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treatment information

BRITISH COLUMBIA PERSONS WITH AIDS SOCIETY

The British Columbia Persons With AIDS Society empowers persons living with HIV disease and AIDS through mutual support and collective action. The Society has over 4,000 members.

Funding for Living + is provided by the British Columbia Ministry of Health

BRITISH COLUMBIA
Ministry of Health and Ministry Responsible for Seniors

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Sweeping changes to BCPWA proposed

Major events in September/October – AIDS WALK, Annual General Meeting, and two community forums

Society members who attend the Annual General Meeting on October 21, 2000 will have an opportunity to consider some proposed major changes to BCPWA, offered in the form of resolutions unanimously recommended by the Board of Directors.

Glen Hillson

Proposals to establish BCPWA branches, introduce province-wide referendums, and establish four provincial electoral areas will be presented at the AGM. The proposals are based upon results of a survey of members who receive Living + magazine by mail, as well as upon the desire of the Society's Board of Directors to make BCPWA more inclusive of all HIV+ persons in British Columbia. After reviewing the survey results and completing a strategic planning process, the Board of Directors is proposing:

BCPWA Branches

1. To better serve HIV+ people in B.C., it will be proposed that BCPWA establish branches throughout BC where a sufficient number of members indicate a desire to do so. This measure would facilitate members being able to have their concerns and issues discussed locally.

Province-wide referendums

2. To enhance the voice of all members, BCPWA will consider a proposal to introduce referendums to provide the opportunity for all members to vote on critical issues and major public policy matters. Members would be able to vote at local meetings and/or by mail ballot.

Provincial Electoral Areas and New Board Structure

3. Currently, 16% of BCPWA's membership lives outside of Vancouver and the Lower Mainland. This is consistent with the known distribution of HIV+ people in BC outside the Lower Mainland (estimated at between 18-20%).

To ensure that HIV+ people living outside of Vancouver/Lower Mainland have real decision-making power at the governance level of BCPWA:

- The establishment of four (4) provincial electoral areas will be considered: Vancouver/Lower Mainland; Vancouver Island; Northern BC; and Southern BC.
- An expansion of the Board of Directors positions will be proposed, with 20% of the positions set aside for areas outside of Vancouver/Lower Mainland.

AIDS WALK 2000

With your help, AIDS WALK 2000 can be the most successful ever. It's not too late to pick up pledge forms and start collecting donations if you haven't already. All of the money raised for BCPWA and our twelve community partner organizations goes to providing direct services to HIV+ people.

Community Forums

BCPWA and the Canadian Treatment Advocates Council will be co-sponsoring two important community treatment forums on September 10th and 11th. Don't miss these valuable opportunities to hear from and talk to the experts on antiretrovirals, nutrition, complementary therapies, and treatment advocacy: Dr. Julio Montaner, Louise Binder, Lark Lands, and Diana Peabody. See the announcement on the inside front cover for details.

Glen Hillson is the Chair of the Board of BCPWA.

Premier Ujjal Dosanjh, BCPWA Chair Glen Hillson and Vancouver Burrard MLA Tim Stevenson met during Pride Weekend to discuss Schedule C and Regionalization.

AIDS organizations denounce treatment of HIV+ prisoners

On August 10, 2000, national and community AIDS organizations across Canada joined together to denounce the treatment of those living with HIV/AIDS in Canada's correctional system. HIV/AIDS statistics in prisons are many times higher than the population at large. Access to effective treatment, doctors and harm reduction initiatives remain major problems in Canadian prisons.

For the past 26 years, Prisoners' Justice Day has been an occasion to remember those who have met with untimely and/or unnatural deaths while incarcerated. More recently, prisoners with serious medical conditions such as HIV/AIDS have also been left suffering and dying while in prison. This year, AIDS organizations from across the country added their voices to those of prisoners and prisoners' rights groups.

"Studies across Canada have consistently demonstrated a rate of HIV infection among prisoners more than ten times higher than that in the general community. This fact, when combined with the existing barriers which prisoners face in accessing HIV prevention measures and HIV/AIDS treatment, creates a public health crisis of significant proportion," stated Paul Lapierre, Chair of the Canadian AIDS Society.

Viagra risks include death

One year after Viagra (sildenafil) was licensed for sale in Canada, data from the Canadian Adverse Drug Reaction Monitoring Program revealed 88 suspected adverse reactions, 28 of which were described as serious. The most frequent reactions were myocardial infraction and chest pain. There were four deaths that may be associated with Viagra, although three of the people were known to have underlying cardiovascular risk factors.

Source: Canadian Adverse Drug Reaction Newsletter

BCPWA introduces new database system

In April 2000, BCPWA began Project Talk, an integration of its organization databases. The Membership Registrar and representatives from each department are involved in the planning of this project.

The intention is threefold: to increase efficiency (only the membership registrar will keep track of mailing addresses); to identify program usage and appropriate programming; and to obtain appropriate funding.

Project Talk will affect anyone who obtains a service from BCPWA, including members, doctors, caregivers, organizations, and volunteers.

Every inquiry for service will now require an identifying PARC card number, or, failing that, an alias, an (associate) member number, postal code, etc. BCPWA will take every precaution to ensure that this number system does not become a barrier to service for members. The system will work like the "carding system" to gain access into the lounge or Polli & Esther's Closet. When individuals call for treatment information, they will be asked to supply an identifying number

Issues relating to security clearance/access will be guided by the Society's core value and belief that "confidentiality and privacy are paramount in the affairs of the society." A policy development committee will deal with confidentiality and privacy issues.

Activist Stephen Gendin dies of AIDS

Stephen Gendin, who was at the center of AIDS activism for 15 years and whose provocative writing in POZ magazine as a gay man struggling with HIV sparked community controversies, died on July 19, 2000 in New York. He was 34. Gendin's death was caused by car-

news reel

NEWS FROM HOME AND AROUND THE WORLD

diac arrest while undergoing chemotherapy for AIDS-related lymphoma. In addition to being a columnist and contributing editor at POZ, he was cofounder of Community Prescription Service, a national mail-order pharmacy service in the U.S. for people with HIV.

Gendin served as the youngest member of the executive committee of the 1987 National March on Washington for Lesbian and Gay Rights. He was a dedicated and outspoken activist on behalf of PWAs, founding ACT UP/Rhode Island and helping to launch the Rhode Island AIDS Project. In 1989, he launched ACT UP's "Treatment and Data Digest," a pioneer PWA-empowering treatment newsletter.

CAS presses Ottawa for more funding

The Canadian AIDS Society is calling for more federal funding for HIV prevention and research. At its annual meeting, the CAS asked Ottawa to reinstate the $4.2 billion in annual transfer payments that were cut as part of an effort to reduce the federal deficit, and it asked the government to significantly increase the $42 million it spends on AIDS every year. Tom McAulay, vice-chair of BCPWA, noted that "there just isn't enough money for what we need to do. We used to be world leaders with international reputations for excellence in AIDS research." Although Health Canada indicated that the number of reported cases of infection have dropped from almost 3,000 in 1995 to about 2,200 in 1999, they also estimated that thousands of Canadians are not aware of their HIV status.

Source: London Free Press

BCPWA's (above and below) contingent marched in the Pride Day Parade on August 6. Note the cute condom caps!

Drug firms paying for MDs' trip may be breach of policy

There are demands for an investigation after it was discovered Glaxo Wellcome and BioChem Pharma are paying for 20 Canadian physicians to attend an AIDS conference in Scotland this October. The doctors are attending the Fifth International Congress on Drug Therapy in HIV Infection in Glasgow. Dr. Philip Berger, chief of the Department of Family and Community Medicine at St. Michael's Hospital in Toronto, wrote to the College of Physicians and Surgeons on Ontario (CPSO), referring to the CPSO rule that states physicians attending events should not accept payments from drug companies for "travel or lodging costs or for other personal expenses." Dr. Berger claimed that "drug companies organize these trips to give an appearance of legitimacy." The two Montreal-based companies market six HIV drugs worldwide.

Source: The National Post

Member and Volunteer Resources

The MVR Department maintains the Membership Registry, administers the Lunch Recognition program, addresses the volunteer needs of the Society, and with our partner agencies provides vocational rehabilitation services

Gillian Barber
COORDINATOR OF VOLUNTEERS

How long have you been with BCPWA?
10 months.

What do you like about working here?
The amazing energy of volunteers and staff working together every day, facing new challenges.

What do you think needs changing?
We need a cheery bright facility, a warm and cosy lounge, computers and courses available to members, and a comfortable safe place for women.

What are/is BCPWA's strongest assets?
So many dedicated, hardworking volunteers.

What's your favourite memory during your time here?
Seeing all those smiling faces round the gaming tables at my first Volunteer Recognition event at B.C. Place last April.

What's your future vision for BCPWA?
To continue working and growing together until none of us is needed.

Stephen Macdonald
DIRECTOR, MEMBER AND VOLUNTEER RESOURCES

How long have you been with BCPWA?
As a staff person since June 12, 2000. As a volunteer since moving to Vancouver from Toronto in November 1997.

What do you like about working here?
It's a dynamic challenging environment. Every day is different.

What do you think needs changing?
We need to continually work at diversifying our volunteer base to reflect the various communities from which our membership is drawn.

What are/is BCPWA's strongest assets?
The unshakable commitment of its Board, volunteers and staff to empowering an increasingly diversified membership base.

What's your favourite memory during your time here?
Checking my email at London (England) Stansted Airport on my way to Prague and discovering I'd been offered the job.

What's your future vision for BCPWA?
An organization which continues to be on the cutting edge in responding to emergent issues faced by persons living with HIV.

XIII INTERNATIONAL AIDS CONFERENCE

Breaking the silences on AIDS and violence against women

Violence against women is one of the most overlooked factors driving the HIV epidemic – according to speakers at a landmark session at the XIII International AIDS Conference.

For the first time, the link between HIV/AIDS, sexual violence, and coercion were on the agenda of the AIDS summit. The session acknowledged that violence within intimate relationships was a significant barrier to effective HIV prevention and care programmes.

"Violence against women is an important contributor to HIV's spread," said Dr Gro Harlem Brundtland, Director-General of the World Health Organization. "We will not achieve progress against HIV until women gain control of their sexuality."

New studies from countries in Southern Africa showed that various forms of violence were widespread across the region. Husbands, partners, family members, and communities count among the perpetrators.

A Cape Town survey revealed that of 1,300 men interviewed, 42% declared they had physically abused their partners, and more than 15% admitted sexual abuse.

Men who commit violence were shown to be younger than those who did not, and are more likely to have alcohol-related problems. Crucially, abusers had also witnessed significantly more violence against their own mothers than their non-violent countrymen had.

Results of a Zimbabwe study revealed that more than three-quarters of HIV-infected women had been forced to have sex with their partner, and that a third of women reported being hit or slapped by a family member. A quarter of married women had been forced to have sex by their partner.

Research among youth in an Eastern Cape township found that young men had an explicit need to be in control of their relationships, which they expressed by exerting physical control over their female partners.

Violence is also a consequence of a positive HIV test. In Kenya, 20% of women living with HIV were subjected to violence after they told their partners their HIV test results. The death by stabbing and stoning of Ms Gugu Dlamini, an AIDS activist, on the outskirts of Durban in December 1998, provided a further brutal testament to the extent of the problem.

"Some women do not want to reveal their HIV status because of fear of violence, emotional abuse, or abandonment," explained Dr. Pamela Hartigan, acting director of WHO's department of violence and injury prevention.

Results of a Zimbabwe study revealed that more than three-quarters of HIV-infected women had been forced to have sex with their partner.

"First, women are at particular risk for AIDS because of cultural norms that

"I drank bleach to rid myself of AIDS"

by **MELANIE PETERS**

Pregnant, alone, and HIV-positive, a desperate young woman drank bleach to try to rid herself of the virus.

Ms Portia Joyce, 23, of Johannesburg, who attended the XIII International AIDS Conference, told *The Independent on Saturday* of her ordeal. Joyce, a member of the National Association for People Living with AIDS (NAPWA), educates the youth about HIV/AIDS.

She was 16 years old when she tested HIV-positive after she fell pregnant. Joyce received no counselling after she was diagnosed. "The doctor told me I only had three weeks to live.

"I was so scared I tried to kill myself and took an overdose of tablets. When that did not work, I drank Jik in the hope of killing the virus," she said.

Joyce said she was a virgin when she met her then boyfriend. "But when I told him I was pregnant and had tested HIV-positive, he left me. I was hurt and angry. All I wanted was his support."

Living in Wentworth at the time, she returned home to the Eastern Cape, only to be shunned by her family.

She returned to Durban, where she stayed at the Ark Christian Ministries and worked with NAPWA.

Joyce gave birth to a healthy baby boy, Dean, who tested HIV-negative.

It was through sharing her experience with others that Joyce found her "foster family". After telling a group of pupils at a school in Pietermaritzburg about her life with AIDS, one of them, 13-year-old Ayanda Ndumo, went home and told her family about Joyce.

The Ndumos met Joyce and welcomed her and Dean into their home. They now live in Johannesburg.

Source: The Independent on Saturday, Durban, South Africa

reinforce inequality between the sexes and put women in subservient positions," Dr. Hartigan said. "Then others are at risk because women who become HIV-infected feel powerless to discuss their test results with their partner."

The fear of violence or the experience of it may interfere with women's seeking voluntary testing and counselling and asking their partner to use condoms. HIV positive mothers also may not want to bottle-feed their babies, which can reduce mother-to-child transmission of the virus, because they fear that the people around them will be suspicious of their HIV status.

Fear of disclosure also may prevent pregnant women who are HIV positive from receiving drug therapy at childbirth, which can reduce the risk for their infants becoming HIV positive as well.

The first step, according to Brundtland, is to speak out against all forms of violence against women, which include domestic violence, rape, and sexual abuse. "Women must know and feel that society supports them when they say no to unwanted or unprotected sex."

Women survivors of child abuse were much more likely to adopt risky sexual behaviour as adults – such as having many sexual partners. They were also more likely to become sex workers.

In South Africa, three insurance companies now provide so-called rape insurance policies. They guarantee that within 72 hours, rape victims will be provided the drugs needed to prevent HIV acquisition and a comprehensive testing and counselling service, wherever they are in the country.

Ms Charlene Smith, moderator of the session and an outspoken activist against sexual violence, stressed the importance of recognizing that most male perpetrators came from underprivileged backgrounds where poverty and unemployment were rampant, and that this should be addressed in the response to the issue.

Source: AIDS 2000 Key Correspondent Team (www.hdnet.org)

From prayer partners to spiral dance

BCPWA members attend spiritual retreat

by **JACKIE HAYWOOD**

A third annual Creation Spirituality Workshop, held at the beautiful Bethlehem Retreat Centre, was organized and facilitated in conjunction with the BCPWA Retreat Team, by Rev. Tim Stevenson, MLA, and Rev. Gary Paterson, life partners and United Church ministers. Twenty-seven men and women from different areas of B.C. came together in June on Vancouver Island as guests of the Benedictine Nuns.

We met daily in the park-like setting at a small cedar chapel, which overlooks an unspoiled, scenic lake. The progressive workshop was facilitated with humour, sensitivity and a passion for social justice. The group sang, meditated and on a sunny day, walked in silence around the Labyrinth, a replica of an ancient European model.

The Workshop was interactive. While being guided through the progressive stages of the Creation Spirituality model, the tools to learning included charcoal and clay work, storytelling, and historic and mythical references to various spirituality philosophies.

Opportunities were available to make new friends, reflect on our lives, and stimulate awareness for the struggle of others. We were fed well, had free time to walk around the lake, rest, or chat with others. Led by a somewhat impromptu drumming group, we enjoyed an upbeat Cabaret evening performed by the participants, the highlight being a hilarious skit by Tim and Gary.

This is a very popular four-day workshop experience. Many who have attended former Creative Spirituality Workshops are looking forward to a more advanced version in the future. Tim and Gary hope to be able to offer another program in the same setting next year.

We are again grateful to Tim Stevenson, Gary Paterson, and the Benedictine Nuns who lovingly donate their personal time and knowledge to bring this unique experience to our members.

Jackie Haywood is BCPWA's Director of Support Services

AIDS WALK 2000 will benefit many groups

BCPWA's AIDS WALK, a Vancouver tradition since 1986, is the Society's signature event. This year, BCPWA is proud to work collaboratively with 12 Community Partners to raise both awareness and funds for our respective organizations.

BRITISH COLUMBIA PERSONS WITH AIDS SOCIETY Proceeds from the WALK support BCPWA's Complementary Health Fund – a program providing financial assistance to PWAs to purchase vitamins, bottled water, complementary treatments, and other health services generally not supported by insurance plans.

AIDS VANCOUVER AV is Canada's oldest AIDS organization. It exists to alleviate individual and collective vulnerability to HIV/AIDS through care and support, education, advocacy, and research. Proceeds from the WALK will support AV's Financial Assistance Fund - a program to help PWAs with telephone and hydro hook-up, rent, and medical equipment.

POSITIVE WOMEN'S NETWORK PWN supports women living with HIV/AIDS to make independent choices by providing safe access to services and resources. This year's WALK proceeds will be designated to PWN's hot lunch program.

FRIENDS FOR LIFE SOCIETY enhances the lives of people living with life-threatening illness, primarily HIV/AIDS, as well as their families and caregivers. They provide emotional, spiritual, and practical support in a safe, confidential environment. They will use WALK proceeds to support counselling programs, support groups, in-home care, and massage therapy for PWAs.

PEACE ARCH COMMUNITY SERVICES Peace Arch Community Services' mission is to identify and respond to community needs in a creative and caring way. They provide information and advocacy services to promote community involvement and self-reliance. They will use WALK proceeds to provide counselling services and support groups for PWAs.

YOUTHCO AIDS SOCIETY YouthCO is a peer-driven organization that strives to enable youth to address issues concerning HIV/AIDS. They act as a resource, facilitate educational initiatives and operate support services. WALK proceeds will be allocated to services for HIV+ youth including a drop-in, dinners, and a peer support group.

