 28
29 Christian Drug & Alcohol Support Group @ SOS 7-9	30 Acupuncture @ SOS 7-9	31 Art @ SOS 7-9	Drop-In Hours: 9am-2pm Monday-Friday Stop by the Drop-In or call Jin Oliver to find out about other programs & events.	Lunch is served @ the Drop-In every weekday from noon-1pm	Food Store is open @ the Drop-In from 2-4pm Monday, Wednesday and Friday

Calendar of Events June 2000

Monday	Tuesday	Wednesday	Thursday	Friday	Sat./Sun.
Lunch is served @ the Drop-In every week-day from noon-1pm	Food Store is open @ the Drop-In from 2-4pm Monday, Wednesday and Friday	Call 384-1345 to find out when the Naturopath will be seeing clients at SOS	1 Naturopath @ Drop-In by Appointment Acupuncture @ SOS 7-9	2 Music Jam @ SOS 7-9	3 4
5 Christian Drug & Alcohol Support Group @ SOS 7-9	6 Acupuncture @ SOS 7-9	7 Art @ SOS 7-9	8 Naturopath by Appointment @ Drop-In Acupuncture @ SOS 7-9	9 Music Jam @ SOS 7-9	10 11
12 Christian Drug & Alcohol Support Group @ SOS 7-9	13 Board meeting @ 6pm in training room Acupuncture @ SOS 7-9	14 Art @ SOS 7-9	15 Naturopath by Appointment @ Drop-In Acupuncture @ SOS 7-9	16 Music Jam @ SOS 7-9	17 18
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26 Christian Drug & Alcohol Support Group @ SOS 7-9	27 Acupuncture @ SOS 7-9	28 Art @ SOS 7-9	29 Naturopath by Appointment @ Drop-In Acupuncture @ SOS 7-9	30 Music Jam @ SOS 7-9	Drop-In Hours: 9am-2pm Monday-Friday Stop by the Drop-In or call Jin Oliver to find out about other programs & events.