

Healthy Living MANUAL



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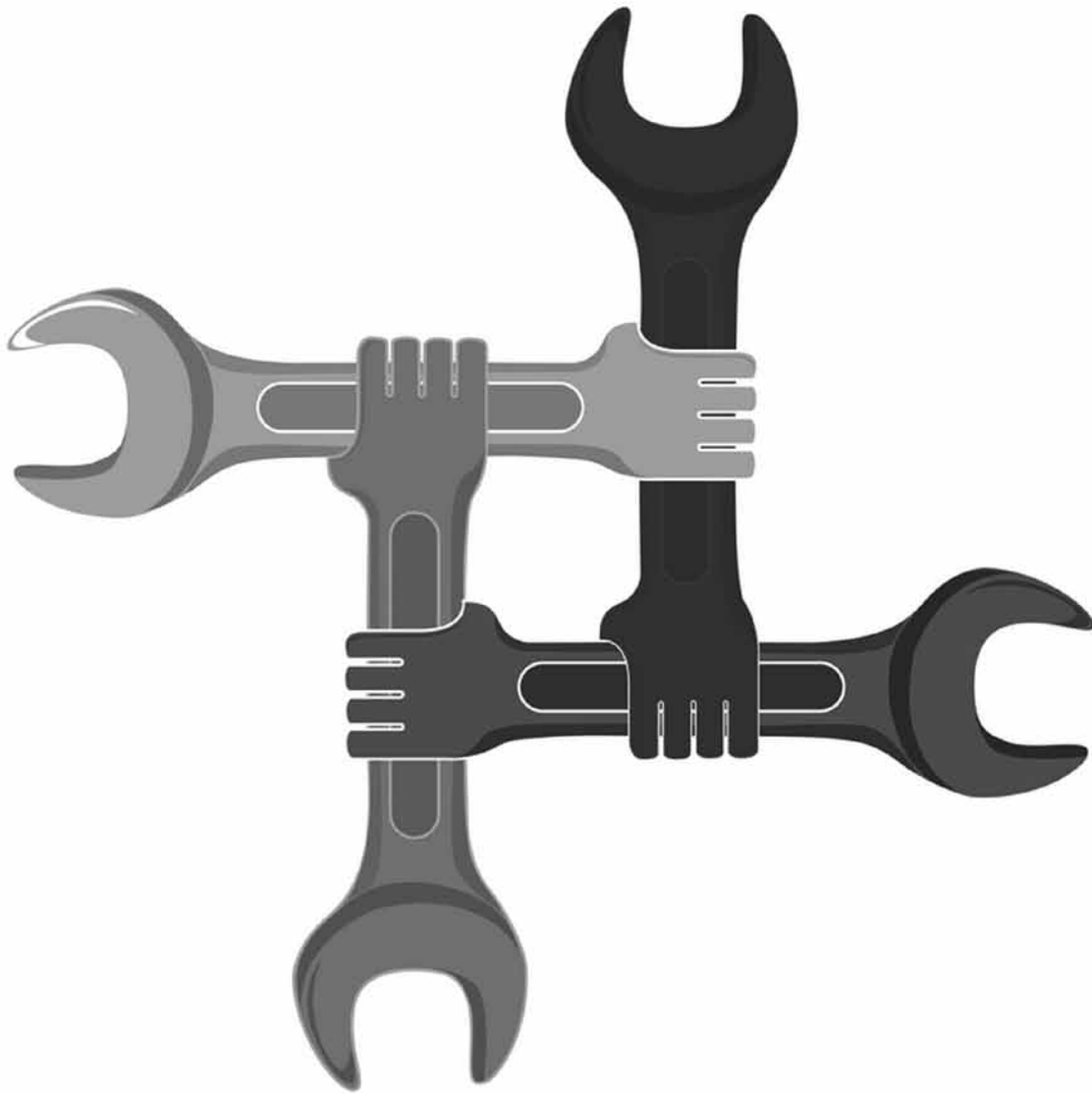
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A dedicated team of your HIV-positive peers and other HIV care experts designed the *Healthy Living Manual* to empower you to confront HIV head-on and integrate it into an active, optimistic lifestyle for years to come.