WINGS HOUSING SOCIETY The mission of WINGS is to work towards ensuring that every person living with HIV/AIDS has adequate housing. They provide "portable" housing subsidies and operate an apartment building for PWAs. In the past, they have designated their WALK proceeds towards funding additional portable housing subsidies.

MCLAREN HOUSING SOCIETY The McLaren Housing Society operates a subsidized apartment unit in the heart of Vancouver for people living with HIV/AIDS. McLaren will use WALK proceeds to provide rent subsidies for the Society's tenants.

HEALING OUR SPIRIT Healing Our Spirit's mission is to prevent and reduce the spread of HIV/AIDS in BC's First Nations communities and to support PWAs. This year's WALK proceeds will go towards the critical needs of First Nations people living with HIV/AIDS, including the purchase of bus passes, nutritional supplements, and other essential items, as well as to assist with funeral expenses.

A LOVING SPOONFUL A Loving Spoonful is a collaborative effort of volunteers, staff, donors and supporters who deliver approximately 350 meals each day to people within Greater Vancouver who are primarily homebound living with HIV/AIDS. Proceeds from the WALK will help to supplement this vital meal program.

LULU ISLAND AIDS/HEPATITIS NETWORK SOCIETY This newly established group provides education and awareness programs as well as weekly dinners to people living with HIV/AIDS and Hepatitis C. The Society intends to designate their WALK proceeds towards supporting their meal program and/or to coordinate a retreat for PWAs.

HEART OF RICHMOND AIDS SOCIETY Heart of Richmond AIDS Society's mission is to develop support services and programs to meet the needs of PWAs, their families, friends, and caregivers in Richmond and neighbouring communities. They also provide prevention information and educational services. Proceeds from this year's WALK will support their dinner program, cooking classes, vitamin and bottled water fund and advocacy services.

SURREY HIV/AIDS SUPPORT NETWORK Surrey HIV/AIDS Support Network provides prevention education and support services to people within the South Fraser region who may be infected with or affected by HIV/AIDS. They provide counselling, advocacy, and referral services to PWAs and coordinate regular support groups. Proceeds from the WALK will be designated to their existing support programs for PWAs in the South Fraser area.

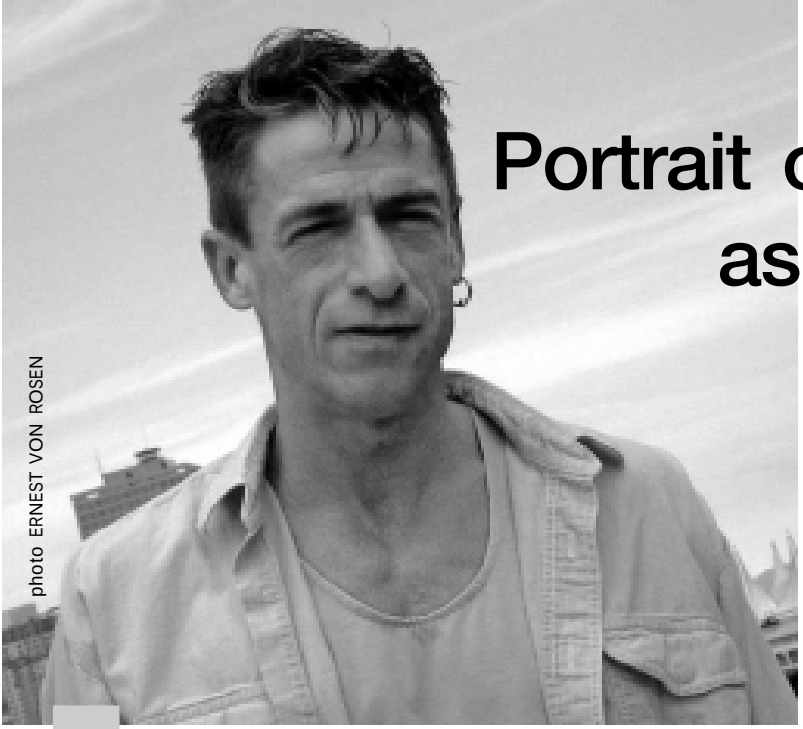


photo ERNEST VON ROSEN

Portrait of the artist as a philanthropist

For almost a decade, Joe Average's artwork, generosity, and inspiration have played an indispensable role in the continued success of BCPWA's AIDS WALK.

by **JEFF ROTIN**

Joe Average's voice breaks with emotion as he talks about the students of Coquitlam River Elementary School. He's visited the school on several occasions to discuss his art and help with special projects. As someone who has battled low self-esteem all his life, he relishes the opportunity to inspire and educate the kids. "I've had so many letters from parents telling me I've changed their child's life," he says. "All of a sudden their self-esteem [goes] up a notch, and I got to do that for them, which makes me feel extremely rich."

Take nine-year-old Graydon Leigh, for example. He's Average's "absolutely favourite little guy." Graydon's mother, Kim, gushes about Joe's countless "acts of kindness." Graydon needed to shine a little, she explains, to have a bit of the spotlight, a little bit more self-assurance. With Average's encouragement, Graydon is blossoming. They're best buddies now, and he calls Average regularly to report on his latest accomplishment. "He's just so nice and generous," Graydon exclaims. "He makes me feel so special. When he comes to the school, I just scream happiness."

Each time Average goes to the school, all the kids mob him, seeking autographs. It bemuses him that these young kids worship him, a visual artist with HIV, like a pop star.

Joe Average is also somewhat of a pop icon in the HIV/AIDS movement. There, too, he's well known for his generosity and acts of kindness. His instantly recognizable artwork – vibrant kaleidoscopes of technicolour, thick black outlines, whimsical images – has helped raise awareness and money for a long list of local and national charities. He's created T-shirts and posters, and donated original canvases to fundraising auctions, for such organizations as BCPWA's AIDS WALK, Friends for Life Society, A Loving Spoonful, McLaren Housing Society, Positive Women's Network, and the Canadian AIDS Society. The list goes on and on.

"He's a true philanthropist," says Scott Elliott, outgoing Director of Fund Development at BCPWA. "He gives his time and art. He does it for the cause because he believes in it."

Over the years, Average has donated twice as much of his artwork to charity than he's sold. From Average's perspective, it's a win-win-win situation: the charity raises awareness and money, he raises his profile as an artist, and, of equal importance to him, he "gets to do the giving thing." He explains, "it's a passion of mine to help people and I can't do it monetarily. But I can do it with my art." His colourful images, he feels, have helped to break down barriers and make AIDS awareness more accessible.

"My diagnosis was the best thing that ever happened to me. It changed my life."

A warm, gentle, soft-spoken man, he describes himself as an introvert lacking in social skills, so his artwork is his way of contributing. He says this almost as an apology, as if to rationalize why he isn't at the vocal forefront of the AIDS movement, actively galvanizing support from the masses. He doesn't perceive himself as an AIDS activist. Odd words from someone who is so integrally linked to the cause, who gave a face to AIDS in Canada with the first AIDS awareness poster in 1991. Gerda

photo JOHN KOZACHENKO

Joe Average signing a t-shirt at the AIDS WALK

"AIDS and art melded together and became me."

Hnatyshyn, wife of the Governor General at the time, unveiled the poster, which led to a lasting friendship with Ms Hnatyshyn. He credits much of his success to her.

His friendship with Ms Hnatyshyn also led to an audience with Princess Diana at Rideau Hall in 1991. The Governor General and his wife were planning a reception for the Royal Couple, and invited 50 guests they felt would be of interest to them. Average couldn't afford to travel to Ottawa, so his friends threw a fundraiser for him and auctioned the original AIDS awareness poster. The national press picked up on the unusual story of the artist who couldn't afford his date with royalty. By the time Princess Diana arrived in Ottawa, it was international news and she knew all about him.

More international recognition came in 1996 when he created the powerful "One World, One Hope" image for the XI International AIDS Conference, held in Vancouver. That image was eventually chosen as the first AIDS-awareness postage stamp.

At that point, Average says, "AIDS and art melded together and became me."

It's a logical union. His own diagnosis with HIV is what prompted him to pursue his artwork. Born Brock Tebbutt in Victoria, B.C, he wasn't much of a scholar in high school. He spent his late teens and twenties roaming from city to city in an endless stream of dead-end jobs. Years later, he discovered he was dyslexic, which he feels "kind of explains it all. When you're dyslexic, you find something to prove yourself with, other than academics.

He was diagnosed as HIV-positive 17 years ago, at the age of 25. "My diagnosis was the best thing that ever happened to me," insists Average. "It changed my life." It was a wake up call; it gave him a sense of purpose and drive. He realized that he might not have a lot of time left to accomplish something with his life. "I consider myself very fortunate to have had a threat on my mortality at that point in my life. People don't get that threat until they're really old, and they go, 'why didn't I do this, why didn't I do that?'"

Aware of his mortality, at age 30 Average decided it was now or never to take a serious stab at an art career, without relying on odd jobs to pay the rent. He figured that "urban camping" would hone his survival skills, especially from an internal health perspective. He was always calling in sick to jobs that he hated. He realized, "if you keep on thinking of ways to get sick, you *are* going to get sick, and the disease is going to take you over. So get yourself into something that will make you want to live and is going to teach you how to survive."

Average insists that if he hadn't been diagnosed as HIV-positive, either he'd be dead by now or not enjoying life.

He began signing his artwork as Joe Average at the age of 19, figuring that it suited him because he was just an average guy with an average build. Average, indeed.

His canvases are engagingly upbeat. "I prefer my art to be joyful and happy," he explains. "I like to lighten the world up, and I've always been the type of person to keep my troubles to myself." Only one piece reflects his personal fight with HIV, he claims, the self-portrait entitled "Me" (featured on our cover this month), which he painted during a particularly low point. Otherwise, he'd rather leave the dark, emotionally wrought canvases to other artists. "It's a beautiful tool for me to create happiness for myself and for other people in a world where there isn't much."

Of course his artwork does much more than that, as evidenced by his long-standing contribution to BCPWA's AIDS WALK.

Nine years ago, someone from the AIDS WALK asked him to design a T-shirt for the WALK. The following year, BCPWA asked him to design the poster. It snowballed from there, and he's designed the image for the annual event ever since. He laughs that there's never

any discussion each year as to whether or not he'll create the poster. He just does it.

"He's been a pillar. He's an institution of the AIDS WALK," insists BCPWA's Scott Elliott. "His artwork helps set the tone. People wait for his designs and collect his T-shirts. It's beyond a tradition – there would be an uproar if we didn't include his artwork for each AIDS WALK. It's an integral part of the WALK."

Average admits that it's a bit of a challenge to come up with a new AIDS WALK design year after year. Typically, the designs reflect whatever artistic vision he's exploring at that time. The designs are, he explains, somewhat of a chronological documentation of his art, "like the lines on the kitchen door frame when a kid is growing."

Over time he's worked on creating an anthropomorphic alphabet, and this year he decided to see how it would work for AIDS WALK 2000. So far, he's created one other anthropomorphic canvas, spelling the word "HERO". It was a memorial tribute to Tony McNaughton, the Vancouver Starbucks manager who was killed earlier this year while saving an employee from a man with a butcher knife.

Surprisingly, for someone who has raised so much money for charity, Average still lives hand to mouth. He notes that he spends twice as much each month on medication and naturopathy than he does on rent. He's taking things a bit more slowly these days due to recent health complications, so his art production output is a little lower. It saddens him that he's no longer financially able to donate original canvases.

But that won't stop him from doing whatever he can. This year, like every other year, Joe Average will be at the AIDS WALK on September 24th, grinning through his shyness and alleged social ineptness, acting as unofficial spokesperson and inspiration, tirelessly signing posters and T-shirts, shaking hands, and chatting with the press.

More than likely, he'll also be saying hello to students from Coquitlam River Elementary School. He says he always brings AIDS WALK posters when he visits schools, to promote AIDS awareness. Afterwards, kids will say, "we'll see you at the AIDS WALK, Mr. Average, we're going to bring our parents." Average thinks that's pretty cool.

"It's a passion of mine to help people and I can't do it monetarily. But I can do it with my art."

photo JOHN KOZACHENKO

Participate in the AIDS WALK

AIDS is not going away. Every 4 hours, someone in this country is infected with HIV. New treatments offer hope, but there is still no cure. Education and prevention are our only vaccine. The AIDS WALK serves two purposes: raising money and public awareness about HIV disease.

Where the money goes AIDS WALK 2000 is the single largest HIV/AIDS fundraiser in B.C. All proceeds go to direct services for people living with HIV disease and AIDS in your community. These services are provided through BCPWA or one of our Community Partner organizations (see page 10).

Forming a team Walk with your friends, family, or work colleagues. Registering a team has never been easier. Just call **915-WALK** and ask for your "Team Captain Kit".

Prizes Pledge prizes are awarded for money that is brought in prior to and on the WALK day only. There is only one prize per walker. If you raise $250, you will receive a "Joe Average" 250 Club pin. For pledges over $500, you will receive a "Joe Average" 500 Club pin. For pledges over $1000, you will receive a "Joe Average" 1000 Club pin. Pick up an AIDS WALK pamphlet for information about **Individual Walker Awards**.

3 easy steps to get involved

Step 1 Call (604) 915-WALK to register

Step 2 Collect pledges

Step 3 Walk the WALK

ASK THE DOCTOR

Question

I've heard it said that HIV + people who have unprotected sex with other HIV + people can be "re-infected" with another strain of HIV, perhaps one that is more virulent or drug resistant. Is this true?

WORRIED IN WHITE ROCK

Answer

Dear Worried,

Some have stated that you can engage in any risk behavior once you have been diagnosed with HIV infection. Earlier this year, Dr. Jonathan Angel from the University of Ottawa reported the case of an individual who was responding to his current therapy, but who was also having sexual contacts with another infected person who was not responding to therapy. At some point, the first individual experienced a virologic breakthrough despite near complete adherence to therapy. Molecular studies clearly demonstrated that he had acquired the strain his partner was carrying and that it was already resistant to the drugs he was taking. Although it was not proven that he had acquired it through sexual contact, this would be the most likely explanation. In this case, it would appear that continued risk behavior might have deprived an individual of the longer-term benefits of therapy.

It is widely known that HIV exists as "quasi-species", with multiple different strains of the virus being present in an individual (and in different individuals) at any given time. It is possible that these strains may be passed between infected persons through activities carrying a risk of disease transmission, leading to the unintended (and unnecessary) acquisition of more aggressive viruses. This may have negative consequences, including more rapid progression of disease. The message of risk reduction still applies even after someone is infected.

Dr. Brian Conway is Assistant Professor at UBC's Department of Pharmacology & Therapeutics. He is also coordinator of the Downtown Infectious Diseases Clinic in Vancouver.

Question

I have trouble getting an erection. Is it because of AIDS drugs I'm taking? If so, what can I do?

BRANDON

Answer

Dear Brandon,

Unfortunately the issue you have raised is something that we see frequently in the setting of HIV. Problems with sexual function may well occur at some point in the course of this illness. Let me try and summarize what we know about this problem and how we attempt to manage it.

First of all, I want to answer your specific question about the role of antivirals in sexual dysfunction. As far as we know, there is NO relationship between taking antivirals and having problems with sexuality. So when one of my patients tells me that he or she is having problems in this area, I certainly look for other causes. First of all, any chronic illness, when the patient is suffering, for example, from pain, weight loss, or chronic fatigue, can definitely affect sexual function. As well I want to rule out other physical causes for impotence. These include having a low testosterone level, having thyoid problems or diabetes. All of these can be assessed through blood tests. Secondly, I make sure the patient isn't on any medication that CAN cause sexual dysfunction. The commonest ones are the antidepressants (SSRI's, eg Prozac, Luvox, Paxil, etc...). Thirdly, I look for mood problems. Depression very commonly causes loss of libido.

All that being said, do we have any solutions? Yes, actually. If the problem is a low testosterone level, this can be corrected with regular testosterone injections. Often, testosterone will improve weight and energy and, therefore, libido, even if the patient's levels weren't actually low. We are now treating women with oral testosterone to try and improve sexual function. If there is a mood problem, management with antidepressants that don't interfere with sexual function (eg Serzone) may improve the situation. Viagra has helped many of our patients and, if there are no contraindications (discuss this with your doctor), it is definitely worth a try. Finally, I would say, having an open and honest relationship with your partner and not being shy about discussing the issue may be the best medicine!

Dr. Carol Murphy is a General Practitioner at Spectrum Health Care in Vancouver.

Send your questions to:
Ask the Doctor, Living + Magazine
1107 Seymour Street, Vancouver, BC
V6B 5@8 fax: 604.893-2251
askthedoctor@parc.org

TREATMENT INFORMATION PROGRAM MANDATE & DISCLAIMER

In accordance with our mandate to provide support activities and facilities for members for the purpose of self-help and self-care, the BCPWA Society operates a Treatment Information Program to make available to members up-to-date research and information on treatments, therapies, tests, clinical trials, and medical models associated with AIDS and HIV-related conditions. The intent of this project is to make available to members information they can access as they choose to become knowledgeable partners with their physicians and medical care team in making decisions to promote their health.

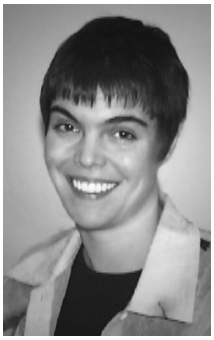
The Treatment Information Program endeavors to provide all research and information to members without judgement or prejudice. The project does not recommend, advocate, or endorse the use of any particular treatment or therapy provided as information. The Board, staff, and volunteers of the BCPWA Society do not accept the risk of, nor the responsibility for, damages, costs, or consequences of any kind which may arise or result from the use of information disseminated through this project. Persons using the information provided through this project do so by their own decisions and hold the Society's Board, staff, and volunteers harmless. Accepting information from this project is deemed to be accepting the terms of this disclaimer.

