



The 2008 Red Ribbon Gala Committee is thrilled to announce our 15th gala art auction, a benefit for the AIDS Committee of Guelph & Wellington County and the Masai Centre for Local, Regional and Global Health on Saturday, May 3rd.

This year, the evening will feature an elegant sit down dinner. Although, in keeping with the past you will still be able to enjoy an evening of Live Entertainment, Music, Mingling and the Silent Auction. Our main event for the evening will be our colourful Live Auction showcasing the Regions extraordinary creativity, exciting packages and much more. The auction will feature beautiful original works of art, dining, entertainment and travel.

Doors open at 6 p.m. with cocktails and mingling. Dinner will be at 7 p.m. Tickets are \$100.00 each or purchase a table of 10 for \$950.00. A \$50.00 charitable tax receipt will be issued for each ticket purchased upon request. We again expect to sell out early, so please purchase your tickets now.

With the sponsorship of the Masai HIV Clinic, founded by Dr. Anne-Marie Zajdlik, ACG was one of the first AIDS Service Organization in Ontario with an in-house HIV Clinic program. This new 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. The government funding we receive does not cover all of the operating costs so we truly rely on community support for both the HIV Clinic and the Support Services programs. As a result of the clinic caseload doubling in the last year, more people are reaching out to the Support Services Program for practical assistance such as emergency financial assistance, complementary therapies (craniosacral, reiki and massage therapy). We also offer coverage for nutritional supplements, medication, food vouchers and transportation to and from medical appointments. Your support of this event will keep Guelph on the leading edge in providing quality holistic healthcare for people living with HIV/AIDS and prevention services for those at risk—a community-based service model that works. This event will also support Masai's African AIDS relief program, the "Bracelet of Hope" campaign.

We are honoured again that RBC Dominion Securities—The Harper Wealth Management Group has once again chosen the Gala as its charity of choice. For tickets, e-mail redribbon@aidsguelph.org phone our office at ⁽⁵¹⁹⁾ 763.2255 ext. 128.

If you wish to **donate an item for the auction** or **to sponsor the event**, please call Paul Young, Event Coordinator at ⁽⁵¹⁹⁾ 763.2255 ext. 150.

ACG Staff

- Tom Hammond
Interim Executive Director...ext. 129
- Irene Masinde
Peer Support Coordinator....ext. 126
- B.J. Caldwell
HIV/AIDS Educator.....ext. 135
- Alan Wiltshire / Carl Swanson
Finance.....ext. 124
- Kim Paton
Admin / Volunteer.....ext. 128
- Paul Young
Gala Coordinator.....ext. 150

Bernadette Simard
Volunteer Publishing Coordinator
newsletter@aidsguelph.org

Spring 2008—Inside this Issue

increasefunding.ca	2
Support Services— Complementary Therapies	2
Controversial findings of the Swiss National AIDS Commission	4
Harpers new Drug Strategy	6
<i>Is There a Cure for HIV / AIDS?</i>	7



increaseaidsfunding.ca

Throughout Canada, funding for the Public Health Agency of Canada's AIDS Community Action Program (ACAP) has been frozen and is in the process of being cut. This is despite the fact that of new HIV infections in Canada has risen by more than 4,000 per year, which represents at least a 10% increase per year.

These cuts not only injure our communities they also hurt our economy. Since the direct/indirect cost associated with *each* HIV infection is \$750,000, by preventing as few as 19 new HIV infections in Canada per year, funding for community-based programs becomes cost-effective.

As the complexity and cost of caring for people with HIV continues to increase, the cost effectiveness of funding community-based responses increases.

AIDS Service organizations have been stretched to the limit responding to the complex needs and increasing numbers of people who have HIV. Canada's Federal funding to fight AIDS remains in the deep freeze. The Government has made a 1 year commitment to "extend" funding until the end of March, 2009. This uncertain funding has been frozen for a 2 year period.

