

# Positive Views



**Making a Difference Together— Winter 2011**

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## AIDS Committee of Guelph & Wellington County

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**Saturday April 16<sup>th</sup>, 2011**

A Benefit The AIDS Committee of Guelph and Wellington County, Bracelet of Hope and The Masai Clinic.



The 2011 Red Ribbon Gala Committee is thrilled to announce our 19<sup>th</sup> Annual Gala Charity Live and Silent Auction. The event is a joint fundraiser between The AIDS Committee of Guelph and Wellington, The Masai Clinic and Bracelet of Hope.

ACG is the first AIDS Service Organization with an onsite HIV Clinic and a satellite site in Waterloo. This integrated service model is uniquely designed as it takes on a holistic approach to effectively meet the complexities involved in AIDS treatment, support and prevention. Each year we witness an increase in participants who access our services. The complexity of issues are unique and require us to be creative in our response. We continue to provide services such as access to medication, vitamin supplements, food vouchers, emergency financial aid and transportation to medical appointments. Your support of this event you will help keep Guelph on the leading edge in providing quality holistic healthcare for people living with HIV/AIDS and prevention services for those at risk. This event will also support Bracelet of Hope, which is a organization that raises funds to support HIV/AIDS in Lesotho, Africa.

This year's event takes place on Saturday April 16<sup>th</sup> at the Guelph Delta. The evening will feature an elegant sit down dinner, music, mingling and a silent auction. Our main event for the evening will be our Live Auction showcasing the regions extraordinary talent and creativity in art with exciting packages that have been graciously donated from our business community. We are pleased to announce that Mathabo Tsepa, the High Commissioner from Lesotho will be our keynote speaker.

Doors will open at 6:00 p.m. Enjoy cocktails while you start your bidding early on the Silent Auction items and preview the collection of Live items. Dinner is at 7:00 p.m. Tickets are \$100.00 or a table of 10 for \$950.00. A \$50.00 charitable tax receipt will be issued for each ticket purchased.

**Your participation can make a difference and we thank you!**

For tickets or to donate an item, please e-mail [redribbon@aidsguelph.org](mailto:redribbon@aidsguelph.org) or phone Kim Paton, Red Ribbon Gala Co-coordinator at: (519) 763-2255 ext 128.

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ONTARIO WORKING GROUP ON  
**CRIMINAL LAW +  
HIV EXPOSURE**



# Save the Date!

**W**ell the time of year has come where we start recruiting our restaurants for "A Taste of Life" This year the event is held on the **27<sup>th</sup> of April, 2011, so SAVE the DATE.** Last years event was a tremendous success for us. A great big thanks again to the volunteers because it couldn't have been possible without your help.

Last year the line-up featured 8 restaurants with one being a lunch destination which worked very well and I hope to expand upon that theme this year. We are hoping for the return of all our participating restaurants this year.

Unfortunately, due to a fire Manhattan's Jazz and Pizza Bistro are in the process of renovating and we wish them all the best. We also wanted to thank Tom and his staff for their support and involvement with this great event for the last 2 years.

Watch for updates and additions to the 2011 "A Taste For Life" line-up [www.atasteforlife.org](http://www.atasteforlife.org)

Tastefully

Gary Roche  
Event Coordinator, A Taste for Life



# Happy New Year from Abercrombie Place

As we move in to our third year of our Housing initiative a lot of things have been happening. As always with any new project there are growing pains, questions around policies, procedures, and striving for the ultimate goal of providing a safe secure affordable home for those living with HIV and AIDS. For the most part the learning curve went smoothly with a few bumps along the way which is to be expected. One thing for sure that we learned was that the need for more Housing is definitely still there

and the variety of options is still lacking. Another emerging trend is that as people are living longer, we need to begin focusing on Aging and HIV. The question we need to ask ourselves is are we ready as an agency and community to meet those needs? Ensuring that we don't re-closet our aging population by housing them in unprepared, uneducated facilities that do not meet the needs for the LGBTQT community. They often experience homophobia and transphobia when trying to access health care or elder care services, and they also frequently confront ageism within LGBTQT com-

munity organizations.