Taking control of your health with complementary therapies

Highlights of findings from the first phase of Oak Tree Clinic research

by **TAMIL KENDALL**

Complementary therapies are an important part of healthcare for many PWAs. Research in British Columbia from the late '90s puts complementary therapy use among different populations of PWAs at 39–48%. Yet many individuals do not tell their primary care physician or other conventional healthcare providers what complementary therapies they are using. This lack of communication may prevent PWAs from fully benefiting from their complementary therapies, and could expose them to health risks, such as herb/drug interactions.



BCPWA, with financial support from Health Canada, is conducting research with PWAs and conventional healthcare providers such as doctors and pharmacists. The aim of the research is to find out what they think about the risks and benefits of complementary therapies, and how these opinions contribute to communication. The first phase of the research was conducted among HIV+ women and healthcare providers at Oak Tree, a multidisciplinary HIV clinic in Vancouver for women and their families. We focused on women because, compared to men, little is known about women's use of complementary therapies in HIV care. These results are based on comprehensive interviews with five healthcare providers and focus groups of thirteen HIV+ women.

The healthcare providers and PWAs we spoke with agreed that one of the biggest benefits of complementary therapies is empowerment. Choosing and using complementary therapies can help people take more control of their health, feel better, and live better. PWAs and providers at this clinic reported success with managing symptoms and side effects. There was also agreement on the value of complementary therapies for health maintenance, and how the mind, body, and spirit connection is important for well-being. Healthcare providers said they had not seen any complementary therapies that directly lower viral load or increase CD4 counts. Yet, among the HIV+ women participating in this study, 71% reported using these therapies to lower viral load and 57% to prevent infections.

Trying to be easy on the liver, whether because of hepatitis or drug-related liver toxicity or both, is another reason people are choosing complementary therapies. In many cases, this choice makes a lot of sense. However, the liver processes herbs and vitamins, and some can be toxic to the liver. The idea that "natural" is safe was common among the women. Therefore, PWAs

continued on next page

treatment information

and healthcare providers need to be aware of the power and potential risks of complementary therapies. If a therapy has the power to heal, it may also have the power to harm.

Cost and information gaps are reasons PWAs may not be getting the most out of their complementary therapies. Cost restricts access. For some women, "anything that costs money is out of the question." For others, cost means choosing between and rotating the therapies used. "One month it will be no creatine. Another month it will be no magnesium," one woman said. Women also reported limiting the food they eat to buy complementary therapies, and not being able to afford therapeutic food choices, such as a sugar-free diet or juice therapy.

Women's inability to go to complementary practitioners was another example of how money limits access to information. Only 9% of the women said complementary practitioners were a major source of information about complementary therapies, whereas 64% reported health food stores as a major source of information. Health food stores may have knowledgeable staff, but they may also subject PWAs to a storm of questionable marketing. Seventy-three percent said popular media – TV, radio, and newspapers – were a major source of information on complementary therapies. This info may be flawed, and is usually not HIV specific.

HIV+ women identified lack of knowledge, both their own knowledge and that of their healthcare providers, as a barrier to communicating about complementary therapies and making informed treatment decisions. Lack of good information is related to lack of resources. Research funding, or rather the lack of it, is a major reason for knowledge gaps about complementary therapies. Healthcare providers and PWAs at Oak Tree said they want more scientific research on the safety and efficacy of natural products. They also want more research on interactions between conventional and natural medicines.

The good news is all of the women said their local AIDS organization was a major source of information on complementary therapies. Healthcare providers at Oak Tree Clinic also rated very high, with upwards of 80% identifying the doctors, pharmacist, nurses, and dieticians at Oak Tree as important information sources.

Open communication between PWAs and conventional healthcare providers can maximize the benefits and minimize the risks of complementary therapies. An example of maximizing benefit was the dietician's tips to streamline vitamin therapy, cutting down on cost and pill burden but including everything the women wanted. When HIV+ women made it a habit to talk to their physician or pharmacist before starting herbs, supplements, or vitamins, the risks of interactions were minimized.

This research suggests conventional healthcare providers need to initiate the discussion of complementary therapies. Past experiences and stereotypes caused the HIV+ women we interviewed to expect conventional healthcare providers to be opposed to complementary therapies, so they did not raise the topic.

So…

- Start talking. Open communication between PWAs and healthcare providers is beneficial.
- Increase knowledge. More education about complementary therapies and more research is needed.
- Conquer cost. In the short term, AIDS WALK dollars go straight to the Complementary Health Fund and into the pockets of PWAs, so participate actively and give generously. In the longer term, we need more funding for integrated care.

Tamil Kendall is Coordinator of the Complementary & Alternative Medicines Project for the BCPWA Treatment Information Program.

HAD YOUR BIA CHECKED YET?

BIA (Bioelectrical Impedance Analysis) is a way of measuring body composition. It measures how much of the body is fluid, fat, and that all important body cell mass.

BIA technology has been used to measure body composition in HIV disease for several years, and has been accepted by HIV nutrition experts as a good way to get information about what's going on with your body.

BIA is a simple, non-invasive test that takes less than 5 minutes to perform. Diana Peabody RDN, HIV-specialized nutritionist with The Oak Tree Clinic, will discuss the results with you.

BIA at BCPWA

When: Monday, Sept. 25, Monday, Oct. 23

Time: 4:30 p.m. - 7:30 p.m.

How: Call ahead to book an appt. 893-2243

Where: Training Room of the Pacific AIDS Resource Centre, 1107 Seymour St., Vancouver.

Please don't drink any alcohol 12 hours before the test and don't drink a lot of coffee the day of the test.

on AIDS Walk day visit the

Complementary Therapies Health Tent

Health professionals who provide services to PWAs will be on hand to answer your questions on complementary therapy.

Book yourself for a mini session!
Book early in the day as time slots fill up early
We are asking for a $10 donation.
100% of your money goes to support the AIDS walk.

massage therapy
shiatsu
Chinese medicine
acupuncture
chiropractors

TAOIST TAI CHI SOCIETY will be performing demonstrations throughout the day

For more information call Tom at 682-2120

Tuned in and blissed out

Try meditation as part of your healthcare strategy

by **GORDON WASELNUK**

In the May/June issue, I spoke of balance and focused on promoting basic healthcare. I emphasized that it takes awareness to realize when you are in balance, and sometimes it's subtle. Now I want to talk more in depth about the benefits of awareness through meditation. It has been a powerful tool for me and others in our healthcare strategy.

Here is a brief list of benefits, as well as a simple meditation technique.

Increased awareness

Living more in the moment we become more aware of subtle changes in our physical and emotional well-being and are in a much better position to act early. We are also more aware of our thoughts, speech, and actions, mindful of what we think, say, and do. As we become more mindful, we make fewer mistakes and cause fewer problems for ourselves and others. I have found this increased awareness a powerful tool for self-growth.

We enjoy more simple pleasures such as the beauty of nature, conversation with a friend, and billowing clouds, because we are more present, mindful, and alert. Our senses are naturally heightened, and we require less stimuli such as alcohol and drugs. I also feel I strive less for material goods as I feel more fulfilled from simple pleasures.

Stress reduction

Meditation is the best tool I have found for stress reduction. When I feel fear, doubt, worry, or anger, I simply note it and then focus on my breathing without reacting with my usual conditioned responses. If the emotion is very intense and I am struggling, I will also slowly scan my body, noticing such signs as my heart beating faster and tightness in my stomach. Taking my mind off the problem and being more in my body helps to give me a sense of control and helps me to be more objective. Focusing like this takes practice and will come more naturally if you meditate regularly, since you are continually noting and coming back to your breathing during a meditation.

By observing our thoughts and feelings, we also note that they are impermanent in nature. They wash over us and slowly retreat, although at times it may feel like a tidal wave. Knowing that they are impermanent helps to be less consumed by them. The moment is the safest place to be! No matter what is happening, everything is manageable in the exact moment, and even when we are in pain and uncertain, we are still able to note and see the simple pleasure and beauty of life.

Personal relationships

As we spend that quiet time alone with ourselves on a daily basis we slowly develop a more intimate relationship with ourselves. We are better able to nurture and support ourselves.

Sometimes friends, family, and healthcare providers are not available for various reasons. For me it feels like a safe refuge; I am able to see more clearly how I am feeling and what the cause is. Finally I feel a sense of control and responsibility. I am responsible for my healthcare and I can effect it. The self-nurturing and support is an act of self-love and I can always use that.

Practical instruction on meditation

1. Sit in a quiet space twice a day for 20 minutes if possible. Once a day is excellent. If you miss a few days just try again. It's in the trying where we gain discipline.
2. Close your eyes and focus on your breathing, observe the air flowing in and out of the nostrils. If you have trouble breathing through your nose, notice the rising and falling of the stomach. Choose one or the other.
3. When your mind wanders, just make a note and gently bring your focus back to your breathing. You can try counting (approximately, 120 breaths=20 minutes). Also, noting "in" as you breathe in, and "out" as you breathe out, may help you to focus.
4. After the meditation, I do what I call "Reflections". I ask if I can be more loving, caring, compassionate, and understanding to myself and others. I try visualizing what they would look like and how I would feel. I also ask if I can let go of fear, doubt, worry, and anger, and if I can be more forgiving and grateful for small things. I want to develop a peace of mind that's not dependent on pleasant experience or feeling. Finally I ask if I can maintain my well-being to the best of my ability. I also visualize what that would look and feel like. Reflections are a very important part of the practice. They have helped me a great deal. How we view the world and our intentions are so important to our well-being.

Keep trying. Forgive yourself if you slip, and start again. You will notice that it will become easier. Remember that if you are paying more attention to basic healthcare (nutrition, sleep, exercise, etc.) that will also help, since mind, body, and spirit are interconnected. One has an impact on the other. When you start feeling these benefits it will inspire you to continue. Good Luck.

Gordon Waselnuk is a Treatment Counsellor with the BCPWA Treatment Information Program.

More than a breath mint

Peppermint can ease a number of aches and intestinal problems

by **TOM MOUNTFORD**

Peppermint has been used for many centuries by many ancient cultures, including the Egyptians, Chinese, and American Native Indians. The leaves and flowers of the common peppermint plant contain a volatile oil that is 50–75% pure menthol. Peppermint can be used as a tea, as an essential oil on the skin, in the bath, or internally as an enteric-coated capsule, or as a flavouring in food.

Some of peppermint's medicinal uses include the following:

Irritable bowel syndrome (IBS) or spastic colon Irritable bowel syndrome is the most common disorder among people with gastrointestinal problems. Either you are constipated or you have diarrhea. You have terrible gas and your stomach starts to ache after almost every meal. If your doctor has ruled out other possible causes, you may have IBS. It is not dangerous, but it reduces quality of life.

Peppermint oil relieves the symptoms of IBS by relaxing intestinal smooth muscle. It is officially endorsed in Germany. British investigators discovered that peppermint acts as a calcium "antagonist" by blocking the influx of calcium into smooth muscle cells. Calcium helps regulate muscle contractions, restoring proper muscle tone in the intestinal tract. It must be the right kind of peppermint capsule, coated to resist stomach acid, so that it releases in the small and large intestine after passing through the stomach. The recommended dose for IBS is one or two capsules daily of standardized enteric-coated peppermint oil, each containing 0.2ml of peppermint oil, taken between meals.

Warnings:

- In rare cases, it may produce allergic reactions: skin rashes, rapid heartbeat, and muscle tremor.
- Heartburn may result if oil is released in the stomach. Use only enteric-coated.
- Internal overdoses of peppermint oil in capsules can cause poisoning, resulting in mild respiratory distress, overexcitement, and (in extreme cases) convulsions. As little as one teaspoon of pure menthol is toxic and can be fatal.
- Do not give peppermint products to infants and very small children. Menthol is extremely dangerous for infants to inhale.
- Due to high amounts of menthol, a potential danger of miscarriage exists if ingested by pregnant women.

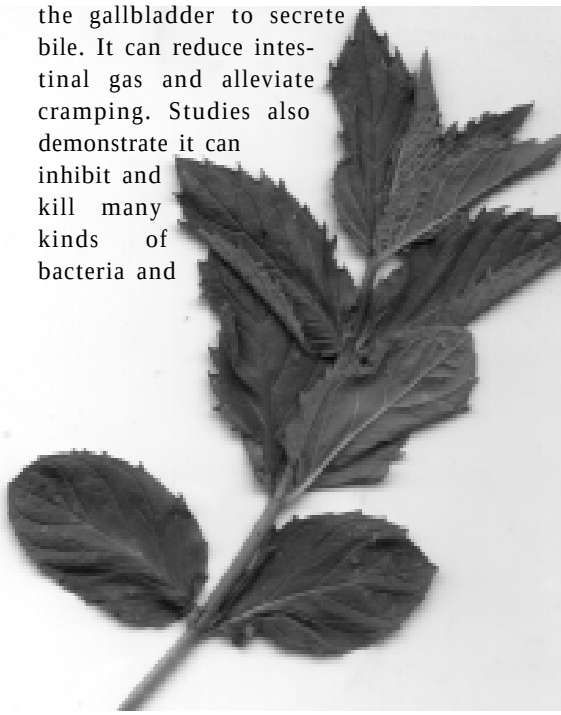
Headache In 1996, leading headache researchers in Germany presented the first clinical proof that peppermint oil applied to the forehead does reduce tension headache pain. The oil worked just as well as a standard dose of 1,000mg of acetaminophen – better known as two tablets of Tylenol. The peppermint oil appeared more effective for those with less frequent and shorter headache attacks. For some, taking Tylenol and peppermint oil together worked better than taking either of them alone.

At the first sign of a tension headache, dab the peppermint oil onto the entire forehead, lightly with fingertips, a Q-tip, or small sponge, without massaging it into the skin. If you have pain at the back of the head, use it on the neck as well, remembering that it is not more effective to use more oil than adheres to the skin. If it gets into the eyes or open sores, it will burn but not cause any harm. Wash it out with water.

The aromatic, cool scent of peppermint can often help to relieve a headache. You can add a drop of peppermint oil to any unscented body lotion and apply it under the nose and behind the ears. Alternatively, inhale the fragrance of peppermint oil right from the bottle to take the edge off a headache. Only use peppermint oil for frequent headaches that your doctor confirms are caused by tension. You want to know that the headache is not the result of something else which needs more serious attention and treatment.

A strong cup of peppermint tea may help to soothe a headache. After drinking a cup, lie down for fifteen to twenty minutes. You may be surprised that the tea worked as well as aspirin.

Indigestion, flatulence (gas), and bad breath Peppermint essential oils enhance digestive action by stimulating the gallbladder to secrete bile. It can reduce intestinal gas and alleviate cramping. Studies also demonstrate it can inhibit and kill many kinds of bacteria and



viruses that can cause digestive imbalances. These organisms include influenza A virus, herpes simplex virus, and Candida albicans yeast.

Peppermint will not eliminate flatulence; however, it will make you more pleasant to be around. Drink 4 ounces of water mixed with a single drop of peppermint essential oil. Your flatus will soon have the minty fragrance of toothpaste or breath mints.

Bad breath may be the result of spicy foods, medication, tobacco, or coffee. It may also be gum disease, caused by bacteria build-up in the mouth. A drop of pure peppermint on the tongue is a quick breath freshener. Drinking lots of water and peppermint tea, both spiked with a pinch of anise, caraway, or cinnamon may help. If bad breath persists, see a doctor. It may also be a sign of tonsillitis, liver or kidney problems, or diabetes.

Nausea and Vomiting Peppermint is a traditional cure for nausea and vomiting. Add a single drop of the essential oil to a sugar cube and suck it slowly until the cube completely melts. An eight-ounce glass of water spiked with two drops of the essential oil has a similar effect.

Cough Peppermint can help to stop coughing by increasing the production of saliva. This makes you swallow more frequently, suppressing the cough reflex. Drink 3–4 cups of peppermint tea, sipping it slowly throughout the day at 15–30 minute intervals.

Body Aches and Nervousness
Peppermint is very calming, but at the same time it is stimulating. It cleanses and strengthens the entire system, including the nerves. It diffuses like alcohol and warms the whole body. The herb tea is a good substitute for coffee or tea. The oil, when placed in the bath, can have a calming and strengthening effect on the nerves and muscles.

Tom Mountford is a Treatment Counsellor with BCPWA

Drugs aren't the only way to treat thrush

by **NICOLE GUTFRUCHT**

Candidiasis, or thrush, is a common problem for people with weakened immune systems, particularly when CD4 levels drop. Oral thrush can cause swelling, changes in the sense of taste, burning, and white or red patches on the tongue and gums. Candidiasis can also become a problem in the esophagus, causing pain and making it difficult to swallow. Women may develop vaginal candidiasis (yeast infection), which causes yellow or white vaginal discharge, as well as itching and swelling around the vagina.

Several medications are used to prevent and treat candidiasis, including the -azole drugs (i.e., fluconazole or itraconazole) and amphotericin B. Natural ways to treat thrush or prevent it from becoming a problem also exist.

Treatment

Garlic and oregano Crushed garlic contains allicin, a sulphur compound that can help treat and prevent thrush. Eat it raw or cooked. Many health food stores also carry odorless garlic pills containing allicin. However, too much garlic (8 or more cloves a day) can be a problem in itself. Studies have shown an interaction with ritonavir. High levels of garlic lower the rate at which the body metabolizes the drug, which increases both the levels of ritonavir in the bloodstream and the side effects of the drug. Cooking with oregano may also help prevent thrush.

Yogurt and milk Certain types of milk and yogurt contain bacteria called lactobacilli acidophilus. This is a friendly bacterium that alters the environment of the gastrointestinal tract and the vagina to help control the growth of yeast. Many milk and yogurt products available in grocery stores contain this bacterium. Just look for the words lactobacilli and/or acidophilus on the container. If lactose intolerance is a problem, it is possible to purchase pills containing live lactobacillus in some health food stores. Women with vaginal yeast infections can also apply the yogurt directly to the vagina.