Within these pages you'll find the basics of maintaining good health through nutrition and a variety of physical, emotional, medicinal, and alternative therapies. You'll find out how to connect to a broad network of peer-driven and professional support, whose collective expertise can help guide you through almost any obstacle. You might also discover that some of your most intimate concerns are common in the HIV-positive community:

How will my HIV-positive status affect my sex life?

Do I need to tell my family and friends?

Where can I find psychological support?

I can't face work; can I get financial assistance?

We know the HIV experience is complex. What's more, your HIV-specific needs and concerns are bound to evolve as you navigate life with this virus in the long-term. Our hope is that you will keep the *Healthy Living Manual* always close at hand, and refer to it when you face new questions and challenges.

Since HIV disease is constantly changing by way of new treatments, theories, and attitudes, so too are the needs of the HIV-positive community. We've done our best to anticipate your most pressing needs in this edition of the *Healthy Living Manual*, but if we've left any of your questions unanswered, please feel free to contact the Positive Living Society of BC (604.893.2200, 1.800.994.2437 or info@positivelivingbc.org).



HIV-positive? What now?

A message from an HIV-positive friend...

You might be scared, angry, and sad. This is natural – so was I when I got the news I was HIV-positive. But you're not alone. Let me tell you about my experience of being diagnosed and living with HIV.

You Are Not HIV

Despite how you might feel at the time of your diagnosis, your life is not over. Many people with HIV have faced other life-changing circumstances and come out ahead. You can too. You may hear people say "I'm HIV" instead of "I am HIV-positive," but HIV does not define you or even describe you. If I must be specific, I usually say "I have HIV" or "I live with HIV."

You will love again and be loved. It's a fact. There are many supportive and compassionate people, both HIV-positive and negative, who will accept you. People with HIV have casual sex, date, get married, and have children. HIV will not keep you from love, friendship, and family.

I can't tell you with absolute certainty you will live well with HIV, but I can tell you it's possible. It may not always be easy, but you can continue to grow and be the person you always wanted to be.

Disclosure: Telling Someone

Who you tell is entirely up to you. This is called disclosure. If you have a partner, it's important to tell them so they can get tested and so you can adopt safer sex practices. Many partners remain in loving relationships after one or both have been diagnosed with HIV.

Think carefully before disclosing to anyone else in your life. Once it's out, it can't be taken back, and unfortunately there is still stigma associated with HIV. However, you may be surprised at how accepting people can be when you have the courage to share your story with them.

If you feel burdened by dealing with your diagnosis by yourself, you have options. You can speak with a counsellor or psychiatrist, or you can choose to tell a close friend or family member. Don't rush to disclose – when it feels right and safe, you'll probably know.

However, be aware that you are legally obligated to disclose your HIV status to a sexual partner. Read the section on Legal Issues, as well as the section on Transmission and Prevention for more specific information.

Medical Advice and Treatment

Medically speaking, there is a wealth of hope. HIV-positive people are living long, healthy lives. In fact, many people with HIV become healthier after their diagnosis because they become more involved in managing their health.

Medications are important, and there are many to choose from if and when you need them to manage your HIV. Some never go on medication, others need it fairly soon after their diagnosis, while others need medication for periods of time. Everyone's situation is different and you need the advice of an HIV specialist. You will need regular blood work to help you and your physician manage some of the symptoms of HIV and decide when it's the right time for medication.

Your family doctor may not have the expertise and experience with HIV you need to stay well. Don't be afraid to switch doctors; a good HIV specialist is one of the cornerstones of your care. We can recommend doctors who are accepting patients. See the sections on Your Immune System and HIV, Keeping Track of Your Health, and Treatment Options for more information.