I attended a conference in the fall "Senior Queer Citizens" which dealt with some of the issues. One thing which came out of this was the opportunity to view a film by Stu Maddox called Gen Silent. I highly recommend watching this clip, and watch for ACG to bring it the full length version to our area. <http://GenSilent.com/> and <http://www.seniorpridenetwork.com>

At Abercrombie Place we have seen some changes in our tenant population. For some individuals supported, it provided a stable environment for them for a short term before moving on to independent living, for others it was evident

that the shared housing model is not the answer for everyone. For those who have flourished, the house has been a stable environment for them to grow and allowed them to move forward to realize some dreams and goals they had planned for themselves.

Gary Roche, Community Support



1<sup>st</sup> Annual  
Mini Fashion Show & Sex Bingo  
Fundraiser for ACG!

Sunday February 13<sup>th</sup> – 22:00 hrs.

**NV LOUNGE** 16 Wyndham St. N. Guelph, ON

# New Student Placement for Outreach



I am a fourth year nursing student in the Humber College/University of New Brunswick collaborative Bachelor of Nursing program. I have been fortunate enough to have my last clinical placement with the AIDS Committee of Guelph and Wellington County, where I will be gaining experience and knowledge with Harm

Reduction principals and participating in outreach.

When I first started my nursing program, I was sure that I wanted to be an ER nurse as I thought that would be exciting, not to mention I saw nursing as mostly a skills based profession and of course the ER is the perfect place to show of specified nursing skills. I soon realized that skills were only a small aspect of the nursing profession. Throughout my four years of learning I realized that nursing is much more- it's about caring, not only for the individual but for every aspect of that

person's life including family, community and society. I started to become passionate about population health and advocating for accessible care that increases quality of life for individuals, their families and ultimately the community.

I first knew that I wanted to be a community street health nurse during a clinical placement at St. Joseph's Health Care Center, in which I was able to practice on three different mental health units, all of which helped individuals cope with their condition and prepared them to re-enter the community setting. During my studies, I was also able to complete a clinical placement at Sanctuary Ministries in Toronto where I participated in street outreach, counselling and was able to practiced in the center's health clinic. It was during this placement that I recognized my desire to work in the community with the homeless, newly or marginally housed, vulnerable populations of people dealing with addictions and mental health disorders.

These placements are what have led me to pursue this clinical placement with the AIDS committee of Guelph. I believe that this experience with harm reduction and outreach will only build on my passion for street health and increase my desire to promote the well being of individuals and communities. I look forward to working with Natalie and the rest of the team at the ACG. I know it will be a rich learning experience.

Stephanie Mulhern

*We are excited to announce that Stephanie will be helping us out with our new Women's Harm Reduction Support Group.*



## Women's Harm Reduction Group

This group is open to women who use injectable and/or inhaled drugs. It will run every 2nd Wednesday, starting **February 9, 2011** from **6pm-8pm** at **10 Carden St.** in Guelph.

For more information and to register, please contact

**Natalie Basaraba** at:  
**519-763-2255 ext. 151**

Healthy snacks will be provided



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# International Women's Day 2011

**Tuesday March 8<sup>th</sup>, 2011** marks this year's International Women's Day. It is a day to celebrate the economic, political and social achievements of women past, present and future. Over the last 100 years, we have seen tremendous changes in the way women have been viewed and treated. Women have established themselves as legal persons, won the right to vote and participant in government, attend university, work and raise a family, but most importantly earned the right to choose their own path in life.

Even with the advances that have been made, the unfortunate fact is that women are still not paid equally to that of their male counterparts, women still are not present in equal numbers in business or politics, and globally women's education, health and the violence against them is worse than that of men.

International Women's Day reminds us of what women have gone through, what still lies ahead, and inspires women by celebrating these achievements. The day is dedicated to recognizing the fact that securing peace and social progress and the full enjoyment of human rights and fundamental freedoms require the active participation, equality and development of women. The day is also an opportunity for our community to come together to unite and create meaningful and positive change for the future.