Mouthwashes Rinsing with warm water and 2 or 3 drops of tea-tree oil, grapefruit seed extract, or hydrogen peroxide may also help with thrush. IF YOU USE HYDROGEN PEROXIDE OR GRAPEFRUIT SEED EXTRACT, DILUTE THESE SOLUTIONS HEAVILY AND NEVER SWALLOW THEM. They could irritate the mouth, so tea-tree oil is preferred. You can add a drop of tea-tree oil to one drop of water and brush directly on to mouth sores. A wash of warm water and apple cider vinegar may also help.

Fish oils Some studies still in early stages show that a fatty acid found in fish oils, called eicosapentaenoic acid, may help control yeast growth.

Prevention

Foods containing baker's or brewers yeast can increase the risk of developing candidiasis, as can nicotine, caffeine, and simple sugars. Limiting intake of these substances may prevent thrush from becoming a problem.

Nicole Gutfrucht is a Researcher with the BCPWA Treatment Information Program.

photos GLENN HILLSON

An historic moment in the struggle against AIDS

Report from the XIII International AIDS Conference in Durban, South Africa

by **GLEN HILLSON**

The Durban conference marked the first time in the history of AIDS that an International AIDS conference was held outside the developed world. The question on all minds leading up to Durban was what impact this would have, both on the conference itself, and ultimately on the global response to AIDS. Last December, United Nations Secretary General Kofi Annan helped set the stage by saying, "our response so far has failed Africa. The scale of the crisis requires a comprehensive and coordinated strategy between governments, intergovernmental bodies, community groups, science, and private corporations."

Nine-tenths of all people living with HIV/AIDS are in poor countries, and two thirds of the total are in sub-Saharan Africa. Those who joined the pilgrimage to Durban wondered if this could possibly turn out like previous conferences, where scientific developments had dominated discussions; slogans such as "One World - One Hope" lacked the power to move participants or global powers beyond hand-wringing, head-shaking and feelings of helpless despair over a crisis in the south of incomprehensible magnitude that seemed far removed from our northern reality. As twelve thousand-plus delegates poured into Durban in the few days prior to the conference opening, they were soon to be transformed by the realization that this would be an event like no other. For all who took part, and for a world watching, this was to be a moment of truth in the history of civilization triggered by a collective awareness that AIDS confronts humanity with a moral crisis of unprecedented enormity. Commitment to fundamental human rights worldwide, including the right of access to the best medical care available and the right to benefit equally from scientific progress, is not only the greatest challenge of AIDS, but one of great urgency.

"AIDS is a threat to an entire generation, if fact, to human civilization. In the face of such a threat, failure is not an option." - **Conference Chair Hoosen Coodavia**

"The challenge is to move from rhetoric to action. We must overcome our differences to save our people. History will judge us harshly if we fail to do so and do so now." - **Nelson Mandela**

South African President Thabo Mbeki sparked worldwide criticism in the months prior to Durban by further institutionalizing the paralysis that has allowed the epidemic to rage unopposed in his country. He opened the conference with a speech that overnight became a lightening rod for outrage and frustration. Delegates had hoped, in vain, that this leader of a nation at the epicentre of the struggle for freedom and democracy, would come to his senses and initiate a plan of action based on the evidence of what has worked elsewhere. Instead, he stayed his course of vacillation, which consisted of lamenting the impacts of poverty, posing questions that have already been answered, and failing to embrace solutions that are proven, such as short course antiretroviral drugs for the prevention of mother to child transmission.

continued on page 22

"In the darkness and confusion
At the dying of the day
When hope has been abandoned
And light has lost the way
When voices have been silenced
And no one heeds the call
It'll be too late for wondering why
So many said nothing at all

For silence steals a heartbeat
As swiftly as a knife
But words that turn to action
Can save a person's life
If silence is a virus
That hides behind a wall
Then words can be the hammers
That make the boundaries fall"

- From the song "Break the Silence" written by Gus Silber and performed at the Opening Ceremonies in Durban

CONT

A mere few hours later, South African High Court Justice Edwin Cameron, himself a person living with HIV/AIDS, delivered the Jonathan Mann Memorial Lecture. He served up a scathing rejoinder to Mbeki's speech that galvanized the agenda for the remainder of the conference. While mother-to-child HIV transmission has all but been eliminated in the developed world, Cameron spoke of his county's shame for not having implemented affordable preventions with "the result that, every month, 5000 babies are born, unnecessarily and avoidably, with HIV." Cameron spoke frankly of his own experience living with HIV, to emphasize and characterize the impact of inequity of access to HIV drugs. "I exist as a living embodiment of the inequity of drug availability and access in Africa. This not because, in an epidemic in which the heaviest burden of infection and disease are borne by women, I am male; nor because, on a continent in which the virus transmission has been heterosexual, I am proudly gay; nor even because, in a history fraught with racial injustice, I was born white. My presence here embodies the injustices of AIDS in Africa because, on a continent in which 290 million Africans survive on less that one US dollar a day, I can afford monthly medication that costs approximately $400 US per month."

Justice Cameron placed heavy emphasis on the high price of antiretroviral drugs. "This is not because the drugs are prohibitively expensive to produce. They are not," he argued. "Recent experience in India, Thailand, and Brazil has shown that most of the critical drugs can be produced at costs that puts them realistically within reach of the resource-poor world. The primary reason why the drugs are out of reach to the developing world is two-fold. On the one hand, drug pricing structures imposed by the manufacturers make the drugs unaffordably expensive. On the other, the international patent and trade regime at present seeks to choke off any large-scale attempt to produce and market the drugs at affordable levels." Cameron echoed the words of the late Jonathan Mann from the 1996 International AIDS Conference in Vancouver who said that of all the walls dividing people in the AIDS epidemic, "the gap between the rich and the poor is most pervasive and pernicious."

"The denial of antiretroviral drug treatments is a fundamental breach of the right to dignity."
- Zacky Achmet, leader of the Treatment Action Campaign (TAC) in South Africa

"Pills are the bottom line. Drugs are a strategy for expanding the whole package. We can get the drugs manufactured generically in bulk tomorrow, but we can't solve poverty tomorrow."
- Mark Heywood of the South African AIDS Law Project.

Justice Cameron's emphasis on drug prices underscored the fact that South African activists came to the Durban conference with a very focused agenda that surprised many from the north. Midway through the conference, Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS, observed "we have seen a rapid narrowing of the conference agenda from *access to care* to *access to antiretroviral therapy to the price of antiretroviral drugs*." This development contrasted with discussions among activists from the developed world that have flailed away at a maze of topics affecting treatment access worldwide including shortages of health care infrastructures, of HIV competent physicians, of nutritious diets and clean water. Years of experience with antiretroviral drugs have instilled a realization in the north that much more is needed to quell the devastation of AIDS. However, despite the problems of adherence, drug resistance, and side effects, antiretrovirals have saved many lives and provided a degree of hopefulness that is lacking among those who are denied access.

At the same time, there emerged an awareness that simply point

ing the finger of blame at drug companies for putting profits before lives is insufficient to affect change. Comprehensive strategies involving governments and communities everywhere, international agencies such at the World Health Organization, the United Nations and the World Bank, as well as transnational corporations must be undertaken in order to marshal the resources necessary to mitigate the looming disaster.

Optimism of a shift from words to action was fueled by a cascade of announcements by various agencies and drug companies leading up to and during the conference, who promised new money and attitudes about helping those in developing nations. These will only scratch the surface of the problem, but they serve as a beginning of what must become a new era of commitment.

International AIDS conferences offer massive programmes of scientific exchange and Durban was no exception. Human rights was the context as well as the thread that wove together thousands of oral and poster presentations in the five tracks: Basic Science; Clinical Science; Epidemiology Prevention and Public Health; Social Science; and for the first time, Rights Politics Commitment and Action. These were complemented by a large and varied community programme, Ahang-Fundani (skills building workshops), and Amasiko (cultural program).

Despite its vastness, a number of prominent topics emerged from the scientific programme, including vaccine and microbicide development, mother to child transmission, new targets for drug treatment, immune-based therapies, structured treatment interruption experiments, when to start treatment, and how social inequality shapes the epidemic in different countries in different ways.

Nelson Mandela, in closing the conference, inspired delegates to return to their homelands carrying a message of urgency. However, many South African PWAs left empty-handed when he failed to express support for treatment access. Mandela did attempt to repair some of the distrust directed toward his country's government by calling for more prevention work, including drug intervention to reduce mother to child transmission. He acknowledged the link between HIV and AIDS, which the Durban Declaration signed by 5000 scientists worldwide describes as "clear-cut, exhaustive and unambiguous", and he called for decisive actions based on the strategies proven effective in other countries. Hopefully, Mandela will have nudged the African National Congress government of South Africa toward some progress. ❖ *Glen Hillson is the Chair, Board of Directors, BC Persons With*

OTHER NEWS FROM DURBAN

When to start drugs

Following the "hit early, hit hard" mantra of 1996, published treatment guidelines recommended antiretroviral drugs for over 90% of those infected based on T-helper cell counts and viral load. In the past year or so, the realization has emerged that "hit early" had been embraced on faith rather than any sound evidence. That realization, combined with a growing list of problems associated with antiretrovirals, has led finally to a re-examination of the question of when is the best time to start drugs. While others such as the U.S. National Institutes of Health (NIH) have been planning massively expensive long-term prospective studies to find an answer, Vancouver's Dr. Julio Montaner pre-empted with a simple retrospective study of more than one thousand patients enrolled in the treatment program of the B.C. Centre for Excellence in HIV/AIDS. Results from two years of data showed that while there is a significant survival advantage for patients who start therapy before their CD4 counts dip below 200, there appeared to be little advantage, if any, to starting treatment when CD4 counts are 300 and higher. Revising treatment guidelines according to these observations could have the effect of reducing by 60% the number of PWAs on treatment, according to Dr. Montaner.

Structured treatment interruptions

This discussion, fueled more by speculation than evidence, has drawn much attention. Dr. Anthony Fauci from the NIH provided an examination of some of the models that are being investigated by fifteen different research groups. There is no interpretable data available from any of these studies and many experts expressed skepticism that structured treatment interruptions (STIs) would offer any advantage to patients. A tiny number of anecdotal accounts of patients whose viral load did not rebound after they discontinued treatment has led to exploration of a theory that intermittent treatment might help to stimulate natural HIV-specific immunological control. Unfortunately, real world experience reveals vast numbers of people who have interrupted treatment for various reasons, including drug toxicity, pill fatigue, and inability to pay for drugs, and who have experienced full viral load rebound and subsequent disease progression. On a brighter note, it has generally been observed that interrupting treatment (as long as all drugs are discontinued at the same time) has not lead to the development of drug resistance. However, there was some pessimism expressed by a number of experts who expect that repeated discontinuations of therapy might eventually lead to resistance. ❖

Glen Hillson

Leapin' lipids!

Lifestyle changes can help lower high lipid levels

by **TAMIL KENDALL**

Metabolic changes among HIV+ individuals are increasingly common. PWAs are seeking answers and alternatives to medications to treat such changes in blood lipid levels as hypercholesteremia (high blood cholesterol levels), hypertriglyceridemia (high blood levels of triglycerides, a type of fat), and both conditions together, called hyperlipidemia (high fat levels in the blood). Hardening of arteries caused by fat deposits or fat plaques (atherosclerosis) is a related concern. All of these conditions are risk factors for cardiovascular disease, heart attacks, and development of diabetes.

What causes these metabolic changes is still open to debate. Protease inhibitors have been fingered since they are known to alter levels of blood lipids and change glucose and insulin metabolism, and also because these conditions began to be discussed during the HAART (highly active antiretroviral therapy) era. However, it is likely that HIV itself plays a role in these metabolic changes. Early in HIV infection, metabolism begins to alter. Lipid abnormalities in HIV+ individuals were evident before protease inhibitors were used. A 1989 study of wasting revealed that people living with HIV/AIDS had higher triglycerides than HIV-negative individuals. Before HAART, many PWAs also showed decreased HDL (good) cholesterol and were thought to be at increased risk of atherosclerosis. Thus, some say that HIV is a partial cause of high blood lipid levels and lipodystrophy.

Nevertheless, there is considerable evidence to suggest that antiretroviral medications are contributing to metabolic changes.

Non-nucleoside analogue reverse transcriptase inhibitors (NNRTIs) appear to damage mitochondria. Mitochondria are the "power plants" of human cells – they help form proteins and process fat. This class of drugs interferes with an enzyme called polymerase gamma that mitochondria need to reproduce, resulting in mitochondrial damage and fewer mitochondria available to do the work. Associated with this condition are a host of problems, including "fatty liver" (hepatic steatosis), which is a build-up of fat around the liver affecting the way the liver processes fats.

Protease inhibitors could be interfering with two proteins responsible for fat metabolism that are structurally similar to the HIV protease enzyme. Malfunctioning of these proteins could lead to hyperlidemia and insulin resistance.

There are probably numerous interrelated causes of changes in blood lipid levels, and it will likely be a long time before the causes are determined and definitive treatment guidelines are established. What we do know is that lifestyle choices that have proven effective for treating heart disease and diabetes can help prevent and manage these metabolic changes. Diet and exercise are effective and should be the first priority. If you are looking for something extra, the herbs and supplements described below are used in a variety of complementary treatment systems and may be helpful. However, no clinical trials proving their effectiveness have been completed. Nor are there specific tests for HIV+ individuals whose metabolic changes may be caused by antiretroviral medications.

Nutrition

While you want to avoid fat, PWAs' greater need for protein means that instead of going on an extremely restricted diet, you should switch from hamburger to a tuna sandwich (hold the mayo). The following diet suggestions were developed especially with PWAs in mind by Diana Peabody, RD, the nutritionist at the Oak Tree Clinic:

- Get more omega–3 fatty acids from fish or flaxseed. If fresh fish is too expensive, get canned tuna or salmon in water. If you take fish oil, make sure it is from the body of the fish, as opposed to cod liver or halibut liver oil.
- Substitute animal protein for soy protein such as tofu.
- Choose monosaturated fats, such as olive oil, canola oil, and flax oil.
- Increase your fibre intake with brown rice, quinoa, barley, whole grain bread, and cereal.
- Eat lots of vegetables and more legumes like dried beans, peas, and lentils.
- Limit simple carbohydrates like sugar, candy, sweet foods, pop, Boost/Ensure, and, perhaps surprisingly, fruit juice!
- Avoid greasy and fried foods, such as chips and fast food restaurant items.
- Use less saturated fat (hard fat like butter, lard, dairy fat, and meat fat).
- Avoid "hydrogenated oil".

Exercise

Even exercising for fifteen minutes once or twice a day helps! Aerobic exercises such as walking, swimming, and biking, are particularly good. If these are too strenuous, try yoga, tai chi, and qigong. Always try to do some physical activity after a large meal.

Relax!

A controlled study, published in March 2000, suggested transcendental meditation, independent of diet and exer-

cise, reduces atherosclerosis. In this study, the thickness of the artery walls was reduced among meditators compared to the control group. The researchers estimated that the amount of reduction would make the meditators 11% less likely to have a heart attack and 7–15% less likely to have a stroke. Other studies have demonstrated that meditation lowers average walking (ambulatory) blood pressure among men with normal blood pressure and increases exercise tolerance among men with heart disease.

Cut down on alcohol and cigarettes

Alcohol raises the triglycerides in your blood and weakens the immune system. Smoking is a major risk factor for heart disease. Smoking also increases viral oxidative stress, which may increase viral replication and further weaken the immune system. Oxidative stress is also a risk factor for atherosclerosis. Recently, Ohio researchers found that HIV-positive smokers were nearly eight times more likely to develop lung damage than smokers without HIV.

While quitting smoking is a desirable health choice, it is a hard one. Your doctor should provide suggestions and support to help you quit.

- The patch or nicotine gum can help ease withdrawal.
- In clinical trials, acupressure and acupuncture have helped patients successfully quit smoking.
- Hypnosis, behavioural interventions, and special vitamin regimes can also help.
- Cut down on caffeine, as it increases symptoms of tobacco withdrawal in the first few days.
- Drink lots of water.

Vitamins and supplements

- Studies show that vitamin C reduces blood lipid levels. Vitamin E can prevent the oxidizing or hardening of fat in the arteries.
- Lycopene, found in tomatoes, is an antioxidant. Researchers at the University of Toronto have suggested two glasses of tomato juice a day. The darker the fresh tomato, the more lycopene.
- Carnitine assists in transporting fat into the mitochondria.
- Niacin (vitamin B3) reduces cholesterol. The major side effects are burning, flushing, and itching.

Herbs and foods

For high blood fat levels, cayenne, seaweeds, garlic, onions, mushrooms (shitaake, maitake, and reishi), psyllium, guggilipid, fenugreek, oats, green tea, safflower, crataegus fruit, lecithin, and ginger may help.

Guggilipid is a standardized extract from the myrrh tree that is used in India to lower high cholesterol and high triglycerides. It apparently works by increasing liver metabolism of LDL cholesterol and stopping blood platelets from sticking to each other, thereby lowering the risk for coronary artery disease. Taking guggul (the unpurified form) has caused diarrhea, mild nausea, and restlessness. People with inflammatory bowel syndrome, diarrhea, or liver problems should avoid guggilipid.

Garlic and onions may be helpful. A population study of people in India who ate a very similar diet, but different amounts of garlic and onions showed the following:

Weekly garlic & onion intake
Cholesterol Triglycerides

- 50g garlic & 600g onion 159mg/dl 52mg/dl
- 10g garlic & 200g onion 172mg/dl 75mg/dl
- No garlic or onion 208mg/dl 109mg/dl

In addition:

- Traditional Chinese medicine suggests drinking tea with meals helps disperse fat and aids digestion.
- Safflower is believed to promote circulation, reduce blood lipids, and break up blood clots.
- Crataegus fruit (shanza or Chinese hawthorn) are thought to eliminate accumulations, promote energy flow, and disperse coagulations. Crataegus activates the blood, bring down blood pressure, aids digestion, treats "fatty liver", and reduces lipid levels in the blood. Do not take it with digoxin.
- Lecithin granules help protect liver cells and move fat from the liver and decrease cholesterol. Take one teaspoon three times a day.
- Ginger may be good for getting rid of bad fat as well as for nausea. A recent experiment with mice showed that dietary consumption of ginger resulted in reductions in plasma triglycerides and LDL (bad cholesterol).