Complementary Health, Nutrition, and Exercise

Many people living with HIV find alternative and complementary health practices beneficial. I know that exercise makes me feel a lot better. I do what I can, and even a walk or time on the treadmill at the gym does wonders for my spirit and fitness.

Nutrition is crucial for managing HIV – a healthy diet is important, and there are food choices that can help manage HIV symptoms and medication side effects, as well as a wealth of vitamins and herbs that can be useful and powerful. You can even speak to a nutritionist or dietician with expertise in HIV.

The Positive Living Society of BC and the Friends for Life Society offer resources and even free treatments in complementary health practices. See the sections in this guide on Complementary and Alternative Medicine, and Everyday Life, which includes advice on nutrition and exercise.

Mental Health, Social Support, and Spirituality

Good mental health is important to living well with HIV. Whether you lived with depression or other mental illnesses before your diagnosis, or need help after diagnosis, find a professional to talk to. Many mental illnesses can be managed with medication. I have lived with depression for much of my life, long before my HIV diagnosis, but it was testing positive that led me to find treatment.

Good social support networks are another essential part of your mental health and living well with HIV. There are support groups throughout the province. Go ahead and date: use online dating sites or meet new people at the bar or other social settings. Stay involved in activities you love and seek out activities you always wanted to try. You can do anything your health and stamina will allow.

Many people living with HIV find support in their existing spiritual faith or seek out new spiritual practices. For me, Buddhism has been a source of comfort and peace. For more information, see the section on Emotional, Social, and Spiritual Support.

Career, Disability, and Creating a New Life

Many people with HIV continue to work in the jobs they had before they were diagnosed. In fact, most people diagnosed in recent years don't stop working. Others choose or find it medically necessary to leave work and receive disability from the government or private health insurance plans. Some people living with HIV find they aren't able to work or struggle to survive on limited incomes. Ask for help, explore your legal options, and ensure you're taking advantage of all government support you're eligible for. The Positive Living Society and other organizations have experienced people who can help you access services.

Many people, including me, have found that HIV was the catalyst for creating a life filled with more joy and peace than ever before. People living with HIV change careers, go back to school, explore volunteerism, and take the time to explore their options and fill their time with things they love to do. Read the Employment and HIV section of this guide for practical advice.

You're Not Alone

I have lived with HIV for 12 years and in many ways, I've never felt better. In other ways, the grind of monitoring my health and taking medications can really get me down. I'm tired a lot of the time, and there are days I just can't make it out of bed. But everyone has challenges they deal with on a daily basis, whether it's HIV or something else. Don't be afraid to reach out: ask for help and use the resources available. You deserve a healthy and happy life filled with achievement, love, joy, and peace. With a strong personal commitment to your own health and self-worth, as well as some help when you need it, you can have it all.

David



EMOTIONAL, SOCIAL, AND SPIRITUAL SUPPORT

AN HIV-positive diagnosis is an emotional shock. Your world is jarred and, when you can think again, you react with: “This can’t be happening to me!” or “My life is over.” Your reaction is to be expected. Society in general is not very knowledgeable about HIV and it’s a common myth that “nice” people don’t become HIV-positive. As a result, there is still a lot of stigma attached to it. But each day people just like you, from all backgrounds and social groups, are being newly diagnosed.

The important thing after an HIV-positive diagnosis is to give yourself time to get back on your feet and start thinking clearly. Often, a good first step is to talk about your status with someone, be it a friend, partner or counsellor, when you are ready. However, consider carefully who this person will be. Choose someone you believe will support you, but keep in mind that not everyone close to you will react as you expect. It may be better to select someone who isn’t totally integrated into

your life as your first confidante just in case things don't go as planned.

Your Mental Health

We usually take our mental health for granted and just assume that it looks after itself. But, like our bodies, our minds need care and supportive attention. An HIV-positive diagnosis is a stressful experience and needs to be handled as such. Although it is no longer the death sentence it was at the beginning of the pandemic, it is very serious information to receive. You can expect to stay reasonably healthy for a long time, but many uncertainties and unknowns are now moving into your life.