Women's history regarding HIV and AIDS is also filled with struggles, challenges, and successes. After the first HIV diagnosis in Canada in 1983, the American Medical Journal published an article in 1985 claiming that women's rugged vaginas will protect them from HIV infection, leaving women misinformed and therefore more vulnerable to HIV infection, as we now know that women are physiologically *more* susceptible to HIV than men. It wasn't until 7 years later in 1992 that the rugged vagina myth was finally debunked in AIDS in the World and the World Health Organization listed women as a group at risk for HIV infection.



Today, many Canadian women are living long, healthy and empowered lives with HIV, thanks to medication, healthy lifestyles, and access to health care. Unfortunately due to socio-cultural factors such as marginalization,

barriers to health care, poverty, and a lack of control over sexuality and sexual relationships, not all women have access to the treatment and care they need to prevent or manage HIV.

This year on March 8<sup>th</sup>, celebrate the women around you. Take time to remember the past, learn about the achievements of notable Canadian women and inspire those around you to do the same. Take time to learn about HIV transmission, risk reduction, and prevention and how the disease affects both men and women. Pass the information along to those you love.

Happy International Women's Day Everyone!

Cheryl Bloemendal  
Women's Community Development Coordinator

*If your organization serves women or has women specific programming and you want to learn how you can help, please contact Cheryl at 519-763-2255 ext. 150 or e-mail [communitydevelopment@aidsguelph.org](mailto:communitydevelopment@aidsguelph.org)*

**DOES YOUR ORGANIZATION SERVE WOMEN?**

**EVERY YEAR APPROX. 300 WOMEN IN ONTARIO TEST POSITIVE FOR HIV**

**HOW MANY OF THEM WILL WALK THROUGH YOUR DOORS?**

**TO LEARN MORE VISIT [WWW.AIDSGUELPH.ORG](http://WWW.AIDSGUELPH.ORG)**

# Prosecutorial Guidelines NOW!

We are concerned that the current criminal law and media sensationalism may make people:

## less likely

to talk openly and honestly about sex, HIV and other sexually transmitted infections

## reluctant

to get health care for sexually transmitted infections, including HIV, which may result in poor health and a greater risk of HIV transmission during sex

## feel stigmatized

because they have HIV (or people may think they have HIV), and more likely to face discrimination

## avoid

HIV testing out of a fear that they may be criminally charged

## fear

public health staff and mistakenly presume that public health staff and police are working together

## think

that the criminal law will protect them from being exposed to HIV

## Canadians' knowledge and attitudes about HIV/AIDS

**32%**

of people believe incorrectly that HIV can be transmitted through kissing

**29%**

believe incorrectly that HIV can be transmitted through a mosquito bite

**26%**

would feel uncomfortable working in an office where someone developed HIV/AIDS

**49%**

say that they would feel uncomfortable using a restaurant drinking glass once used by a person living with HIV/AIDS

**20%**

do not believe in supporting the rights of people living with HIV/AIDS

HIV/AIDS Attitudinal Tracking Survey 2006. Final Report. EKOS Research Associates Inc., 31 March 2006.

## The Background

People living with HIV have a duty under Canadian criminal law to disclose their HIV status to sex partners before having sex that carries "a significant risk of HIV transmission". People living with HIV have been charged, convicted and sent to prison when they have not disclosed—even when no one became infected with HIV.

The criminal law also applies to other Sexually Transmitted Infections (STI's). But with the exception of three cases (involving herpes, Hepatitis B and Hepatitis C), only people living with HIV have been prosecuted.

HIV is not easy to transmit. And HIV medications drastically reduce the risk of transmission and have transformed HIV (for many people) into a chronic manageable illness.

## The Problems

Courts have not clearly defined in law what counts as a "significant risk of HIV transmission". This has led to an expansive use of the criminal law.

HIV+ people don't know what the criminal law expects of them. Some have been charged and convicted when they practiced safer sex or had only oral sex. Others have been found not guilty.

The criminal justice system, including courts, is ill-equipped to address complex social problems like HIV disclosure and HIV prevention. People living with HIV in Canada face stigma and discrimination. HIV disclosure can lead to a loss of privacy, employment, housing, friends and family, and can sometimes lead to violence. Paradoxically, over-reliance on the criminal law might make HIV disclosure more difficult and might hinder HIV prevention efforts.