Helping the heart take HAART

An interview with Dr. Greg Bondy, Metabolic Specialist at St. Paul's Hospital

by **RAMON HERNANDEZ**

After hearing Dr. Greg Bondy speak at the CAHR conference in Montreal last May, my interest in learning more about the metabolic consequences of HAART increased. Dr. Bondy, a specialist in lipids and the endocrine system, works with the Healthy Heart program at St. Paul's Hospital. In September 1999, he began working with the Infectious Disease Clinic at St. Paul's.

People are referred to the lipid clinic at St. Paul's by their HIV specialists and general practitioners. Criteria for referral to this clinic include diabetes or glucose intolerance; fasting high triglycerides (blood lipids) above ten because of the risk of developing pancreatitis; total cholesterol levels between 6 and 7; lipodystrophy (fat redistribution); or a family history of heart disease. "My whole idea is these metabolic problems are increasing your chances of developing heart attacks, and we really want to prevent those before they happen," explains Bondy.

Dr. Bondy's approach is a combination of lifestyle changes and identifying those patients at immediate risk for heart disease or pancreatitis. All patients whose fasting lipid levels are above ten require immediate treatment with lipid-lowering medications. For the vast majority of patients, lipid-lowering drugs are quite safe to take. If you develop side effects, they disappear when you stop taking the medication. For everyone else, he recommends a six-month trial of lifestyle changes, which can play a significant part in the resolution of metabolic problems.

Diet is at the top of the list of lifestyle changes. Until recently it was believed that people with HIV needed a high-fat, high-energy diet to prevent wasting syndrome. Bondy notes, however, that "those diets were making the metabolic problems worse." He says the advice of a nutritionist is essential to support his work. PWAs can see a nutritionist at the lipid clinic, at BCPWA Society's BIA days, at Spectrum Health Care, Oak Tree Clinic, and Vancouver Native Health. Bondy strongly advises PWAs to consult a knowledgeable nutritionist.

"Metabolic problems are increasing your chances of developing heart attacks, and we really want to prevent those before they happen," explains Bondy.

A good diet strikes a balance between making sure you are getting enough calories and protein to maintain your body weight and making sure your diet is low in saturated fat. For supplements, Bondy suggests eating fish or taking fish oil capsules to treat high triglycerides. He suggests taking 1 or 2 gram capsules with each meal. Niacin also lowers high triglycerides. High levels of homocistine are associated with an increased risk of heart problems or stroke. To lower homocistine levels, Bondy recommends 2 grams of folic acid per day and 5 micrograms of vitamin B12.

Among other lifestyle changes, exercise also helps your metabolism. It improves insulin processing, and improves your well-being. Weight training will help to maintain your muscles mass. Quitting smoking is a wise decision, since smoking interferes with your metabolism.

In response to my question about treating lipodystrophy, Bondy notes that with changes in medication, some types of fat redistribution reverse but not facial wasting. What happens is that the fat cells under the skin are exhausted or depleted. The body sends signals to produce more fat cells, but the cells in the face do not respond. The reasons for this are unknown.

Metabolic changes are a common consequence of HAART regimes. Preventing heart disease and diabetes is crucial for long-term survival. Lifestyle changes, such as diet and exercise, are important, as is monitoring for lipid levels that indicate the need for more aggressive treatment.

Ramon Hernandez is a Treatment Counsellor with the BCPWA Treatment

Nature's oldest newly discovered miracle

Scientists explore medicinal uses of the neem tree

by **MEAGHAN BYERS**

If you read the positively rhapsodic words of neem tree proponents, you would think there is almost nothing this plant can't do.

Dubbed "the miracle tree" and "the wonder tree", the neem tree is known in India as "the village pharmacy". It is used to prevent gum disease, to act as a pesticide/herbicide, to relieve skin ailments like eczema and psoriasis, to ditch intestinal worms, to stop chronic diarrhea (or constipation!), to relieve ulcers, to reduce fevers, to ease pain, to fix pimples and hemorrhoids, to cure headaches, and to act as an antibacterial and anti-viral agent. Neem can even work as a contraceptive for men and women! Neem bark, leaves, oil, sap, twigs, seeds, roots, flowers, and fruits all have medicinal properties. On top of all this, neem is used to feed cattle and sheep, build houses, supply firewood, provide mulch, improve soil, make soap, and flavor certain dishes. No wonder the United Nations declared neem the tree of the 21st century!

Though Neem did not hit the headlines in North America and Europe until the last decade, India has used it for over four thousand years. Neem is a Sanskrit word that means "to bestow health" and was an ingredient in over 50% of Ayurvedic preparations (Ayurveda is the name of the Indian system of medicine). Scientists in India, Europe, and North America are working diligently to uncover the spectrum of potential uses for neem. Biotechnology firms anxious to establish patents have also noticed neem's success. In 1995, an American firm obtained a patent that gave it rights to use a neem seed preparation as a pesticide. The patent was revoked this May after a successful challenge by over 200 environmental activists, academics, farm organizations, and an AIDS group.

The AIDS group was interested for two reasons. One was a desire to protect indigenous knowledge and prevent biotechnology companies from patenting plants and seeds used by local peoples, forcing them to pay high prices for the seeds or purchase conventional products. In addition, neem shows potential anti-viral activity and seems to stimulate the immune system.

Given that much of the interest in neem has really only sprouted in the last decade or so, the medicinal uses of its seeds, bark, oils, and leaves are still being explored by formal, scientific research methods. Currently there are few studies available on the anti-viral properties of neem. It could be quite some time before more is known. Studies have traditionally isolated the active compounds in herbs and plants and then conducted tests on those compounds. Because neem has over 100 active compounds and because no data exists regarding which ones work together and how, isolating the active compounds is not an effective way to study it.

No wonder the United Nations declared neem the tree of the 21st century!

Preliminary data does seem to indicate that it may have an impact on the ability of viruses to multiply and spread. Dr. Leonard Smith, in a speech transcribed for a neem site on the Internet (www.neemorganics.com) cites a study I was not able to find but sounds very promising. In an in vitro test on white blood cells infected with HIV, the group exposed to neem bark experienced a reduction in the secretion of the P–24 viral protein that did not occur in the control group. Dr. Smith thinks this indicates that lymphocytes with the HIV virus do not release viral protein when neem is present. He also spoke of a study where cells were placed in a petri dish with neem extract and HIV and the lymphocytes did not become infected. In this case, neem seems to have been able to stimulate immunity in the lymphocytes. Exactly how he didn't say. Neem's ability to ward off the numerous and commonplace infections that are associated with AIDS also makes it very attractive for people living with HIV.

The studies currently available through medical journals were all conducted on rats and mice and were not specifically testing neem and HIV. What these studies do indicate is that with certain groups of viruses, neem activates macrophages and lymphocytes. Mice given neem leaves show immuno–potentiating effects, meaning the oil of neem stimulates their immune systems in laboratory tests. The websites devoted to neem explain that it stimulates the production of T-cells and, unlike antibiotics, does not destroy the bacteria that your body is supposed to have.

Given the little information currently available, it doesn't seem wise to rush out and start taking neem. First, it smells like very bad body odor. Sec-

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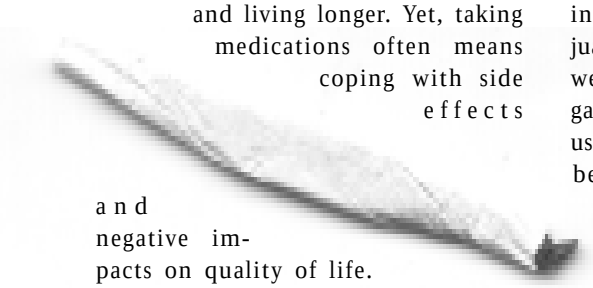
Tokin' medicine

PWAs using medical marijuana to manage side effects

by **PAULA BRAITSTEIN AND TAMIL KENDALL**

Availability of combination antiretroviral meds has resulted in PWAs experiencing fewer life-threatening complications and living longer. Yet, taking medications often means coping with side effects and negative impacts on quality of life. The word on the street is that marijuana helps people deal with some of these side effects.



Numbers from the BC Centre for Excellence in HIV/AIDS suggest that people are indeed using marijuana to manage a number of frequent drug side effects, particularly gastrointestinal symptoms and peripheral neuropathy. In 1998/99, 141 (14.4%) of the PWAs who answered the BC Centre for Excellence Drug Treatment Program Annual Participant survey reported using marijuana as a complementary therapy.

The people who used marijuana were very similar to the people who did not in terms of ethnicity, education, HIV risk category, and income. Men were 3.5 times more likely to report using marijuana as a complementary therapy than women. Marijuana users also tended to be slightly younger than people who did not use marijuana. There were no significant differences in clinical status, including a history of an AIDS-defining event, CD4 count, HIV viral load, number of antiretrovirals being taken, length of time on antiretrovirals, or being on salvage therapy.

What was associated with using marijuana was reported drug side effects. In total, nearly half of the 50 side effects that can be reported in the survey were independently associated with marijuana use. The most strongly associated were peripheral neuropathy and gastrointestinal side effects. Marijuana users were more than twice as likely to be experiencing peripheral neuropathy. Peripheral neuropathy is an extremely common side effect associated with a number of antiretrovirals, such as ddI and d4t. The use of marijuana for pain management has been reported elsewhere, and it seems likely that HIV+ people are using marijuana to manage neuropathic pain.

People who were having gastrointestinal side effects were 1.8 times more likely to be using marijuana. Each of the individual side effects, such as abdominal pain or discomfort, diarrhea, difficult digestion, gas/bloating, nausea, vomiting, and taste alterations, was associated with marijuana use. Smoking marijuana to manage these symptoms is logical, given that THC is known to reduce nausea and stimulate hunger.

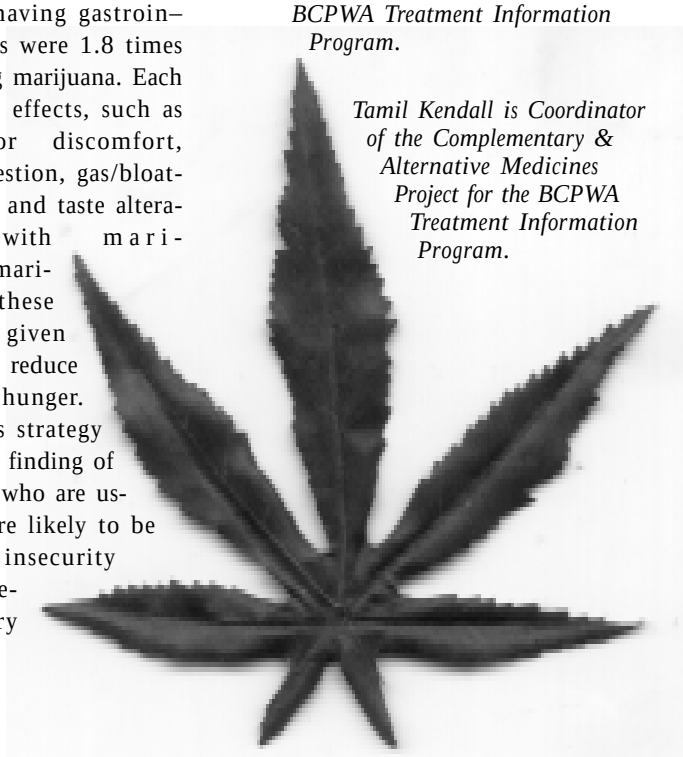
The success of this strategy may relate to the third finding of this study. Individuals who are using marijuana are more likely to be food insecure. Food insecurity was measured by statements like "I worry about whether my food will run out before I get money to buy more" and "I am often hungry, but don't eat because I can't afford enough food." In short, food insecurity is not having enough money to buy the food you need. The association of marijuana use with food insecurity suggests to us that people are using marijuana to reduce their gastrointestinal side effects, and that it is working. As a result of using marijuana, peoples' appetites are stimulated and they can eat, but they don't have enough food to satisfy their hunger.

The fact that PWAs who are using marijuana as a complementary therapy report these side effects supports other research and community experience that says marijuana is useful for pain, nausea, and loss of appetite. That people whose appetite returns can't get enough food to eat because they are living in poverty is distressing, especially since we know weight as measured by body mass index is directly related to survival among HIV+ individuals.

BCPWA's Complementary Health Fund does not pay for marijuana.

Paula Braitstein is Co-Director of the BCPWA Treatment Information Program.

Tamil Kendall is Coordinator of the Complementary & Alternative Medicines Project for the BCPWA Treatment Information Program.



Experts call for microbicide development

Microbicides could reduce transmission of HIV

by **TAMIL KENDALL**

At the first National Conference on Women and HIV/AIDS, Dr. Mark Wainberg, President of the International AIDS Society and Anna Forbes, a long-time US educator and activist in HIV/AIDS and women's health, spoke about the need for microbicides. Their comments were repeatedly echoed at the XIII International AIDS Conference in Durban, South Africa.

A microbicide is a substance that can substantially reduce the transmission of sexually transmitted diseases, including HIV/AIDS, when applied to the vagina or rectum. Development of a safe, effective, and affordable microbicide would be an excellent tool to reduce the transmission of HIV, and possibly other STIs. The need for women-controlled ways to reduce the risk of infection and re-infection with HIV was driven home throughout the conference by information on rising rates of infection among women and the social context of women's risk. Globally, women aged 15 to 24 are the fastest growing group of people infected with HIV. In Canada, sexual violence, sexism, poverty, and racism all contribute to women's risk of HIV infection. The picture is clear. As a group, women are not in a good economic, social, and political power position to negotiate safer sex practices. Therefore, women around the world need technologies for reducing risk of HIV transmission that they can use with or without the knowledge, consent, or participation of their partners.

Pharmaceutical companies have been reluctant to develop microbicides because the majority of men and women becoming infected with HIV are from the developing countries. These people will be unable to pay enough for the product to make the profit margin on product development worthwhile. Both Wainberg and Forbes emphasized the need for public lobbying and public funding, through national and international organizations, to support independent researchers to further develop microbicides, making it safer and more attractive for large pharmaceutical companies to become involved.

Dr. Wainberg favours developing microbicides with specific antire–trovirals, and perhaps even eventually taking a combination therapy approach in microbicides. He identified efavirenz and PMPA as good candidates for development. Wainberg cited one study with macaques, a type of monkey, in which a PMPA microbicide protected 11 of 15 macaques from infection with HIV, as opposed to 0 of 4 controls. Wainberg also emphasized the need to develop microbicides that are not spermicides, so that women can protect themselves or their partners from HIV infection or reinfection but can still become pregnant. Both efavirenz and PMPA meet the criteria.

Anna Forbes described many other types of microbicides. Examples are a gel that keeps the vagina acidic, making it a deadly environment for HIV; an "invisible condom" that coats the vagina and acts as a barrier against viruses and bacteria; a lactobacillus suppository that helps hydrogen peroxide production, reducing bacterial vaginosis which is linked to increased risk of HIV infection; and a synthetic polymer that sticks to HIV and prevents binding of virus to target cells. The bad news is that the only substance in Phase Three trials (final phase before market), nonoxynol–9, is out of the running as a safe and effective microbicide. In a four-year trial of Advantage S, a nonoxynol–9 delivery system, 16% of the women who used nonoxynol–9 became infected with HIV as opposed to 10% who received the placebo.

The good news is that some international organizations and governments are recognizing the need for microbicides and are committing funds. In June, the Canadian Ministry of Health took a step towards microbicides when they provided $350,000 for a clinical trial of the "invisible condom" developed at Laval University. The failure of nonoxynol–9 and the crying need for microbicides shown at the International AIDS Conference in Durban inspired Bill and Melinda Gates to donate $25 million, ten times the current annual US government budget for microbicides research. We can only hope this move encourages national governments and the pharmaceutical industry to invest. With adequate money, a safe and effective microbicide could be a reality in five years.

Pharmaceutical companies have been reluctant to develop microbicides because the majority of men and women becoming infected with HIV are from the developing countries.

Does methadone affect antiretroviral levels?

Studies suggest it's a good idea to monitor blood levels of antiretrovirals when co-administered with methadone

by **R. PAUL KERSTON**

Among the many discoveries regarding HIV and the people affected by it is this interesting statistic: "approximately 24% of HIV/AIDS patients are considered to be drug users" (or possibly *former* drug users).[1] Of course, these drugs could include a myriad of substances, but heroin, derived from morphine, and other morphine-like drugs are certainly among them.

Much seems to be written conclusively regarding the effect of antiretrovirals on methadone. Conversely, not as much appears conclusive on the effects of methadone on antiretrovirals.

Methadone is a synthetic (human-made) narcotic analgesic, or pain reliever, which at one time was considered less habit forming than heroin. In addition to its fairly well known use as an oral substitute for heroin (and some other opiates), it is also prescribed for the relief of severe and chronic pain in terminally ill patients. It is no wonder, then, that interactions between methadone and antiretrovirals (used for the suppression of HIV) would be of interest to the community of HIV-positive persons, their caregivers, and researchers. Much seems to be written conclusively regarding the effect of antiretrovirals on methadone. Conversely, not as much appears conclusive on the effects of methadone on antiretrovirals.

Certainly more research on this subject could, and probably will, be done; however, some conclusions can already be drawn. Generally, certain antiretroviral drugs appear to decrease the amounts of methadone in the bloodstream. Among these is nelfinavir (Viracept), a protease inhibitor (PI). Methadone is metabolized with the help of enzymes, and mostly by an enzyme known as cytochrome P450 3A enzyme (CYP3A). Many HIV drugs (both PIs and non-nucleoside reverse transcriptase inhibitors, or NNRTIs) induce or inhibit this CYP3A enzyme and, consequently, many possibilities for drug interactions with methadone exist.