An HIV-positive diagnosis affects people in different ways. Some people try to deny that their lives have been significantly changed and try to continue life as before. Unresolved anger and anxiety can lead to irresponsible acting out, diminished sense of personal accountability, blaming others, engaging in unsafe behaviour, angry outbursts, overeating or under-eating, drug and alcohol abuse, increased smoking, and withdrawal from family

and friends. Other people experience irritability, constant worrying, sadness, mood swings, insecurity, resentment, guilt, inability to concentrate, burnout, or poor concentration. The newly diagnosed are particularly vulnerable to depression, which can have long-term effects on all aspects of life.

There are also physical effects of prolonged and excessive stress, which include headaches, high blood pressure, hypertension, upset stomach, constipation, diarrhea, increased sweating, sleep problems, and sex problems, to name just a few. Stress can also age you at a faster than "normal" rate.

In order to maintain the quality of your physical health and your everyday joy of life, your stress levels must be managed in a positive way. Excessive stress has a direct negative effect on your immune system and your body, so it is in your best interest to tackle the issues that are making you feel stressed. *

For your sustained mental health, talking is critical. The longer you take to get support and unburden yourself, the more stress you carry. Besides providing emotional

* page 62: Stress

Positive Living Society Support:

Average Joes Evening Support Group
Wednesdays, 8-11 PM at Numbers Cabaret:
talk, play pool, and enjoy free pizza.
1042 Davie Street. Call 604.893.2200 for
more information.

AJ's Café Fridays, 3-6 PM at The Junction:
a social gathering for HIV positive men.
1138 Davie Street. Call 604.893.2258 for
more information.

**Come into the Positive Living Society
office for a session with a trained
Peer Counsellor.** 1107 Seymour Street.
See the Membership Coordinator or call
604.893.2258.

**Check out the healing, spiritual, and
couples retreats.**

 **For more information on all
these activities visit
positivelivingbc.org**

Volunteering at the Positive Living Society

Join our friendly family of volunteers while contributing to your own well-being, growth and knowledge about HIV, as well as the operation and enhancement of the Positive Living Society. We have a great variety of opportunities, ranging from research and writing to staffing the Lounge or Polli & Esther's Closet to participating on the Board of Directors. There is something for everyone, and every talent! Great benefits include new friends, an annual gala celebration, and fun! Call the Volunteer Coordinator at 604.893.2298 or register at positivelivingbc.org.

and social support, talking about and disclosing your status * has been clinically shown to strengthen your immune system. Spiritual support can also be beneficial when pondering those “why” questions. Friends, a mentor, a priest, or any respected person in your life can help you to regain your internal peace and balance.

Get Connected

A good way to see where you’re headed is to talk to people who have travelled this road before you. There are a number of avenues available to help you meet others who have also had to cope with an HIV-positive diagnosis.

Support groups: Join a support group for HIV-positive people. Some of these are talk and information based and others are geared towards just having fun in a socially supportive setting. These groups can provide a great source of information and emotional support from other HIV-positive people who are living full, rich lives. The Positive Living Society has a number of support groups, and other organizations have them as well. Call around to find one that suits your needs.

Counselling: Consider getting counselling, either with peers or with trained workers. Many companies have Employee Assistance Programs (EAP) that are provided by independent organizations and are, therefore, totally

confidential. The counsellors involved with the EAP don’t report anything said in therapy to the employer.

“Shop” for your counsellor carefully. Select someone you quickly feel comfortable with. Don’t be afraid to ask about formal qualifications, the therapist’s philosophy and religious beliefs, and the type of counselling that they do. Ask about their experience with HIV-positive people, gay people, addictions, etc. If they do not want to disclose some of these details to you, you’ll want to choose someone else.