In Ontario, \$1 million in promised Federal AIDS funding was cut in 2007-08. A further \$1 million of previously announced funding will be cut in 2008-09. This represents a 50% reduction in previously promised funding for HIV education, prevention efforts and supports for people with HIV/AIDS.

Prevention and education are the weapons that we have to fight AIDS on the front lines while we wait the decades it will take to create a vaccine and ultimately a cure.

According to the Public Health Agency of Canada, their

community funding (ACAP) supports:

- ➔ Prevention Initiatives to prevent HIV in populations known to be vulnerable to HIV.
- ➔ Health Promotion for People Living with HIV/AIDS to increase the capacity of people living with HIV to manage their condition (services, treatment, support, work, learning), and support for people affected by HIV.
- ➔ Creating Supportive Environments to reduce social barriers that prevent people living with HIV, those at risk, and those affected from accessing health care and social services. Targeted environments include (but are not limited to): prisons, addiction treatment, professional groups (nurses, educators, pharmacists, physicians, etc.), workplaces, other non-profits, general public.

Strengthening Community Based Organizations to increase the skills and abilities of the people who work at all levels of the community-based HIV movement: board, staff and volunteers.

In our community, ACAP programming covers the Education program for both Guelph/Wellington and Grey-Bruce counties. This funding is now in jeopardy. Send a message to the Federal Government, to Stop the cuts!

If you agree that Federal funding cuts for HIV are a concern in your community, we invite you to send a postcard to the Federal Government. Its free when writing to an elected official. Postcards are available online (www.increaseaidsfunding.ca) or at our office.

Canada needs to make a commitment to fight AIDS, and keep the promises already made!

Support Services

Please contact Irene at 763-2255 ext. 126 for more information

Complementary Therapies Offered



Reiki
Alex Baisley



Craniosacral
Raven Rowanchild



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Dennis Huffmann



Massage
Wesley Bowers

62,000 Canadians have HIV/AIDS



Every day is a fight for life
4,000 new people join that fight each year

Cutting funding = cutting lives

More Canadians than ever are struggling with HIV/AIDS.

More than 4,000 Canadians will
become newly infected this year.

*There is no cure for AIDS,
each case costs much more than
\$150,000 for medical treatment.*

**We cannot afford to keep falling behind
in fighting AIDS in my community.**

**Its time to strengthen Canada's HIV/AIDS
prevention, education and support services.**

STOP CUTTING THEM!

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Controversial findings of the Swiss National AIDS Commission

The Swiss National AIDS Commission (EKAF) has determined that if you're taking anti-HIV drugs, you always take the drugs on schedule, your HIV blood tests come back "undetectable" for greater than six months in a row and you don't have any other sexually transmitted diseases, it is next to impossible that you could transmit HIV during unprotected sex. Their report, released on January 30, 2008, has ignited international response and concern from HIV/AIDS advocacy groups and scientists.

The report, based on four studies, said that couples with one HIV-positive partner do not need to use condoms to prevent HIV transmission provided the above conditions are met. One of the studies -- published in the *Swiss Bulletin of Medicine* -- was conducted in Spain between 1990 and 2003 among 393 *heterosexual* couples with an HIV-positive person. The study found that none of the HIV-negative partners contracted the virus from an HIV-positive person taking antiretrovirals. Another study conducted in Brazil found that out of 93 couples, 43 with an HIV-positive partner, six people became HIV-positive. All six of the new HIV cases in the Brazil study were attributed to the HIV-positive partners not following their treatment regimens, *AFP/Yahoo! News* reports. The two other studies -- one conducted in Uganda and the other conducted among pregnant women -- had similar results, Bernard Hirschel, co-author of the Swiss report and an HIV/AIDS specialist at [University Hospital](#) in Geneva, said.

EKAF acknowledges they are fully aware that the medical and biological data available today cannot prove, on strictly scientific grounds, that HIV transmission on effective and stable [antiretroviral therapy] is not possible, as it is impossible to prove the non-occurrence of an improbable event. They have likened this situation to the statement, "HIV cannot be transmitted through kissing" which was published and communicated in 1986. This statement could not be proven then, and now, after 20 years of experience with HIV, its high plausibility has been ascertained. EKAF has stated that the scientific data and evidence are much better than what was available in 1986, and strong enough to support their conclusion. Others disagree.