In a prospective study of fourteen patients who had been on methadone (in varying amounts of10–140mg/day) and who had been stabilized on their methadone doses for at least one month prior to the study, nelfinavir was added (at 1,250mg/dose in twice daily doses) for eight days. Researchers measured the methadone before and during the administration of nelfinavir; the nelfinavir was measured during its use. As well, a retrospective study included thirty-six patients with stabilized regimens of methadone (20–110mg/day). This group also had their methadone monitored before and during the addition of nelfinavir in either twice or three-times daily amounts (1,250mg/dose and 750mg/dose, respectively) for periods ranging from 3 to 105 weeks. Both studies indicated reductions of methadone levels in bloodstreams. Importantly, however, none of the fourteen patients in the prospective study had withdrawal or intoxication symptoms. Neither did thirty-four of the thirty-six patients in the retrospective study. The nelfinavir blood levels were within normal ranges as well. In the retrospective study, however, "one patient required an increase in methadone dose from 70 to 80mg/day, and one patient voluntarily *reduced* methadone dose from 30 to 20mg/day."[2] Researchers concluded that although nelfinavir lowered the level of methadone in the bloodstream (in most cases), no dosage adjustment of the methadone was necessary – again, in most cases.

Other drugs studied in conjunction with methadone are efavirenz (Sustiva) and nevirapine (Viramune), both of which are HIV drugs in the class of NNRTIs. These two antiretrovirals also involve use of the CYP3A enzyme (as an inducer, nevirapine; or, in the case of efavirenz, both an inducer and an inhibitor).

A study was conducted with twenty-five patients who had stabilized dosages of methadone. These patients were using two NRTIs – unspecified – plus efavirenz (600mg) or nevirapine (200–400mg), once daily. Blood plasma concentrations of methadone decreased roughly 50% in this study.[3] Seventeen of these twenty-five patients complained of symptoms of methadone withdrawal – symptoms which required a mean increase of 21.65% (16mg on average) in methadone. This study concluded that during the initial two weeks of methadone therapy, no increase is warranted due to the need for stabilization. However, frequent monitoring may note the need for "increasing methadone dose in increments of 10mg from day 8–10

onwards."[4] Another study reviewed seven patients in whom there was insufficient prior information to predict withdrawal symptoms. Despite three patients suffering withdrawal symptoms, results appear inconclusive because the authors of the study simply concluded the need for further study![5] The three patients with low methadone levels and withdrawal symptoms continued both nevirapine and methadone, with the latter at an increased dose *in order to continue anti–retroviral therapy.* Four patients chose to discontinue nevirapine.

Clearly, persons on efavirenz, nelfinavir, and nevirapine therapies should be concerned about their methadone maintenance therapies.

Protease inhibitors do not appear to suffer from even high concentrations of co-administered methadone. One area where more research may be needed, however, is in the area of dual-PI regimens (i.e., ritonavir + saquinavir or ritonavir + indinavir).

Project Inform in San Francisco has published charts of interactions between various drugs that are frequently used by HIV persons. The summary below outlines relevant interactions, minus efavirenz, nelfinavir, and nevirapine. Note that AZT levels *increase* with methadone; however, other NRTIs are reduced, in varying amounts, in conjunction with methadone. The literature suggests monitoring the AZT levels as a result of the increase.

Methadone plus:

- **AZT** increases AZT levels by 50% in blood
- **ddI** decreases ddI levels by 52% in blood – consider tablets
- **d4T** decreases d4T levels by 13% in blood
- **ritonavir** decreases methadone levels by about 40% in blood

Interestingly, other literature suggests that ritonavir may actually increase methadone concentrations and that this latter drug may need a reduction in its dosage as a result.[6,7,8] Pharmacokinetics appear to differ on this issue between in vitro (test-tube) and in vivo (life) studies.

Dr. Carol Murphy, a physician in a group practice that works particularly with HIV-infected persons, commented that methadone does not seem to affect interactions with antiretrovirals. Rather, antiretrovirals can affect methadone concentrations. In her practice, she has had to increase doses of methadone by as much as 50% of the original amount, perhaps from 80mg/day to as much as 120mg/day; or from 100mg/day to 150mg/day. Methadone increases are often done in 10mg/day increments until the right balance is achieved. In typical 3 or 3+ HIV drug regimens, nevirapine is known to make methadone react, she said. Dr. Murphy stressed that methadone withdrawal symptoms do not occur suddenly, or even at the start of concomitant nevirapine use. Instead, it begins gradually and reaches a critical stage near the two-week mark of the dual therapies. For this reason, she monitors patients on a twice-weekly basis when they add nevirapine to an already stabilized methadone maintenance therapy – and this close monitoring should continue for one month.

Persons on efaviren, nelfinavir, and nevirapine therapies shold be concerned about their methadone maintenance therapies.

Commenting upon the conflicting reports of ritonavir and methadone interactions, Dr. Murphy said that she was not surprised, given ritonavir's profile, generally.

In conclusion, further study is warranted – and likely. For the moment, it is safe to say that close monitoring of blood levels of all antiretrovirals is necessary when co-administered with methadone. Watch this publication for further developments. ✣

R. Paul Kerston is a Treatment Counsellor with the BCPWA Treatment Information Program

[1] 7th Conference on Retroviruses and Opportunistic Infections (CROI): "Pharmacokinetic (PK) and Pharmacodynamic (PD) Interactions between Nelfinavir and methadone" Hsyu.
[2] Ibid.
[3] 7th CROI: "Managing methadone and Non-Nucleoside Reverse Transcriptase Inhibitors: Guidelines for Clinical Practice" Clarke.
[4] Ibid.
[5] "Nevirapine induced opiate withdrawal among injection drug users with HIV infection receiving methadone" Altice (AIDS. 1999 May 28; 13(8):957–62).
[6] Drugdex Editorial Staff. methadone drug evaluation monograph. Micromedex, Inc. Colorado, 1998.
[7] Abbott Laboratories. Information for Clinical Investigators ABT-538. Attachment No. 1; 1995 Jul 7.
[8] Invitro effect of HIV protease inhibitors on methadone metabolism. ICAAC 1997 (Toronto): A-58, Guibert.

Neem Tree from page 27

ondly, it should not be taken for long periods. Neem is toxic if ingested in excessive quantities, possibly damaging the liver. For this reason, herbalists recommend that people not take neem for more than two weeks at a time. For a chronic ailment like HIV, people should use it on a schedule of two weeks on, one week off. Never use neem without the guidance of your doctor because potential drug interactions are currently unknown.

Finally, the Ayurvedic approach to treatment views healing as the process of regaining balance in the body. For this reason, it is extremely rare in Ayurveda to use any one element as a cure-all. From this perspective, the use of neem for every ache, pain, and sore would not be recommended, though it still sounds quite beneficial for a number of complaints.

Meaghan Byers is a Researcher with the BCPWA Treatment Information Program.

The National Conference on Women and HIV/AIDS

First of its kind held in Toronto in May 2000

by **JANET CONNERS**

The first ever National Conference on Women and HIV/AIDS was held in Toronto from May 25–28, 2000. For the first time, the Canadian Aboriginal AIDS Network (CAAN), the Canadian AIDS Society (CAS), the Canadian Treatment Advocates Council (CTAC), and the Canadian AIDS Treatment Information Exchange (CATIE) collaborated to jointly organize and host a national conference on women and HIV/AIDS. The goal of the conference was to provide a forum for HIV-positive women to share their life experiences with community workers and other HIV-positive women.

This was a truly remarkable event. The excitement level was high from the start and remained high until the end. Many women commented that this was the best conference they had ever attended.

The conference brought together women from across Canada, women both affected and infected by HIV/AIDS. Nearly two hundred HIV-positive women attended, along with family and friends of those living with HIV/AIDS. Women's health groups and members of the medical, pharmaceutical, and research communities also attended.

Scholarships were awarded to 105 women. Distribution was based on HIV status, Aboriginal and ethnocultural status, as well as regional location. Women from Aboriginal communities accounted for 19% of scholarships while women from other ethnocultural communities made up 8%, and women living in rural Canada accounted for 21%. The majority of scholarships were awarded to self-declared HIV-positive women. There was on-site daycare for women who brought their children to the conference, and an on-site needle exchange. Round the clock on-site care teams for women needing support and/or care after hours were available.

HIV-positive women were involved in every aspect of the conference, from planning and leading seminars and workshops to developing recommendations.

Sessions were set up in three formats: standard lecture-style presentations were held in the morning; workshops in the early afternoon; and discussion groups during the late afternoon. Facilitators set aside time at the end of their sessions so participants could make their recommendations.

The conference was organized in accordance with four critical paths: prevention, support, treatment, and legal, ethical, and public policy. The sessions were developed to meet the criteria established by the Conference Planning Committee, whose mission was to ensure that the sessions were as diverse and all-encompassing as possible.

Over 180 recommendations resulted from the more than 70 sessions held over four days. A final report, which will include the recommendations, will be published in the near future. The recommendations will be submitted to the various stakeholders who can effect change. One year later a report-card check will be undertaken by the four organizing partner groups to evaluate the progress made.

Janet Conners is a long-time AIDS activist and founding board member of the Canadian Treatment Advocates Council (CTAC).

HIV+ women's treatment needs not being addressed

News from the National Conference on Women and HIV/AIDS

by **TAMIL KENDALL**

The first National Conference on Women and HIV/AIDS was an exciting opportunity to learn about and discuss the latest women-related treatment issues with HIV+ women from across the country. The conference revealed that there is still much work ahead.

Women in clinical trials

Canadian women represent 25% of new HIV infections, yet typically comprise less than 10% of the participants enrolled in clinical trials. The low numbers of women in trials means the women-specific data is not statistically significant. We know women react to medication and to HIV differently than men, but we do not have a clear understanding of what new treatments will do to and for women. Treatment guidelines continue to be set using the male body as the model. For women to make informed treatment decisions, we need clinical trials designed with women in mind that incorporate adequate numbers of women. Louise Binder of the Canadian Treatment Advocates Council (CTAC) highlighted metabolic and hormonal differences in men and women and opportunistic infections in

women, such as cervical cancer, as research priorities.

Dr. Julio Montaner from the British Columbia Centre for Excellence in HIV/AIDS stated that nothing prevents clinical trials from being mandated to include a percentage of women. He also noted that those who usually participate in clinical trials are the relatively privileged. Lack of opportunity may be the reason pharmaceutical companies traditionally say that women are "hard to recruit". If pharmaceutical companies and researchers are having difficulties recruiting women, they might ask the following questions: Are we advertising the trial in places where HIV+ women go? Do we have study sites outside of the downtown cores of major urban centres? Are we providing subsidies for travel and childcare? Are we providing information in a variety of languages? Addressing some of these issues could go a long way towards facilitating women's participation in clinical trials.

If pharmaceutical companies and clinical researchers are committed to serving women equally, they need to start by ensuring that they adequately represent women in clinical trials. Setting the percentages of men and women to be enrolled in the trial in advance and closing male enrolment once the quota is met would create circumstances that encourage finding "hard to reach" women.

Research from BCPWA

Kath Webster and Tamil Kendall of BCPWA Society's Treatment Information Program shared the findings of research on women and complementary medicine carried out at the Oak Tree Clinic. *For a research summary, see pg.15.*

Women and treatment

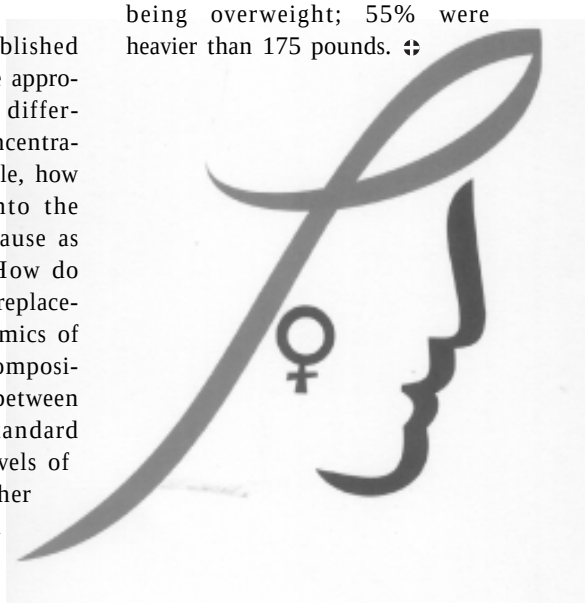
Dr. Kathleen Squires from the University of Alabama at Birmingham raised many issues related to women's treatment based on the American experience. First, women will probably continue to be less likely to be diagnosed with HIV because women are generally at a later disease stage when diagnosed. This is particularly marked in women forty and above. Following diagnosis, women are less likely to receive appropriate treatment. In one study of 871 HIV+ women, only 24% were taking highly active antiretroviral therapy (HAART). Is this because women are not offered HAART? Other research has shown that women, non-whites, and injection drug users are less likely to be offered antiretroviral therapy. For example, a study from Rhode Island showed 73% of men who met the criteria for HAART received it, whereas only 50% of women who met the criteria received it. These findings suggest treatment activists in Canada need to be vigilant to ensure women receive state-of-the-art care.

When women do receive "standard of care" treatment, it still may not meet women's needs. Reviewing the research shows that women tend to have lower viral loads than men for at least the first five years after infection. This difference raises the question: when is it appropriate to begin treatment? The consensus at this time is that no change in treatment guidelines is necessary despite recognizing this difference.

In addition, guidelines established using male subjects might not be appropriate for women because of differences in body size, body fat concentrations, and hormones. For example, how are antiretrovirals absorbed into the body of women before menopause as opposed to after menopause? How do birth control pills or hormone replacements affect the pharmacodynamics of antiretrovirals? Overall, body composition and metabolic differences between men and women mean that standard doses result in higher blood levels of the drug in women. These higher blood levels may protect women by more fully suppressing viral replication, but can also mean more side effects. Dr. Squires shared clinical trial experience suggesting women are more likely to have to drop their doses of ddI and have side effects. Women are more likely to report nausea and neurologic side effects with protease inhibitors. Women are also more likely to get a rash from nevaripine and to be intolerant of ritonavir.

With respect to lipodystrophy, women are more likely to gain fat, especially in the breasts, while men are more likely to lose fat. The type of lipodystrophy that results in fat lost in the arms and legs and gained in the middle occurs equally in men and women. Fat abnormalities, like high triglycerides and cholesterol, are less common in women. However, lactic acidosis is a serious concern for women. Of the 60 reports of lactic acidosis associated with dual nucleoside regimes made to the FDA, 83% were in women. Lactic acidosis was also associated with being overweight; 55% were heavier than 175 pounds.

When women do receive "standard of care" treatment, it still may not meet women's needs.



The Buzz from HEPHIVE

Antioxidant therapy

by **KEN WINISKI**

Many people with hepatitis C have benefited from the use of antioxidants. Antioxidants are substances that can reduce the damage of oxidative stress to the body. They can be helpful in lowering liver enzymes, reducing fatigue, and improving sense of well-being. Some authors have suggested that antioxidants may be beneficial in slowing disease progression. Antioxidant therapy may also benefit those infected with HIV and hepatitis B.

The main antioxidants used to treat liver disease are alpha-lipoic acid, milk thistle, selenium, and vitamin E.

In this issue, we will discuss alpha-lipoic acid.

Alpha-lipoic acid is sometimes called the master antioxidant. It provides free radical protection both inside and outside cells, whereas most antioxidants only provide extra-cellular protection. Originally called the potato growth factor in the 1930s because it was required for certain species of bacteria to grow, alpha-lipoic acid was formally identified in 1957. It is also called thiotic acid. It has the unique property of being both water- and fat-soluble.

Inside the cells, alpha-lipoic acid is converted to the more powerful dihydrolipoic acid, which neutralizes free radicals such as hydroperoxy, hydroxyl, and superoxide. These free radicals have environmental sources (cigarette smoke, car exhaust, alcohol, and solar radiation) and are also the byproduct of cellular metabolism. Certain drugs such as nucleosides are also thought to create free radicals through metabolism.

Free radicals damage proteins, which leads to cataracts; damage to the liver; weakening of cell membranes causing strokes and heart attacks; oxidative stress to peripheral nerves; wrinkling of the skin; and cancer. They may also speed viral replication.

Alpha-lipoic acid has been shown to regenerate other antioxidants such as vitamins C and E and gluatathione. This regenerative process allows them to be effective in the body for a longer period of time, which is valuable because antioxidants may then be taken only once daily. Gluatathione is an important free radical deactivator that offers protection to the liver, as well as protection against cataract formation and immune enhancement. It also may help with heavy metal detoxification.

Alpha-lipoic acid acts as a co-factor in a number of vital enzymes responsible for metabolism of our food into energy. It facilitates insulin-stimulated glucose disposal. This can be helpful for people with glucose metabolism problems (diabetics) and may be helpful in easing fatigue.

Deficiencies are rare. Alpha-lipoic acid is found in many foods, the richest sources being red meats. It is also found in the leaves of plants containing mitochondria and in non-photosynthetic plant tissues such as potatoes, carrots, beets, and yams.

Alpha-lipoic acid has been used to treat diabetic and drug-induced neuropathies, to lower liver enzymes, and to increase energy levels in hepatitis patients. As a prophylactic agent, it is used to prevent cataracts and alcohol-induced liver damage. It has been used in Europe to treat acute toxicities from radiation and mushroom poisoning.

As a supplement, it is used in the dose range 100–600mg per day. ✣

Ken Winiski is Co-Coordinator of HEPHIVE.

H E P H I V E

Vancouver Native Health Society
Positive Outlook Program

449 East Hastings
(above Vancouver Native Health Clinic)
Vancouver, BC V6G 1B4

PHONE (604) 254-9949 ext 232
FAX (604) 254-9948
TOLL FREE +1 (800) 994-2437
ken.winiski@hephive.org,
darlene.morrow@hephive.org

volunteering at BCPWA

profile of a volunteer

VERA GYSEN

Volunteer History:
Started as support volunteer at TIP (Treatment Information Program) and stayed there for about one year before moving to M/VR (Member and Volunteer Resources) as the Coordinator of Volunteers.

Started at BCPWA
Spring 1998.

Why pick BCPWA?
Personal family history.