The best thing you can do for yourself after an HIV-positive diagnosis is to continue to live your life to the fullest. Keep up with your friends and your normal social routines. Consider volunteering with the Positive Living Society or the AIDS service organization of your choice. Make new friends and expand your interests. Stay involved in life, especially in your own!

Peer Navigator Services

Peer Navigators provide current HIV health information, answer questions, and show how other HIV positive people develop self-management strategies. Through a series of supportive discussions, they use everyday language instead of jargon or medical terminology to make topics such as HIV self care, disease progression, and safer sex easier to understand.

Talking with someone who is HIV positive, like you, can reduce stress and anxiety. Having good mental health and social supports are important to keep your HIV in check, improve your emotional health in areas of self-esteem,

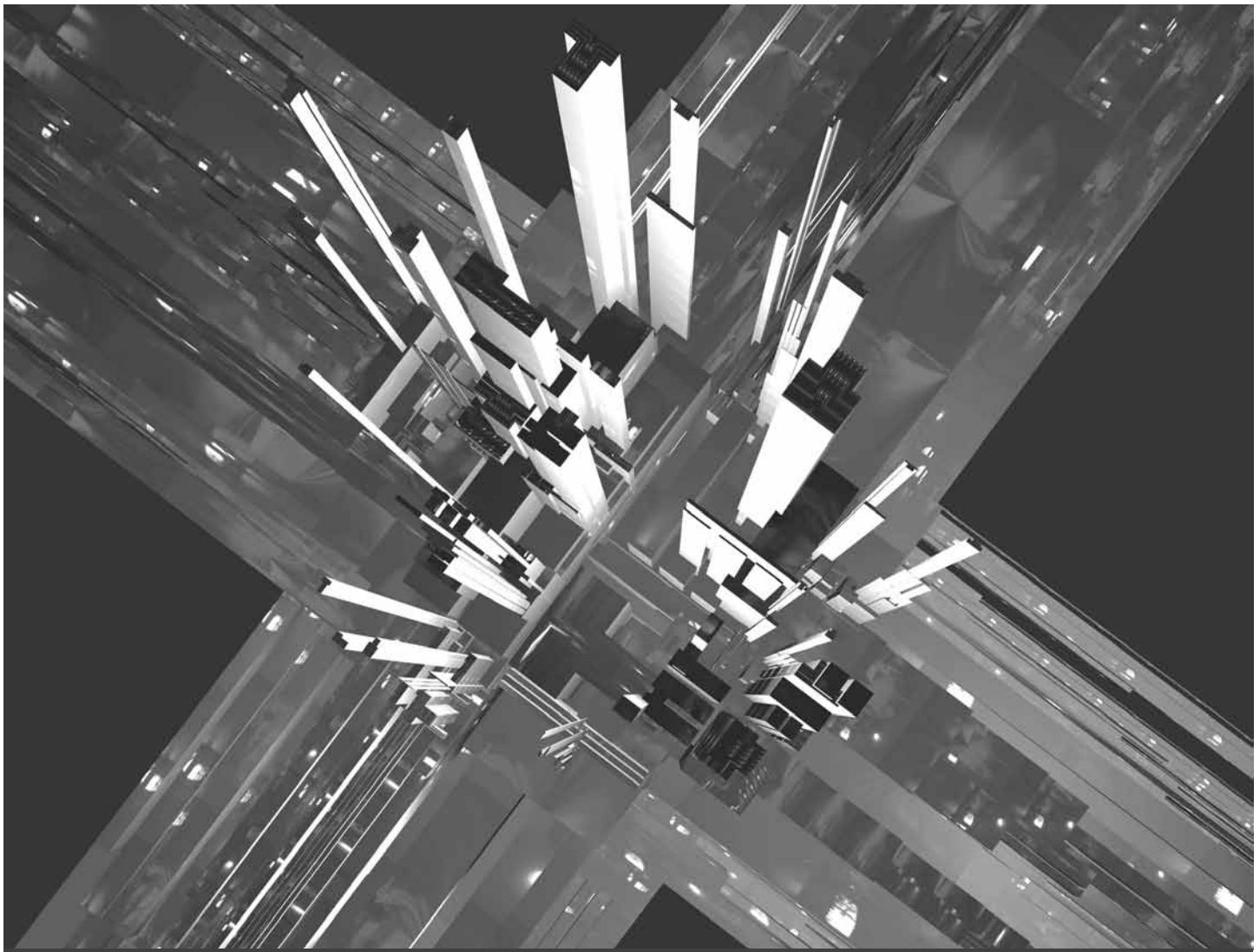
depression, shame and stigma, battling isolation, and building support networks.