The criminal law and high-profile criminal prosecutions are making it more difficult to support people living with and at risk of HIV infection, many of whom are already socially marginalized. In light of the systemic discrimination Black people of African and Caribbean descent have historically

faced in Ontario society and in the criminal justice system, the significant number of prosecutions against Black men is of special concern and requires further examination.

The criminal law will not stop the HIV epidemic. No one wants to be infected with HIV. An HIV diagnosis can be devastating, especially for a person who feels he or she has been deceived. People may feel anger, betrayal, grief and a desire for retribution. But criminal charges, trials and convictions are not a "cure" for HIV.

Criminalization of HIV non-disclosure in Canada has gone forward without an informed public debate, without clear rules about when it is appropriate to use the criminal law, and without examining the effect of criminal law on HIV care and prevention. While some situations of HIV non-disclosure may warrant prosecution, we view the current expansive use of criminal law with concern.

## The Solution

Prosecutorial guidelines are an important part of the solution. Guidelines can help police and Crown Prosecutors handle HIV-related criminal complaints in a fair and non-discriminatory manner. Guidelines can help ensure that cases are informed by current medical and scientific knowledge about HIV and the social contexts of living with HIV.

## What is the guideline campaign and who is involved?

While criminal prosecutions may be warranted in some situations of HIV non-disclosure, we view the current expansive use of criminal law with concern. Criminalization of HIV non-disclosure in Canada has gone forward without an informed public debate, without clear rules about when it is appropriate to use the criminal law, and without examining the effect on HIV care and prevention.

The Guideline Campaign is being organized by the Ontario Working Group on Criminal Law and HIV Exposure. The Working Group is made up of people living with HIV and representatives of over 20 community-based AIDS organizations from across Ontario. We are calling on Ontario's Attorney General to immediately undertake a process to develop prosecutorial guidelines for cases involving allegations of HIV non-disclosure. We are asking fair-minded Ontarians, like you, to [sign](#) our Call for Ontario Guidelines for Criminal Prosecutions of HIV Non-disclosure.

## When do people have a legal duty to

Continued on page 7....

# ACG Support Services Updates!

Another year has passed and what a busy one it has been. We saw many activities, workshops, fundraising successes, and growth to the roster of services we provide to our participants in 2010. Some of those programs will continue while others will be added to our list of ongoing supports. We continue to look for ways to respond to our service users needs with gratitude and genuine interest. While 2010 saw new staff, programming, and increased need for support programs, we strive to move forward to broaden our reach and will focus on further community engagement initiatives. Programs designed with service users in mind will provide participant empowerment and ultimately personal achievements through goal setting in 2011. If our participants grow and prosper so do we.

2011 will be another year of tremendous growth and will include more services and workshops to attend or help to organize. We will need more volunteers to assist us with all areas of interest within the agency and we encourage our members to become more involved to affect even more improvements to our overall operation.

**The Masia Centre**—ACG continues to develop and enjoy a very successful working relationship with the Masia Centre and its professional medical staff. Combined multidisciplinary services are offered to those living with HIV/AIDS in the Guelph and Wellington County **should they choose to access both services**. Our participants overwhelmingly enjoy one location to access many services to improve their overall health and well being.

It is our goal to work as a community to face this disease and to rise above all that can be so difficult to overcome. Support Services programs are available to our participant community but we also have other areas of programming available to those we serve including: Outreach, Education, Positive Prevention, Housing, Volunteer, Speaker's Bureau Training, Women's Community Development, as well as many others.

**Activities**— Once again this year over the next several months' support services will be working hard to deliver such events as our Annual Education Dinner, the Community BBQ, Canada's Wonderland, Support Groups and many other educational and supportive/social events for services users in Guelph. Remember every last Tuesday of the month during the afternoon we offer Massage Therapy (Appointments are Required). During the evening we have our Movie Night from 6-8 pm. Please call to register if you plan to join us.