There are considerable concerns about the report and its findings. Some of them are:

- The studies, which took place in Spain and Brazil over the past decade focused on vaginal intercourse between serodivergent (one person is HIV-positive, the other is HIV-negative), presumably monogamous heterosexual couples. The findings do not account for

the risk of transmission through anal sex. The level of risk associated with anal sex between an HIV-positive person with an undetectable viral load and an HIV-negative partner remains unclear.

- Approximately 10-15%¹ of men and 25%² of women who adhere to antiretroviral treatments and have undetectable viral loads in their blood continue to have detectable viral loads in their semen/vaginal fluids and are at risk of transmitting HIV to their sexual partners during unprotected sex.
- No one can be sure of their own, or their sexual partner's viral load at all times. There is always a level of risk associated with unprotected sex. In fact, one of the studies that was a part of the Swiss report found that 6 out of 43 HIV-negative partners did become infected—a rate of nearly 14%—due to the fact that the HIV-positive partner was not always faithful to a treatment regimen.
- HIV positive people with apparently undetectable viral loads do sometimes experience transient spikes in viral load.
- Some HIV-positive people, regardless of level of adherence, may develop resistance to the medications and experience a rise in viral load.
- Many people with STIs are unaware of it because they do not have any symptoms.
- In short, HIV-positive people cannot be entirely certain that they meet these criteria or that the criteria themselves are an indication of safety.

Because of all of these issues, advocacy groups from around the world have stressed that all people should continue to practice safer sex, including those who are in a serodivergent relationships or who have multiple partners. Groups expressing caution and concern include: Public Health Agency of Canada, Canadian AIDS Society, UK's Terrence Higgins Trust, France's National AIDS Council, US Center for Disease Control, San Francisco AIDS Foundation, among others.

The AIDS Committee of Guelph/Wellington County is adding its name to the growing list of groups that are urging caution over this report and its conclusions and are continuing to endorse appropriate, evidence-based measures to prevent HIV transmission.

1. Leurez-Ville et al. AIDS, 2002 and Barroso et al. JAIDS, 2003
2. Fiore et al. AIDS 2003

*Saturday,
May 3rd, 2008
6 p.m. cocktails
7 p.m. dinner*



*Event Sponsor: RBC Dominion Securities
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Red Ribbon Gala 08

*Gala Art Auction
and Fundraising
Benefit for The
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Guelph and
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and The Masai
Centre for Local,
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Harper's new Anti-Drug Strategy

Injection drug use continues to be a driving factor in the global HIV/AIDS epidemic. Harm reduction services, including needle exchange programs, have long been identified as essential components of an effective HIV prevention strategy. While scientific consensus has been reached regarding their efficacy in reducing HIV transmission, such interventions remain controversial. In contrast, 'zero tolerance' approaches to drug use have been shown ineffective, however, they remain popular among conservative policymakers over evidence-based public health approaches. These should be matters of grave concern as they have a potentially devastating impact on HIV prevention efforts.

For instance, in the US, while close to one quarter of all new HIV infections have been attributed to injection drug use, there remains a federal ban on funding for needle exchange programs. In Russia, between 2002 and 2004 funding for needle exchange programs has reportedly fallen 29% while the prevalence of HIV among local injection drug users (IDU) populations is up to 60% in some areas. Unfortunately, the Conservative federal government of Canada is similarly allowing ideology to undermine the adoption of evidence-based HIV prevention policies. Despite evidence of continuing HIV transmission among IDUs nationally, this government recently announced that no federal funds would be directed to support the operation of needle exchange programs in Canada or the supervised injection facility in Vancouver.