Peer Navigators can also help you with starting or changing medications, dealing with aging and HIV, maximizing your quality of life, or helping you connect to appropriate services.

For more information please contact our Peer Navigators: 604.908.7710, navigators@positivelivingbc.org.

You can also check out our Resource Centre at the Immunodeficiency Clinic (IDC) at St. Paul’s Hospital (Comox Building, 5th floor) where our Peer Navigators are available on site to help you with information and support.

* **page 54:**
Everyday
Life/Relationships and
Legal Issues



What is HIV?

- Human means it only infects people.
- Immunodeficiency means that it weakens your body's immune system.
- Virus is a small germ that causes infection.

HIV attacks the immune system. HIV can cause AIDS.

What is AIDS?

AIDS stands for Acquired Immune Deficiency Syndrome:

- Acquired means that the disease is not genetic; it's an infection.
- Immune Deficiency means that there is a weakening in the body's immune system.
- Syndrome means a group of symptoms of a disease.

What is the difference between HIV and AIDS?

It is important to understand the difference between HIV and AIDS: Being HIV-positive (i.e. having HIV disease) does not mean that you have AIDS. You do not get AIDS from another person. Only HIV can be transmitted between people, and AIDS is a condition that develops later in people who are HIV-positive and have not been properly treated.

Once infected with HIV, it can take years – without treatment – to develop AIDS. Having AIDS means that HIV has weakened your immune system so much so that your body has a difficult time fighting infections. Properly treated, HIV may never lead to AIDS.

Who can get HIV?

HIV can affect or infect anyone. HIV does not discriminate between age, gender, sexuality, race, or where you live.

Is there a cure for HIV?

At this time, there is no known cure for HIV. However, there are now excellent medical treatments * that can really slow down the rate at which HIV weakens your immune system. For the infections associated with late-stage HIV, or AIDS, there are also some vaccines and treatments that can prevent or cure some of the illnesses. However, once you are infected with HIV, it is almost impossible to completely eliminate the virus from your body. The best treatment for these infections is to keep the immune system strong – usually with appropriate medications prescribed by a knowledgeable physician.

Hopefully, some day we will have a vaccine to protect against HIV infection. That will be the surest way to stop the spread of HIV. Research has resulted in some promising advances. However, even optimists predict that we will not see an effective HIV vaccine for at least a decade.

Since there is currently no vaccine or cure for HIV, it is important to stay healthy when you are living with HIV/AIDS. That is done with appropriate treatment by a knowledgeable physician and the rest of your health care team.

How HIV Affects Your Health

The immune system is your body's natural defense against germs that cause infection and disease. Germs include viruses, bacteria, fungi, and parasites. The immune system, itself, is a complicated network of organs, tissues, specialized cells and proteins. The specialized cells circulate in the bloodstream and fight off invading germs to keep the body healthy.

The most important immune system cells are the white blood cells called lymphocytes. A specific group of lymphocytes called CD4 cells (also referred to as T-cells, T4 cells, or helper-T cells) identify the germs that can

make you sick and send messages to your immune system to destroy them.

HIV is best known for targeting these CD4 cells in your immune system. It uses these CD4 cells to survive and multiply. Once HIV has attacked and moved into a CD4 cell, it converts that cell into a miniature virus factory. Eventually, the CD4 cell explodes, introducing more, new HIV into the bloodstream. These new virus copies then move on to fresh CD4 cells and repeat the process.