**Receiving information electronically vs. traditional mailing**—We strongly encourage service users to provide us with current email and home addresses to facilitate accurate updated mailing lists. Keeping your contact information current helps us to keep you informed and to offer better services.

**Important**—In order to keep our participants up to date on activities and events we ask that you contact Support Services and or check out our website regularly at [www.aidsguelph.org](http://www.aidsguelph.org). Please get involved with our blogging activity, participant activities, volunteer opportunities, and events.

Brian Woolsey

*If you have any other questions regarding any services, please call Brian at 519.763.2255 Ext. 126.*



**THE AFRICAN & CARIBBEAN COUNCIL  
ON HIV/AIDS IN ONTARIO (ACCHO) presents**

**PHA's Community Forum**

In conjunction with the AIDS Committee of  
Guelph and Wellington County

**Mosaic Counselling & Family Services**  
400 Queen Street South, Kitchener

**Friday February 11th, 2011  
10 am – 4 pm**

**Topics will include:**

- Understanding how the Black PHA Provincial Advisory Body is working to implement ACCHO's strategy to address the issues related to stigma and discrimination.
- Improving the involvement and engagement of African and Caribbean PHA's in their communities.
- Addressing issues related to ODSP and other benefits.
- Discussing Immigration and Sponsorship issues.

Participant will receive a \$25 honorarium and bus tickets to attend the forum. Snacks and lunch will be provided.

**To Register:**  
Jane Karago-Odongo at (519) 570-3687 Ext 309

## Prosecutorial Guidelines NOW!

### disclose their HIV+ status to sex partners?

Parliament did not change the Criminal Code to include an HIV/AIDS-specific crime. Canadian courts have created the law about HIV non-disclosure. The Supreme Court of Canada decided in the *Cuerrier* case that the criminal law has a role to play in HIV prevention. It ruled that people living with HIV have a legal duty to disclose their HIV status to sex partners before engaging in sex that carries a significant risk of HIV transmission. So a person who does not disclose his or her HIV status can be convicted of the Criminal Code offence of aggravated sexual assault even when a sex partner does not become infected with HIV.

But the Supreme Court did not clearly define the most important part of the legal test: What counts legally as a *significant risk*? As a result, trial court decisions have been confusing and often contradictory.

- ▶ Some courts have ruled that sexual intercourse using a condom does not present a legally significant risk of HIV transmission.

#### HIV non-disclosure charges and convictions in Canada and Ontario

##### Canada:

- At least 97 people have been charged.
- Since 2003 there has been an average of 10 cases per year.
- At least 59 people have been convicted.
- In 24 cases a person was convicted even though there was no HIV transmission alleged to have taken place.
- Almost 90% of the people convicted have gone to jail.
- White people make up about 30% of people charged. Black people make up almost 25%. Aboriginal and other people make up about 6%. We don't know the race or ethnicity of the other people charged.

##### Ontario:

- Leads Canada with at least 47 cases and 31 convictions.
- About 40% of the people charged have been white, 30% have been black, 7% have been aboriginal or another race or ethnicity. We don't know the race or ethnicity of the other people charged. Since 2005, 40% of men charged have been black.

Mykhalovskiy, E., Betteridge, G. "The criminalization of HIV non-disclosure in Canada: A preliminary analysis of trends and patterns." Unpublished data. 31 December 2009.

Others have said it can be. Yet another court has said that to avoid conviction an HIV+ person must not only wear a condom but also have an undetectable amount of HIV in their blood (also known as undetectable HIV viral load).

- ▶ One court convicted a person living with HIV for having oral sex without a condom. Another court found a person not guilty.

Recently, one person has been convicted of murder, and police have laid attempted murder charges.

### Is the criminal law being used against people with other infectious diseases, like other STI's, hepatitis, TB, SARS or H1N1?

There are many other infectious diseases that pose a significant risk of serious bodily harm. The Supreme Court decided that the criminal law could be used to address not only the risk of HIV infection but also of other STI's. However, with the exception of three cases (involving her-

pes, Hepatitis B and Hepatitis C), only people living with HIV have been prosecuted.