Why has she stayed?
I find that working at M/VR is very rewarding and I consider many of the people around me friends… and I care about them.

Rating BCPWA
I feel they are living up to their mission statement, which is multifold.

Strongest point of BCPWA
It supports people in their efforts to act and feel positive about living, with a sense of humour and compassion.

Favourite memory
There is no one memory in particular, but I've enjoyed many a time sharing a joke or a story with other volunteers or staff.

Future vision for BCPWA
To continue to support people where needed, and wishing for less and less deletions from our membership.

Gain and share your skills for a valuable cause

For further information and an application form contact:
Volunteer Coordination
at 893-2298 or
e-mail: gillianb@parc.org
or Human Resources at
1107 Seymour Street.

IF YOU HAVE

- administrative skills that include word-processing, or
- law and advocacy skills, or
- research and writing skills, and
- the ability to work independently and in a group,

we can find a match for you in our numerous departments and programs

Visit our web-site at www.bcpwa.org
for further information on volunteer positions

positively Happening

YOUR GUIDE TO JUST ABOUT EVERYTHING

who to call

Pacific AIDS Resource Centre:
(604)-681-2122 or 1-800-994-2437

PARC Partners:
AIDS Vancouver *
BC Persons With AIDS Society
Positive Women's Network
Fax: 893-2251
*A/V Fax 893-2211

Help Lines and Information Services:
BCPWA Treatment Information Project
893-22243 or 1-800-994-2437 ext.243

AIDS Vancouver
Help Line: 687-2437
TTY/TDD Help Line: 893-2215

AIDS Vancouver Island
Toll free Help Line 1-800-665-2437

B.C. AIDS Line:
Vancouver 872-6652 or
1-800-661-4337

Clinical Trials Information
631-5327 or 1-800-661-4664

Ministry of Health Information
1-800-665-4347

Sexually Transmitted Diseases
Clinic 660-6161

St. Paul's Hospital:
Infectious Disease Clinic 806-8060
Patient Information 806-8011
Pharmacy: 806-8153 and 1-888-511-6222
Social Work Dept. 806-8221

It is the mission of the Positively Happening section of Living + Magazine to provide a complete and comprehensive listing of groups, societies, programs and institutions in British Columbia that serve persons touched by HIV disease and AIDS.

To this end, if anyone knows of any B.C.-based organization that is not currently listed in these pages, please contact us so that we can include them. **Our deadline for the next issue is September 19.** Although we strive to have correct, up-to-date listings, it is not always possible.

vancouver

FOOD & DRINK

AIDS VANCOUVER GROCERY: Free for PWA/HIV+'s living in the greater Vancouver region, conditionally, according to income. Tuesday & Wednesday, 11:30 to 2:30. Closed cheque issue Wednesday. Call AIDS Vancouver Support Services at 681-2122 ext. 270.

A LOVING SPOONFUL: Delivers free nutritious meals to persons diagnosed HIV+/AIDS, who because of medical reasons require our assistance. Call 682-Meal (6325) for further information. #100 -1300 Richards Street, Vancouver, B C, V6B 3G6. Phone: 682-6325. Fax: 682-6327.

BCPWA'S WATER PROGRAM: This program offers purified water at a discounted rate to members through the CHF Fund. For further information phone 893-2213.

DROP-IN LUNCH FOR POSITIVE WOMEN: In the Positive Women's Network kitchen. Hot lunch Tuesday starting at noon. Sandwich lunch Wednesday starting at noon. For more information or to become a PWN member call Nancy at 893-2200.

FOOD FOR THOUGHT: We provide hot lunches 11am - 2pm, Monday to Friday. For information on other services please call 899-3663.

LOW COST MEALS: St. Paul's Hospital is offering healthy meals to those on reduced incomes. The program operates from the Crest Club Cafeteria at St. Paul's, 1081 Burrard Street. Call 682-2344 for more information.

POSITIVE ASIAN DINNER: A confidential bi-monthly supper and support group for positive Asian people. Call ASIA at 669-5567 for time and location. Visit our website at www.asia.bc.ca.

VANCOUVER NATIVE HEALTH SOCIETY HIV OUTREACH FOOD BANK: Tuesdays 1:00 - 3:00 p.m. except cheque issue week. 441 East Hastings Street. For more information call 604-254-9937.

VOLUNTEER RECOGNITION LUNCHES: Supplied at Human Resources office for all volunteers working two and a half hours that day on approved projects.

HEALTH

B. C. CENTRE FOR EXCELLENCE IN HIV/AIDS: 608 - 1081 Burrard Street (at St. Paul's Hospital), Vancouver, B C, V6Z 1Y6. Phone: 604-806-8515. Fax: 806-9044. Internet address: http://cfeweb.hivnet.ubc.ca/

BCPWA TREATMENT INFORMATION PROGRAM: Supports people living with HIV/AIDS in making informed decisions about their health and their health care options. Drop by or give us a call at 893-2243, 1107 Seymour Street. Toll-free 1-800-994-2437.

BUTE STREET CLINIC: Help with sexually transmitted diseases and HIV issues. Monday to Friday, Noon to 6:30. At the Gay and Lesbian Centre, 1170 Bute Street. Call 660-7949.

COMPLEMENTARY HEALTH FUND (CHF): For full members entitled to benefits. Call the CHF Project Team 893-2245 for eligibility, policies, procedures, etc.

WRITE TO US: Pos-Hap, Living + Magazine
1107 Seymour St., Vancouver, BC V6B 5S8
Call us 893-2255 • Fax us 893-2251
E-mail us: living@parc.org •
or visit our website: www.bcpwa.org

Do you have Call Block?

All PARC telephone lines have a Call Blocking feature to protect member confidentiality. If your phone line has a similar screening/blocking feature, we may NOT be able to return your calls, as we can no longer use the operator to bypass these features.

DEYAS, NEEDLE EXCHANGE: (Downtown Eastside Youth Activities Society). 223 Main Street, Vancouver, B C, V6A 2S7. Phone: 685-6561. Fax:: 685-7117.

DR. PETER CENTRE: Day program and residence. The day program provides health care support to adults with HIV/AIDS, who are at high risk of deteriorating health. The residence is a 24 hr. supported living environment. It offers palliative care, respite, and stabilization to individuals who no longer find it possible to live independently. For information or referral, call 608-1874.

DOWNTOWN SOUTH COMMUNITY HEALTH CENTRE: Provides free and confidential services; medical, nursing, youth clinic, alcohol and drug counselling, community counselling and a variety of complementary health programs. 1065 Seymour Street. Phone: 633-4206.

FRIENDS FOR LIFE SOCIETY: support services to people with life threatening illnesses employing a holistic approach encompassing the mind, body, and spirit. Call us at 682-5992 or drop by the Diamond Centre For Living at 1459 Barclay Street for more information. Email: friends@radiant.net. Website: www.friendshome.com.

GASTOWN MEDICAL CLINIC: specializing in treatment of addiction and HIV. BCPWA Peer Counsellor on duty from 1:30 to 4 p.m. every day except Thursday. Thursday is Treatment information day. Located at 30 Blood Alley Square. Phone: 669-9181.

HEPHIVE: Hepatitis & HIV Education Project. Jointly run by BCPWA and Vancouver Native Health, the project supports people who are co-infected with Hepatitis and HIV+ to make informed treatment decisions. Call (604) 254-9949 ext 232, or toll free 1-800-994-2537. Vancouver Native Health Clinic, 449 East Hastings, upstairs.

OAKTREE CLINIC: Provides care at a single site to HIV infected women, children, and youth. For information and referrals call 875-2212 or fax: 875-3063.

PELVIC INFLAMMATORY DISEASE SOCIETY (PID): Pelvic inflammatory disease is an infection of a woman's reproductive organs. The PID Society provides free telephone and written information: 604-684-5704 or PID Society, PO Box 33804, Station D, Vancouver BC. V6J 4L6.

PINE FREE CLINIC: Provides free and confidential medical care for youth and anyone without medical insurance. HIV/STD testing available. 1985 West 4th Avenue, Vancouver, BC V0J 1M7. Phone: 736-2391.

PWA RETREATS: For BCPWA members to 'get away from it all' for community building, healing and recreation. Please call the Information Centre at 681-2122 ext. 323 for more information. If out of town, reach us at 1-800-994-2137 ext 323.

REIKI SUPPORT GROUP: Farren Gillaspie, a Reiki Master, offers a small support group for people who wish to be initiated into level 1 Reiki. No charges for joining. Costs involve your portion of shared food supplies. Contact Farren at 1-604-990-9685. Complementary Health Fund subsidies available.

SOCIETY FOR THERAPUETIC ALTERNATIVES USING NATURAL CHINESE HERBS (S.T.A.U.N.C.H.): AIDS TREATMENT /COMMUNITY SERVICE PROJECT. Immune support/anti-viral herbal-extract medications, electric (needle-free) acupuncture, energy work, addictions treated. Clinic: 535 West 10th Avenue. Phone: 872-3789 or cell 551-0896.

TRADITIONAL CHINESE ACUPUNCTURE: Reduced rates in effect: regular $38 plus GST. Only $15 for BCPWAs. Leave a message for Tom in treatment information at 681-2122 ext. 243.

VANCOUVER NATIVE HEALTH SOCIETY: Medical outreach program and health care worker program. For more information call 254-9937. New address is 441 Hastings Street, Vancouver. Office hours are from 8:30 a.m. to 4:30 p.m. Monday to Friday.

HOUSING

MCLAREN HOUSING SOCIETY: Canada's first housing program for people living with HIV/AIDS. 59 units of safe, affordable housing. Helmcken House-32 apts; also 27 portable subsidies available. Applications at: #200 - 649 Helmcken Street, Vancouver, B C V6B 5R1. Waiting list. Phone: 669-4090. Fax: 669-4090.

WINGS HOUSING SOCIETY: (VANCOUVER) Administers portable and fixed site subsidized housing for HIV+ people. Waiting list at this time. Pick up applications at #12-1041 Comox Street, Vancouver, BC V6E 1K1. Phone: 899-5405. Fax: 899-5410.

VANCOUVER NATIVE HEALTH SOCIETY HOUSING SUBSIDY PROGRAM: Administers portable housing subsidies for HIV+ people. Waiting list at this time. Call 254-9937 for information.

LEGAL & FINANCIAL

BCPWA INDIVIDUAL ADVOCACY: Providing assistance to our members in dealing with issues as varied as landlord and tenant disputes, to appealing tribunal decisions involving government ministries. For information call 681-2122 and ask for BCPWA Advocacy. Information line(recorded message): 878-8705.

FREE LEGAL ADVICE: Law students under the supervision of a practicing lawyer will draft wills, living wills and health care directives and assist in landlord/tenant disputes, small claims, criminal matters and general legal advice Call Advocacy reception 893-2223.

FOUR CORNERS COMMUNITY SAVINGS: Financial services with No Service Charges to low-income individuals. Savings accounts, picture identification, cheques, money orders and direct deposit are free. Monday to Friday 9:30 a.m. to 4:00 p.m. 309 Main Street (at Hastings). Call 606-0133.

PET CARE

BOSLEY'S PET FOOD MART: 1630 Davie Street. Call 688-4233 and they will provide free delivery of pet food to BCPWAs.

FREE SERVICES

COMPLIMENTARY TICKET PROGRAM: To participate you must complete an application form and be accessible by phone. If receiving tickets is important to you, we need a contact phone number that you can be reached at. Because of confidentiality we cannot leave messages. For information call BCPWA Support Services at 893-2245, or toll free 1-800-994-2437.

HAIR STYLING: Professional hair styling available at BCPWA. Call information desk for schedule, 681-2122 ext 323.

POLLI AND ESTHER'S CLOSET: Free to HIV+ individuals who are members of PWA. Open Wednesday 11-2pm and Thursday 11-2pm. 1107 Seymour Street. People wishing to donate are encouraged to drop off items Mon-Fri.,8:30 am – 8:30 pm.

XTRA WEST: offers free listing space (up to 50 words) in its "PROUD LIVES" Section. This can also be used for "In Memoriam" notices. If a photo is to be used there is a charge of $20.00. For more information call XTRA West at 684-9696.

RESOURCES

PACIFIC AIDS RESOURCE CENTRE LIBRARY: The PARC Library is located at 1107 Seymour St. (main floor). The Library is a community-based, publicly accessible, specialized collection of information on HIV and AIDS. Library Hours are Monday to Friday, 9 to 5. Telephone: 893-2294 for more information. Information can be sent to people throughout BC.

Support Groups

VANCOUVER

Monday

LULU ISLAND AIDS/HEPATITIS NETWORK: Weekly support group in Brighouse Park, Richmond (No. 3rd & Granville Ave.) Guest speakers, monthly dinners, videos, snacks and beverages available. Run by positive people, confidentiality assured. Everyone welcome. For information call Phil at 276-9273 or John at 274-8122.

Tuesday

THE HEART OF RICHMOND AIDS SOCIETY: Weekly support group for those affected by HIV/AIDS. 7-9 pm at Richmond Youth Services Agency, 8191 St. Albans Rd. For information call Carl at 244-3794 or Joanna at 275-9564.

POP SUPPORT GROUP: Weekly support group for youth living with HIV/AIDS between the ages of 15-29. 7-9 p.m. at YouthCO, #203-319 W. Pender St. For information call Kim at 688-1441 or Ron at 808-7209.

SUPPORT GROUP FOR PEOPLE LIVING WITH HIV and AIDS: takes place each Tuesday from 2:30-4:00 pm at St. Paul's Hospital in Room 2C-209 (2nd. Floor, Burrard Building). For information call 806-8072.

Wednesday

BODY POSITIVE SUPPORT GROUP: Drop -in open to all persons with HIV/AIDS. 7:00 to 8:30 p.m. 1107 Seymour Street (upstairs). Informal, confidential and self-facilitated. For information call 893-2236.

DOWNTOWN EASTSIDE SUPPORT GROUP: Drop-in, affected/infected by HIV, every Wednesday 4-6pm. 441 E. Hastings St. Call Bert at 512-1479. Refreshments provided.

Thursday

CMV (CYTOMEGALOVIRUS) SUPPORT GROUP: 11 a.m. to noon. St. Paul's Hospital, Eye Clinic lounge. For information call 682-2344.

HIV/AIDS MEETING: Open to anyone. 6 to 8 p.m. Pottery Room, Carnegie Centre Basement. For Information call 665-2220.

"NEW HOPE" NARCOTICS ANONYMOUS MEETING: All welcome! Drop-in 12-step program. 8:00 to 9:30 p.m. 1107 Seymour St. Call BCPWA at 681-2122 for information. NA 24-hour help line: 873-1018.

Saturday

KEEP COMING BACK NARCOTICS ANONYMOUS: All welcome! 12-step program. 7:30 to 9:30 p.m.Gay and Lesbian Community Centre, room 1-G, 1170 Bute Street, Vancouver.

SURREY

Monday

SUPPORT GROUP: For HIV Positive persons. 7 to 9 p.m. White Rock/South Surrey area. For information call Elizabeth Faeth at 531-6226

Wednesday

HIV SUPPORT GROUP: For persons with HIV/AIDS. 3 p.m. Facilitator: Alice Starr. Location: Fraser House, 33063 - 4th Avenue, Mission. For more information call 826-6810.

SUPPORT GROUPS & PROGRAMS

CARE TEAM PROGRAM: Small teams of trained volunteers can supplement the services of professional home care or friends & family for people experiencing HIV/AIDS related illnesses. Please call AIDS Vancouver Support Services at 681-2122 ext. 270 for more information.

HIV-T SUPPORT GROUP: (affiliated with the Canadian Hemophilia Society). Our group is open for anyone who is either hemophiliac or blood transfused and living with HIV/AIDS. Should you need more information, please call (604) 866-8186 (voice mail) or Robert: 1-800-668-2686.

HOME AND HOSPITAL VISITATION PROGRAM: People living with HIV/AIDS who are in hospital or have recently been released can request visits or phone contact from trained, caring volunteer visitors. Call AIDS Vancouver Support Services at 681-2122 ext. 270.

P.O.P. PRISON OUTREACH PROGRAM: is dedicated to providing ongoing support for HIV+ inmates and to meeting the needs of our members in the correctional system. Direct line phone number for Inmates with HIV/AIDS. 604-527-8605. Wednesday through Sundays from 4 P.M. TO 10 P.M. Collect calls will be accepted and forwarded, in confidence, to the POP/Peer Counsellor on shift. For more information call the Prison Liaison voice mail at 681-2122 ext. 204.

PEER AND SUPPORT COUNSELLING: BCPWA Peer and Support Counsellors are available Monday to Friday from 10 to 4 in the support office. Counsellors see people on a drop-in or appointment basis. Call 893-2234 or come by 1107 Seymour Street.

PROFESSIONAL COUNSELLING AND THERAPY PROGRAM: Professional counsellors and therapists are available to provide ongoing therapy to people with HIV/AIDS. Free of charge. Please call AIDS Vancouver Support Services at 681-2122 ext. 270.

PROFESSIONAL COUNSELLING PROJECT: Registered Clinical Counsellors and Social Workers provide free and confidential one hour counselling sessions to clients by appointment. Call 684-6869, Gay and Lesbian Centre, 1170 Bute Street.

REGISTERED MASSAGE THERAPIST: Matthew Shumaker, 500-1541 W. Broadway at Granville, Vancouver, 731-0870. No extra fees for PWAs.

THEATRE ARTS PROGRAM: Join a group of people living with HIV/AIDS interested in exploring various aspects of theatre arts. No experience necessary; only an interest in having fun and developing skills. For information call director at: 450-0370 (pager)

YOUTHCO'S POSITIVE-YOUTH OUTREACH PROGRAM: A first step and ongoing support program for HIV+ youth (ages 15-29) by HIV+ youth. Provides: support, education, retreats, social opportunities, referrals, and skills-building opportunities. Cell phone: 808-7209. Office: 688-1441. E-mail: information@youthco.org. Website: www.youthco.com

AIDS GROUPS & PROGRAMS

AIDS AND DISABILITY ACTION PROGRAM AND RESOURCE CENTRE:. Provides and produces educational workshops and materials for disabled persons. B. C. Coalition of People with Disabilities. #204 - 456 West Broadway, Vancouver, BC V5Y 1R3. Phone: 875-0188. Fax: 875-9227. TDD: 875-8835. E-mail: adap@bccpd.bc.ca. Website: www.bccpd.bc.ca/wdi.