When HIV takes over the CD4 cells, they cannot do their job and your immune system cannot function properly. When your immune system cannot work as hard as it should, you are at a much higher risk of getting sick. Over time and without appropriate treatment, the number of CD4 cells in your bloodstream will fall to very low levels, leaving your immune system incapable of defending your body against infection and disease.

HIV causes the body to be more “on alert” as a result of inflammation in the body's tissues. This constant state of readiness is tiring and, ultimately, can lead to serious damage to the body's organs and tissues. HIV can also infect other cells that travel throughout the body and may also carry HIV to various organs, including the brain. Most immune cells cannot cross the barrier that surrounds the brain and spinal cord, so in effect HIV can hide where the immune system cannot follow.

Disease Progression

Once an always fatal disease, HIV is now described as a chronic, episodic, manageable disease. Over time without treatment, HIV breaks down your immune system and produces a wide range of symptoms. The progress of the disease tends to advance in distinct stages. The rate of progress from stage to stage varies from person to person, and this process can be stopped with antiretroviral therapy.

Primary (or Acute) Infection and Seroconversion

Primary infection is the first stage of HIV disease progression and is the time when HIV first enters your

* page 19: Treatment Options

body. Within a few days there is a decrease in the number of CD4 cells and a large amount of virus can be measured in your blood.

The period of time between when you are first infected with HIV and when your own immune system produces antibodies against the virus (which can be measured) is known as the window period. The window period can take anywhere from a few short weeks to three months, after HIV enters your body, for enough antibodies to be measured by a standard HIV test. The time during which antibodies are formed in your body is called seroconversion: You go from being HIV-seronegative to HIV-seropositive. HIV infection may not be detected by a test during this window period, but it is important to remember that HIV can be transmitted during this time – in fact, this may be the time when HIV is most easily transmitted. If you are infected with HIV, we can begin measuring how much virus is in your blood, which is called “viral load” and this is important in knowing how well you’re doing.

During seroconversion, you may develop symptoms of a viral infection or experience a flu-like illness. This period of time is often referred to as acute HIV infection (and seroconversion illness) and may last only a few days. Many people may not experience any symptoms of acute infection, or they have symptoms so mild that they go unnoticed. After the acute phase of primary infection, your viral load (the amount of HIV circulating in your body) usually goes down.

Asymptomatic Stage

Once the flu-like symptoms of acute HIV infection disappear, you begin the asymptomatic stage. At this time, there are no symptoms and you may look and feel perfectly healthy. Your immune system is working hard to fight the virus. Although you may seem perfectly healthy, the virus remains active and transmission * of HIV to others is possible during this stage.

Even without treatment, the asymptomatic stage can last for many years. However, combinations of medication,

nutritional, complementary, and alternative therapies and healthy lifestyle choices can significantly extend the asymptomatic stage of HIV illness.

Symptomatic Stage

When the asymptomatic stage ends, the flu-like symptoms may reappear. At this time, your immune system has been compromised by the HIV infection, and the symptoms may be stronger and last longer. As the disease progresses and your immune system weakens, you may become quite ill even if you have not yet been diagnosed with AIDS, the late stage of HIV disease. Once symptoms occur, the virus has already caused considerable damage to the immune system.

Even if you have entered a symptomatic stage, antiretroviral therapy may be able to return your health to an asymptomatic phase, but ideally it is better to get medical treatment before symptoms appear.