### Why is the current criminal law a problem for people living with HIV?

Some people living with HIV have expressed serious concerns about using the criminal law against people who allegedly have not disclosed their HIV+ status to a sex partner.

- ▶ People living with HIV in Canada face stigma and discrimination. HIV disclosure can lead to a loss of privacy, employment, housing, friends and family, and sometimes violence. The criminal law does not recognize this reality.
- ▶ Courts have not clearly set out the circumstances under which people living with HIV have a legal duty to disclose their HIV+ status. The law has not defined with certainty what sex acts, under what circumstances, involve a legally significant risk of HIV transmission.
- ▶ Vindictive and abusive spouses, lovers and exes have used the criminal law as a way to control people living with HIV. Spouses, lovers and exes have threatened to falsely accuse their HIV+ partners of not disclosing their HIV status.
- ▶ Many court cases involving alleged HIV non-disclosure have been decided based on credibility. Yet it is difficult if not impossible for people to prove that they disclosed their HIV+ status, or practiced safer sex.
- ▶ Black people of African and Caribbean descent have historically faced systemic discrimination in Ontario society and the criminal justice system. Given this context, and the number of Black men who have been prosecuted for alleged HIV non-disclosure, Black men may be significantly affected by these prosecutions.
- ▶ Even when a court finds a person not guilty, their life may have already been ruined. A photo and private medical information may have been reported in the media. Before a trial takes place he or she has been judged "guilty" in the court of public opinion. And they may have spent many months in jail awaiting trial.

### What concerns do people working in the area have with using the criminal law to prevent HIV?

Public health staff, community health and social service workers, HIV outreach and prevention workers, mental health professionals and human rights and civil liberties advocates are troubled by the current expansive use of the criminal law. Many people living with or at risk of getting HIV are already socially marginalized. *As front-line workers, including people living with HIV, we know that the criminal law is making it more difficult*

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## Prosecutorial Guidelines NOW!

*to support people living with HIV. It might also be making it more difficult to prevent new HIV infections.*

### **Does it make sense to use public health powers/laws, rather than the criminal law, to prevent the spread of HIV?**

If preventing HIV is our ultimate goal, in the vast majority of cases it makes sense to use public health powers/laws rather than the criminal law. If public health authorities are adequately funded and effectively exercise the full range of their legal powers, we believe that the vast majority of situations involving HIV non-disclosure can be addressed without recourse to the criminal law.

### **Does it ever make sense to use the criminal law against people living with HIV who fail to disclose their HIV status to sex partners?**

Public health authorities in Ontario may require more resources to effectively address difficult situations where people engage in behaviours that pose a risk of HIV transmission to others. Even with adequate resources, there may be rare cases when public health powers may not be effective to prevent someone from knowingly putting a sex partner at risk of HIV infection. After extensive consultation and study, the Joint United Nations Programme on HIV/AIDS (UNAIDS) recognized a limited role for the criminal law, in cases of intentional transmission—where a person knows his or her HIV+ status, acts with the intention to transmit HIV, and successfully transmits HIV. UNAIDS also takes the position that the criminal law should not be applied where an HIV+ person took reasonable measures to reduce risk of transmission, such as practicing safer sex through using a condom or other precautions to avoid higher risk acts.

### **How can we change the situation?**

There are two ways to change the criminal law:

- ▶ Parliament can amend the Criminal Code by passing a new law. It can take years of advocacy to convince Members of Parliament that a new law is needed. And if an issue is politically contentious or unpopular, the law might never be changed, or a new law might be worse than the old one.
- ▶ Courts, through their decisions, can interpret or re-interpret existing Criminal Code offences. In concert with lawyers, we are working on this. But it can take many years to bring about change through the courts.

*But there is a way to change not the law itself, but how Ontario police and Crown Counsel use the law. The Attorney General of Ontario can issue prosecutorial guidelines.*

### **What are prosecutorial guidelines?**

The Attorney General issues prosecutorial guidelines to assist Crown Counsel in making decisions and to promote high standards and consistency in how criminal cases are handled. Crown Counsel, sometimes called Crown Prosecutors, are lawyers responsible for the prosecution of criminal cases.