AIDS CONSULTATION AND EDUCATION SERVICES: 219 Main Street, Vancouver, B. C., V6A 2S7. Phone: 669-2205.

AIDS VANCOUVER: PARC, 1107 Seymour Street, Vancouver, BC V6B 5S8. Phone: 681-2122. Fax: 893-2211.

ASIAN SOCIETY FOR THE INTERVENTION OF AIDS (ASIA): Suite 507-1033 Davie Street, Vancouver, BC V6E 1M7. Phone: 604-669-5567. Fax: 604-669-7756. Website: www.asia.bc.ca

B.C. ABORIGINAL AIDS AWARENESS PROGRAM: To help participants explore their lives and lifestyles in a way that encourages spiritual, mental, emotional and physical health. BC Centre for Disease Control, 655 West 12th Avenue. For information call Lucy Barney at 660-2088 or Melanie Rivers at 660-2087. Fax 775-0808.
Email: lucy.barney@bccdc.hnet.bc.ca, or melanie.rivers@bccdc.hnet.bc.ca.

CANADIAN HEMOPHILIA SOCIETY - B. C. CHAPTER: Many services for Hemophiliac or Blood Transfused HIV+ individuals. HIV-T Support Group. Address: 150 Glacier Street. Coquitlam, BC V3K 5Z6. Voice mail at 688-8186.

THE CENTRE: (PFAME gay and Lesbian Centre) 1170 Bute Street, Vancouver, BC V6E 1Z6. Phone: 684-5307.

DOWNTOWN EASTSIDE CONSUMER BOARD: For information call 688-6241.

HEALING OUR SPIRIT B. C. FIRST NATIONS AIDS SOCIETY: Service & support for First Nations, Inuit & Métis people living with HIV/AIDS. 319 Seymour Boulevard, North Vancouver. Mailing address: 415B West Esplanade, North Vancouver, BC V7M 1A6. Phone: 604-983-8774. Fax: 604-983-2667. Outreach office at #212 - 96 East Broadway, Vancouver, BC V5T 4N9. Phone: 604-879-8884. Fax: 604-879-9926. Website: www.healingourspirit.org.

HUMMINGBIRD KIDS SOCIETY: For HIV/AIDS infected/affected children and their families in the Lower Mainland of B.C. P.O. Box 54024, Pacific Centre N. Postal Outlet, 701 Granville Street, Vancouver, BC V7Y 1B0 Phone: 604-515-6086 Fax: 250-762-3592 E-mail: hummingbirdkids@bc.sympatico.ca.

LATIN AMERICAN HEALTH/AIDS/EDUCATION PROGRAM AT S. O. S. (STOREFRONT ORIENTATION SERVICES): 360 Jackson Street, Vancouver, BC V6A 3B4. Si desea consejería, orientación sobre servicios, o ser voluntario del Grupo de Animadores Populares en Salud y SIDA llame a Bayron, Claudia o Mariel al 255-7249.

LIVING THROUGH LOSS SOCIETY: Provides professional grief counselling to people who have experienced a traumatic loss. 101-395 West Broadway, Vancouver, B. C., V5Y 1A7. Phone: 873-5013. Fax: 873-5002.

LOWER MAINLAND PURPOSE SOCIETY: Health and Resource Centre and Youth Clinic. 40 Begbie Street, New Westminster, BC Phone: 526-2522. Fax: 526-6546

MULTIPLE DIAGNOSIS COMMITTEE: c/o Department of Psychiatry, St. Paul's Hospital, 1081 Burrard Street, Vancouver, BC V6Z 1Y6. Phone: 682-2344 Ext. 2454.

NATIONAL CONGRESS OF BLACK WOMEN FOUNDATION(UMOJA): Family orientated community based group offering a holistic approach to HIV/AIDS & STD's education, prevention and support in the black community. 535 Hornby Street, Vancouver, BC Phone: 895-5779/5810. Fax: 684-9171.

THE HEART OF RICHMOND AIDS SOCIETY: Weekly support groups, grocery vouchers, dinners, and advocacy for people affected by HIV/AIDS. Located at 11051 No.3 Rd., Richmond, BC V7A 1X3. Phone: 277-5137. Fax: 277-5131. E-mail: horas@bc.sympatico.ca

THE NAMES PROJECT (AIDS MEMORIAL QUILT): Is made of panels designed by friends and loved ones for those who have passed on due to AIDS. 5561 Bruce Street, Vancouver, BC V5P 3M4. Phone: 604-322-2156. Fax: 604-879-8884.

POSITIVE WOMEN'S NETWORK: Provides support and advocacy for women living with HIV/AIDS. Main floor, 1170 Seymour Street, Vancouver, BC V6B 5S8. Phone: 681-2122 ext. 200. Fax 893-2211.

URBAN REPRESENTATIVE BODY OF ABORIGINAL NATIONS SOCIETY: #209 - 96 East Broadway, Vancouver, BC V5T 1V6. Phone: 873-4283. Fax: 873-2785.

WORLD AIDS GROUP OF B.C: 109-118 Alexander St., Vancouver, BC, V6A 3Y9. Phone: 646-6643. Fax: 646-6653. Email: wagbc@vcn.bc.ca .

YOUTH COMMUNITY OUTREACH AIDS SOCIETY (YOUTHCO): A youth for youth member-driven agency, offers prevention education services, outreach, and support. Contact us at 688-1441 Fax: 688-4932, E-mail: information@youthco.org, outreach/support worker confidential pager: 650-2649.

surrey and the fraser valley

HEALTH

CHILLIWACK CONNECTION - NEEDLE EXCHANGE PROGRAM: Needle exchange, HIV/AIDS, STD education, prevention, referrals counselling. #2 - 46010 Princess Avenue, Chilliwack, BC V2P 2A3. Call for storefront hours. Phone: 795-3757. Fax: 795-8222.

STREET HEALTH OUTREACH PROGRAM: Provides free general health services including testing and counselling for sexually transmitted diseases, pregnancy, hepatitis and HIV/AIDS and an on-site needle exchange. Doctor/Nurse: 583-5666, Needle Exchange: 583-5999. Surrey Family Services Society #100 - 10664 135A-Street, Surrey, BC V3T 4E2.

SUPPORT GROUPS & PROGRAMS

HIV/AIDS SUPPORT GROUP: Just started in Chilliwack for people from Hope to Abbotsford. Small, intimate group of HIV positive people or people affected by HIV/AIDS. For information call Jim at 793-0730.

SURREY HIV/AIDS SUPPORT NETWORK: for people living with HIV/AIDS, providing support, advocacy, counselling, education and referrals. Support group meets regularly. For more information call 588-9004.

AIDS GROUPS & PROGRAMS

LANGLEY HOSPICE SOCIETY: Offers support to dying and/or bereaved people while also providing education about death and dying to the community. For more information please call (604)-530-1115. Fax: 530-8851.

VALLEY AIDS NETWORK: For information, please leave message for Teresa Scheckel, MSA Hospital, 2179 McCallum Rd., Abbotsford, BC V2S 3P1. Phone:604-853-2201 ext 221.

PEACE ARCH COMMUNITY SERVICES: provides individual counseling and support groups to persons infected or affected by HIVand AIDS in the Surrey/Fraser Valley area. Also assists individuals with referrals and information. Phone: 531-6226

Y.A.M.P. YOUTH AIDS MENTOR PROGRAM: c/o #2-46010 Princess Avenue, Chilliwack, BC V2P 2A3. Phone: 795-3757. Fax: 795-8222.

vancouver island

HEALTH

NANAIMO AND AREA RESOURCE SERVICES FOR FAMILIES: STREET OUTREACH AND NEEDLE EXCHANGE: 2-41 Commercial Street, Nanaimo, BC V9R 5G3. Phone: 1-250-754-2773. Fax: 1-250-754-1605.

NORTH ISLAND AIDS COALITION HARM REDUCTION PROGRAMS: Courtenay 250-897-9199; Campbell River 250-830-0787; Port Hardy & Port McNeil 250-949-0432 and Alert Bay Area 250-974-8494.

HOUSING

WINGS HOUSING SOCIETY: (VANCOUVER ISLAND) Leave messages for local WINGS rep Mike C.at (250) 382-7927 (Victoria) or 1-800-665-2437.

SUPPORT GROUPS & PROGRAMS

CAMPBELL RIVER SUPPORT GROUPS: Art therapy and yoga/meditation sessions. Phone: 1-250-335-1171. Collect calls accepted.

COMOX VALLEY SUPPORT GROUP: Comox Valley. Also see North Island AIDS Coalition. Phone: 250-338-7400

AIDS GROUPS & PROGRAMS

AIDS VANCOUVER ISLAND (AVI): Offers a variety of services for those affected by HIV/AIDS,including support, education and street outreach. Office located at the Victoria HIV/AIDS Centre, 304-733 Johnson St., Victoria, BC V8W 3C7. Phone: 1-250-384-2366 or toll free at 1-800-665-2437. Fax: 1-250-380-9411.

AIDS VANCOUVER ISLAND – REGIONAL & REMOTE, NANAIMO: Offers a variety of services for those affected by HIV/AIDS. #201 - 55 Victoria Road, Nanaimo, BC V9R 5N9. Phone: 1-250-753-2437. Fax: 1-250-753-4595. Collect calls accepted.

MID ISLAND AIDS SOCIETY: For PWA/HIVs, partners, family, friends, and the community. Education, resource materials, & monthly newsletter available. Bi-weekly support group. Call 1-250-248-1171. P. O. Box 686, Parksville, BC V9P 2G7.

NORTH ISLAND AIDS COALITION (NIAC): All of our offices offer Individual Advocacy, Support and Education, and Harm Reduction Programs. E-mail: niac@island.net. Website: www.island.net/~niac. Courtney office: NIAC, 355-6th St., Courtenay, BC V9N 1M2. Phone: 250-338-7400 or toll-free 1-877-311-7400. Fax: 250-334-8224 . Campbell River: NIAC, 684B Island Highway, Campbell River, BC V9W 2C3. Phone: 250-830-0787 or toll-free 1-877-650-8787. Fax: 250-830-0784. Port Hardy Office: NIAC, 8635 Granville Street, Ground Floor Corner Unit, Port Hardy, BC V0N 2P0. Phone and fax: 250-902-2238. Cell phone: 949-0432.

PORT ALBERNI SUPPORT TEAM ASSOCIATION (PASTA) ON HIV/AIDS: Support, education and information in the Port Alberni Area. Phone: 1-250-723-2437. P. O. Box 66, Port Alberni, BC V9Y 7M6.

RIGHT TO DIE SOCIETY OF CANADA: Information on voluntary euthanasia and suicide counselling. P. O. Box 39018, Victoria, BC V8V 4X8. Phone: 1-250-380-1112 or Fax 1-250-386-3800. e-mail: rights@islandnet.com. DeathNET Website: http://www.islandnet.com/~deathnet.

VICTORIA AIDS RESPITE CARE SOCIETY: 2002 Fernwood Rd., Victoria, BC V8T 2Y9. Phone: 1-250-388-6220. Fax: 1-250-388-7011. E-mail: varcs@islandnet.com. Website: http://www.islandnet.com/~varcs/homepage.htm.

VICTORIA PERSONS WITH AIDS SOCIETY: Peer support, comprehensive treatment information, food bank, newsletter. Located at: 541 Herald Street, Victoria, B.C. V8W 1S5. Phone: 1-250-382-7927. Fax: 1-250-382-3232. E-mail: vpwas@home.com. Homepage: http://www.geocities.com/~vpwas.

thompson-okanagan

HEALTH

OUTREACH HEALTH SERVICES: Full STD/HIV testing and counselling; health care, pregnancy, and contraception counselling; needle exchange. Suite 102, 1610 Bertram Street, Kelowna, BC. Phone: 205-868-2230. Fax: 250-868-2841.

VERNON - NORTH OKANAGAN-YOUTH AND FAMILY SERVICES OUTREACH HEALTH AND NEEDLE EXCHANGE:. Information and support available to individuals affected by HIV and AIDS. 2900 - 32nd Street, Vernon, BC V1T 2L5. Phone: 1-250-545-3572. Fax: 1-250-545-1510.

AIDS GROUPS & PROGRAMS

AIDS RESOURCE CENTRE - OKANAGAN & REGION: Information,referral, advocacy, peer support, social & supportgroups,education and resource library.. Phone: 1-800-616-2437 or Fax: 1-250-868-8662, 800-616-2437 or write to #202 - 1626 Richter Street, Kelowna, BC V1Y 2M3. E-mail: kares@silk.net. Vernon Office: 250-542-2451, Pentiction Office: 800-616-2437, Princeton Office: 800-616-2437.

AIDS SOCIETY OF KAMLOOPS (ASK): PO Box 1064, Kamloops, BC V2C 6H2. Phone: 1-250-372-7585. Fax: 1-250-372-1147.

PENTICTON AIDS SUPPORT GROUP: For PWAs, family and friends. Contact Sandi Detjen at 1-250-490-0909 or Dale McKinnon at 1-250-492-4000.

cariboo-interior

AIDS GROUPS & PROGRAMS

CARIBOO AIDS INFORMATION AND SUPPORT SOCIETY (CAIS): Williams Lake and Hundred Mile House area. c/o The NOOPA Youth Ctre. P.O. Box 6084, Williams Lake, BC V2G 3W2. Prevention Worker for Youth also available. Phone: 250-392-5730. Fax: 250-392-5743. Needle Exchange in Williams Lake. Phone: 250-398-4600.

CIRCLE OF LIFE: Held at the White Feather Family Centre every second Tuesday from 4:30-5:30. For information call Gail Orr @ 397-2717.

QUESNEL SUPPORT GROUP: For PWA/HIV and their families. For information call Jill at 1-250-992-4366.

northern bc

AIDS GROUPS & PROGRAMS

AIDS PRINCE GEORGE: Support groups, education seminars, resource materials. #1 - 1563 - 2nd Avenue, Prince George, BC V2L 3B8. Phone: 1-250-562-1172. Fax: 1-250-562-3317.

DAWSON CREEK REGIONAL AIDS SOCIETY: P. O. Box 513, Dawson Creek, BC V1G 4H4. Phone: 1-250-782-5709.

PRINCE GEORGE NATIVE FRIENDSHIP CENTRE, NEEDLE EXCHANGE: 144 George Street, Prince George, BC V2M 4N7. Phone: 1-250-564-3568. Fax: 1-250-563-0924.

PRINCE GEORGE: NORTHERN INTERIOR HEALTH UNIT: STD clinic; HIV testing (pre and post counselling), and follow-up program. 1444 Edmonton Street, Prince George, BC. V2M 6W5. Phone: 250-565-7311. Fax: 250-565-6674.

kootenays

AIDS GROUPS & PROGRAMS

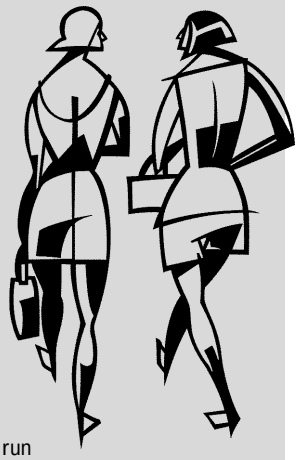
ANKORS: (WEST KOOTENAY/BOUNDARY AIDS NETWORK OUTREACH SOCIETY) Office at 101 Baker Street Street, Nelson, BC V1L 4H1. Phone: 250-505-5506 or 250-505-5509 or Toll free: 1-800-421-2437. Fax: 250-505-5507. Website: http://ankors.bc.ca/. West Kootenay/Boundary Regional Office 250-505-5506; East Kootenay Regional Office 250-426-3383.

north coast

AIDS GROUPS & PROGRAMS

AIDS PRINCE RUPERT SOCIETY: Provides support, group meetings, needle exchange, HIV testing (including pre/post counselling), and education. Located at 2-222 3rd Ave. West, V8J 1L1. Please call for information 1-250-627-8823 or fax 1-250-627-5823.

personals



TO PLACE A PERSONAL IN LIVING + The text of the ad can be up to 25 words long and must include a contact name and a number or mailing address where respondents can reach you. In order to publish the ad, Living + must receive your full name, address and a phone number where you can be reached, this information is for verification purposes only and will not be published with your ad. All ads are subject to the editorial guidelines of the Living + Editorial Board. BCPWA takes no responsibility for any of the ads nor any actions that may arise as a result of the publishing of said ads. Ads will only run for one issue, unless otherwise notified.

Single white male, 42 years old, HIV+, seeking female partner to share a happy and healthy life together. I live in Parksville on Vancouver Island. Phone Joe at 250-954-3409.

31 year old HIV+/HepC female in Victoria, searches for same in male companionship. I'm an active, healthy, funny, fit, adventurist who enjoys life. Call Suzanne at 250-380-1580.

I love it when...

...my doctor says, "these drugs will save your life!" and a day later a world class (?) virologist claims they are as toxic as raw sewage.

...you go to an AIDS organization for some assistance, and discover there is not one HIV+ person on their payroll (and while I'm at it – no people of colour, no non-ivory tower powers, etc.)

...you can tell the difference between, "so, how are you feeling lately?" and "so, how are you *feeling* lately?"

...I am about to have hot sex with a real man and I say, "I think you should know that I am HIV+," and he says, "GREAT so am I!"

...the nurse says you have 59 seconds to live and the doctor asks you to wait a minute.

...you apply for a job that strong encourages HIV+ individuals to apply, but they give the job to someone negative.

...my doctor said the blood transfusion saved my life, and now it's slowly killing me.

...you are being admitted to the hospital and fresh flowers are being delivered to you in emerg, apparently from your previous visit.

Brought to you by YouthCO's POP (Positive-Youth Outreach Program)