The government has also taken steps apparently aimed at eliminating harm reduction strategies. As part of this effort, the existing Canada's Drug Strategy (CDS) is being replaced with the new Anti-Drug Strategy which has been described as focusing on enforcement, prevention and treatment interventions. Harm reduction is no longer part of the strategy, a worrisome departure from the CDS's traditional approach. Because substance abuse is primarily a health issue rather than an enforcement issue,

harm reduction is considered to be a realistic, pragmatic, and humane approach.

The exclusion of harm reduction initiatives from the new Anti-Drug Strategy is a dangerous step backwards in the fight against HIV/AIDS. Its increased emphasis on law enforcement has potential to further increase HIV and other blood born infections among IDU. Through sexual transmission, the partners of infected IDU can then be expected to spread the virus among a wider population. The focus on law enforcement will also likely prompt a rise in the incarceration rates of IDUs, with marginalized populations, particularly Aboriginal peoples, being hardest hit. Imprisonment may further fuel the rate of disease transmission as incarceration has been independently associated with HIV infection among Canadian IDU.

Canada's new 'Anti-Drug Strategy' appears ill conceived. Furthermore, the new Anti-Drug Strategy is not anti-HIV. As such, this should not be accepted as a legitimate policy shift. In deviating from internationally established HIV prevention standards, which are based on the best available evidence, this strategy may in fact be better described as "anti-health" and "anti-science." It has been over four years since former US president Bill Clinton publicly acknowledged that he was wrong to withhold federal funds for needle exchange programs in the United States. How long will take before the Government of Canada expresses the same regret? More importantly, how much unnecessary suffering and new HIV infections will be needed before our political leadership finally embraces evidence-based public health principles in the Kora, Evan Wood, Thomas Kerr, and Julio Montanfight against HIV/AIDS?

Reference DeBeck, er. (2007) "Harper's new Anti-Drug Strategy is not anti-HIV". *National Review of Medicine*. Vol. 4 No. 15.

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18 Is there a cure for HIV/AIDS?

No. There is no cure for HIV or for AIDS.

The medications used to treat HIV infections are called Highly Active Anti-Retroviral Therapies (HAART). These therapies are a mixture of medications such as AZT, 3TC, ddI and protease inhibitors; they work by slowing down the body's production of HIV but these **DO NOT** get rid of HIV or cure AIDS. The medications help reduce the level of HIV in the blood, to make the immune system stronger and to keep some people healthy longer.

Even though the HAART medications are better than any other treatment, there are problems:

- they do not work for everyone
- some people have very bad side effects from these medications or from the way they mix with other drugs they are taking—many have had to stop treatment due to intolerable side effects and/or interactions
- the medications cost thousands of dollars each year, an amount many cannot afford
- the treatment requires people to take many pills each day, for the rest of their lives—if they forget to take the pills, the virus (HIV) can mutate, get stronger, and become resistant to medication
- we do not know the long-term effects of these medications or how well they will work over time
- not all the people who need treatment have access to it. (An Ontario study found that only half of the people living with HIV/AIDS are getting HAART. Other research shows that certain groups, such as women and those who inject drugs, are less likely to get this treatment.)

Is prevention still necessary?

The success of HAART is good news for the people living longer, better lives because of it, but the avail-

ability of treatment has made some believe that preventing HIV infection is no longer important. This belief has led to many engaging in or relapsing into risk-taking behaviours. We must remember that HIV medications DO NOT stop infections and thus do not make it safe to stop preventative behaviours. In fact, there are more people living with HIV for longer, making safety more important than ever.

There is no cure for HIV or AIDS. To reduce the risk of getting or transmitting HIV, you still need to practice safer sex and to not share needles (or other injecting or tattooing and piercing equipment), even when taking HIV medication.

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Meetings: 2nd Monday of Every Month

Where: Out on the Shelf
(Matrix building—corner of Wyndham and Woolwich)

Contact: education@aidsguelph.org
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ACG is funded through the United Way, Ontario Ministry of Health & Long Term Care and The Public Health Agency of Canada. Private and Public Donations.



Check out our new website!

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