Prosecutorial guidelines are rarely absolute and do not take decision-making responsibility away from Crown Counsel. They provide the overall philosophy, direction and priorities of the Attorney General and set out detailed practice guidance for Crown Counsel.

Examples of criminal offences covered by other Ontario prosecutorial guidelines include:

- ▶ hate crimes and discrimination
- ▶ sexual offences
- ▶ spouse/partner offences

### **Do prosecutorial guidelines apply to police and courts?**

No. However, Crown Counsel play a pivotal role in the criminal justice system. Decisions by Crown Counsel under prosecutorial guidelines can influence the charges that police lay, whether a case goes to court, and how a case is presented in court.

### **How might Ontario prosecutorial guidelines help people living with HIV?**

Guidelines might:

- ▶ Clarify the circumstances under which prosecution is appropriate and help ensure that people living with HIV will not be prosecuted where there was no real risk of HIV transmission.
- ▶ Help ensure that criminal investigations and prosecutions are informed by a complete and accurate understanding of current medical and scientific research about HIV and the risk of HIV transmission, and take into account the social contexts of living with HIV.
- ▶ Help ensure that police and Crown Counsel handle HIV-related criminal complaints in a fair and non-discriminatory manner.
- ▶ Make clear that the law applies to all STI's, so that HIV is not singled out and stigmatized.

© Ontario Working Group on Criminal Law and HIV Exposure, 2010.



# HIV & Aging

Written by Chat Junkie

Over the past couple months I have attended the Opening Doors Conference and The AIDS Awareness Symposium and have seen a few workshop/speakers talking about HIV and aging. I realized that I have not even given much thought to this aspect of my life. In other workshops I have met people who have lived 25 - 30 years with HIV, through all of the hard times dealing with the old medications and treatments. These people talk of getting their diagnosis and being told they may not live very long but are surprised somewhat to still be here. I now know the real meaning is behind the saying, "you live with HIV, you don't die from it".

When I was first diagnosed, my counts were so close to normal they had to do them again to be sure it wasn't a false positive. I was also told I didn't need medications right away, that it may be 10 years down the road. Well, I made it seven and a half years. My doctor also said that I would probably die of something else, unrelated to HIV, with good health and taking care of myself I could live a long time. I see that being the case more and more as I learn about all of this. I have to thank the ACG for being there when I needed them. If I just had my doctor for support and education on my illness, I don't think I would be as aware and as healthy, mentally or physically, mind you my doctor makes me do what I have to do. He is very aware of many things but the support part he doesn't have a lot of time for it. The ACG can't do everything either but they have links to other services throughout the city that can help us, places that we can feel comfortable going to because they are respectful of our situation.

So it looks like we are going to get old, like the rest of

the population and there will come a time when we will be heading into longterm care or just living on our own. I hope the latter is true for me. It is a tough thing to face for anyone but are the homes and staff in these places ready for us? Do we need places for HIV clients/residents only? Having some exposure working in those facilities, I know there are some workers who are still afraid of the term "HIV", nevermind actually working with someone who is positive. They are taught to use Universal Precautions and it is the same with every resident but the stigma of HIV still lives in many people. When we reach the time where we need these services, our medical history goes with us and the people who will care for us will know it all.

I am now over fifty so this really got my attention in the last few months and I would like to see more information and I have offered to help get it, be it workshops or educational programs, whatever. I want to know it will be there when I get there. These things don't happen overnight and I don't plan on needing it right away so there is time. We need to get out there and educate the healthcare system that we are coming.... not right away, but someday.

## NEW: Positive Prevention Train-the-Trainer Weekend Intensive

**Learn how to communicate effectively about sexual health, deliver workshops, use social media and update your knowledge of HIV & AIDS.**

**Practice Learn Teach Thrive Get Involved**

"Taking this course has been a blessing. I have learned so much. Confidence, high self-esteem and knowledge are what the course has given me. I can inform people who stigmatize others or have a desire to learn about HIV." - previous course participant

Fri. January 28<sup>th</sup>, 6pm to 8pm  
Sat., January 29<sup>th</sup> & Sun. January 30<sup>th</sup>, 9am to 4pm

Sorbara Law Office (457 Woolwich Street)

### BENEFITS INCLUDE:

A \$200 Honorarium! A Certificate of Completion!  
All Meals Provided!

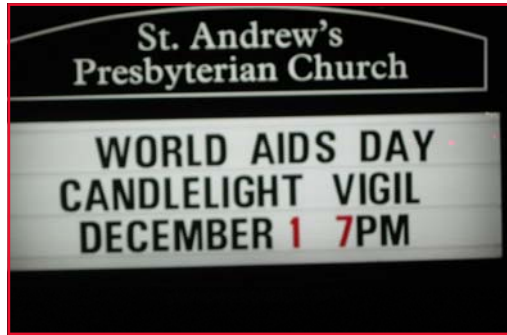
Interested? Talk to Megan 519.763-2255 ext. 161

**ONLY 7 SPOTS AVAILABLE! REGISTER NOW!**

# ACG Photo Gallery *or just a bit of what we've been up too!*



(photo courtesy Guelph Mercury)



↪ AIDS Awareness Week:  
The Begging Bear on World AIDS Day, the Vigil at St. Andrews Presbyterian, Advertising AAW at the Volunteer Centre and staff and volunteers handing out red ribbons downtown.



↪ As part of the HIV Testing Campaign, the bus advertisement in the shelter located in St. Georges Square, downtown Guelph.

↪ And then there is Natalie, Harm Reduction and Outreach Coordinator, always with the stats.





**Community & Volunteer Workshops**  
[www.aidsguelph.org/events](http://www.aidsguelph.org/events)

Harm Reduction —Wed. Jan. 26

HIV 101—Mon. Feb. 7

HIV 202—Tues. Feb. 15 (*HIV 101 req.*)

Hepatitis C—Wed. Feb. 16

Harm Reduction—Thurs. Feb. 24

Hepatitis C—Mon. Mar 14

Harm Reduction—Thurs. Mar. 24

All workshops are held in the ACG Boardroom. Please note individual workshop times. To register online [www.aidsguelph.org/events](http://www.aidsguelph.org/events) or contact the ACG Educator, B.J. Caldwell at 519 763-2255 ext. 135 or [education@aidsguelph.org](mailto:education@aidsguelph.org).

# HIV / AIDS Testing.

**Wednesday's from 1:30 to 3:30.**

Check website for dates/ cancellations

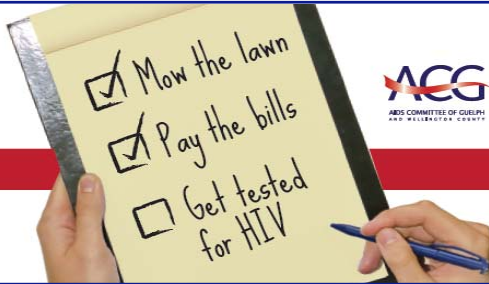
## Confidential and Anonymous.

Hepatitis B (open to all)  
Hepatitis A Vaccinations for Men who have Sex with Men (MSM) and Injection Drug Users (IDU's)

Testing is also done for Hepatitis B / C and Syphilis.

Please Note: Testing for STI's are done under a medical record and therefore are Confidential but *NOT* Anonymous. A Health Card is not required.

Testing is courtesy of Wellington-Dufferin-Guelph Public Health Unit.



Unlike these other unpleasant chores, getting tested for HIV could **save your life...**

**MAKE THE TIME. GET TESTED.**

For testing times and locations, visit [www.aidsguelph.org](http://www.aidsguelph.org)

## Prime Care Pharmacy Arboretum

- \* Breast Feeding Supplies & Support
- \* Blood Pressure Monitors
- \* Blood Glucose Monitors

- \* Customized Patient Care Plans
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- \* Free City Wide Delivery

**519-837-4594**

281 Stone Road, East (in Arbor Medical Centre)

Open Monday thru Friday, 9:00 a.m. – 6:00 p.m.



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Charitable Status Number: BN 10668 9821 RR0001