Late-Stage HIV Disease (AIDS)

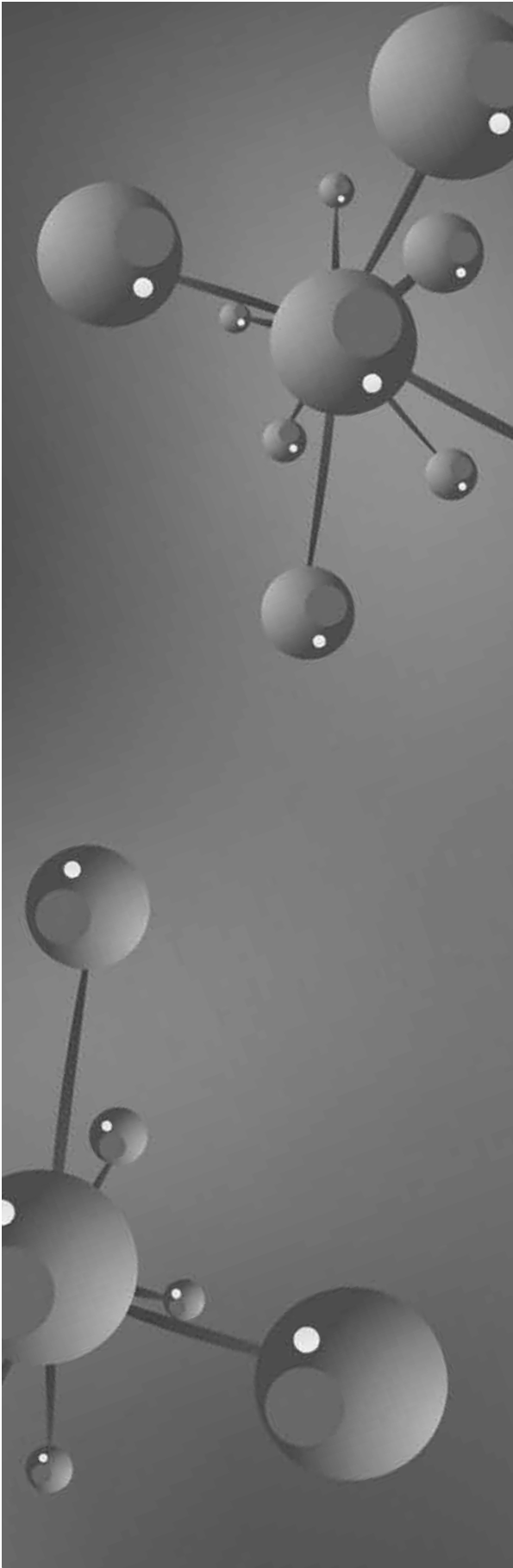
During the advanced stages of HIV disease, your immune system begins to lose the battle against HIV and you may develop life-threatening opportunistic infections and/or cancers. ** In Canada, an AIDS diagnosis is received after an HIV-positive individual develops one or more opportunistic infections or certain cancers. Although AIDS can still be a fatal illness, the advancement of new treatments that can reduce the impact of HIV on the immune system and prevent opportunistic infections is resulting in prolonged life from the time of AIDS diagnosis, especially if early and appropriate treatment is taken properly.

Factors Affecting Disease Progression

The rate of progression from initial infection to the late stage of HIV disease varies significantly from person to person. Factors that may speed progression of the disease include age, cigarette smoking, alcohol and other drug use, viral strains, socioeconomic factors, psychological factors, and general wellness.

* page 11: Transmission and Prevention

** page 32: Opportunistic Infection



Your viral set point also has a significant impact on the progression of the disease. During the asymptomatic stage, the viral load stabilizes, which is known as the viral set point, and it is different for each individual. The higher your viral set point, the faster the disease will progress. Conversely, the lower your viral set point, the slower the disease will progress.

What Are the Symptoms of HIV?

Symptoms cannot identify an HIV infection. The actual physical symptoms of HIV infection are similar to those of many other common illnesses. A blood test is the only way to determine if you have HIV.

Early Symptoms

It is common to feel perfectly healthy and show no signs of illness when you first become infected with HIV. You may, however, develop a flu-like illness within a month or two after exposure, and during seroconversion. Symptoms of this seroconversion illness may include:

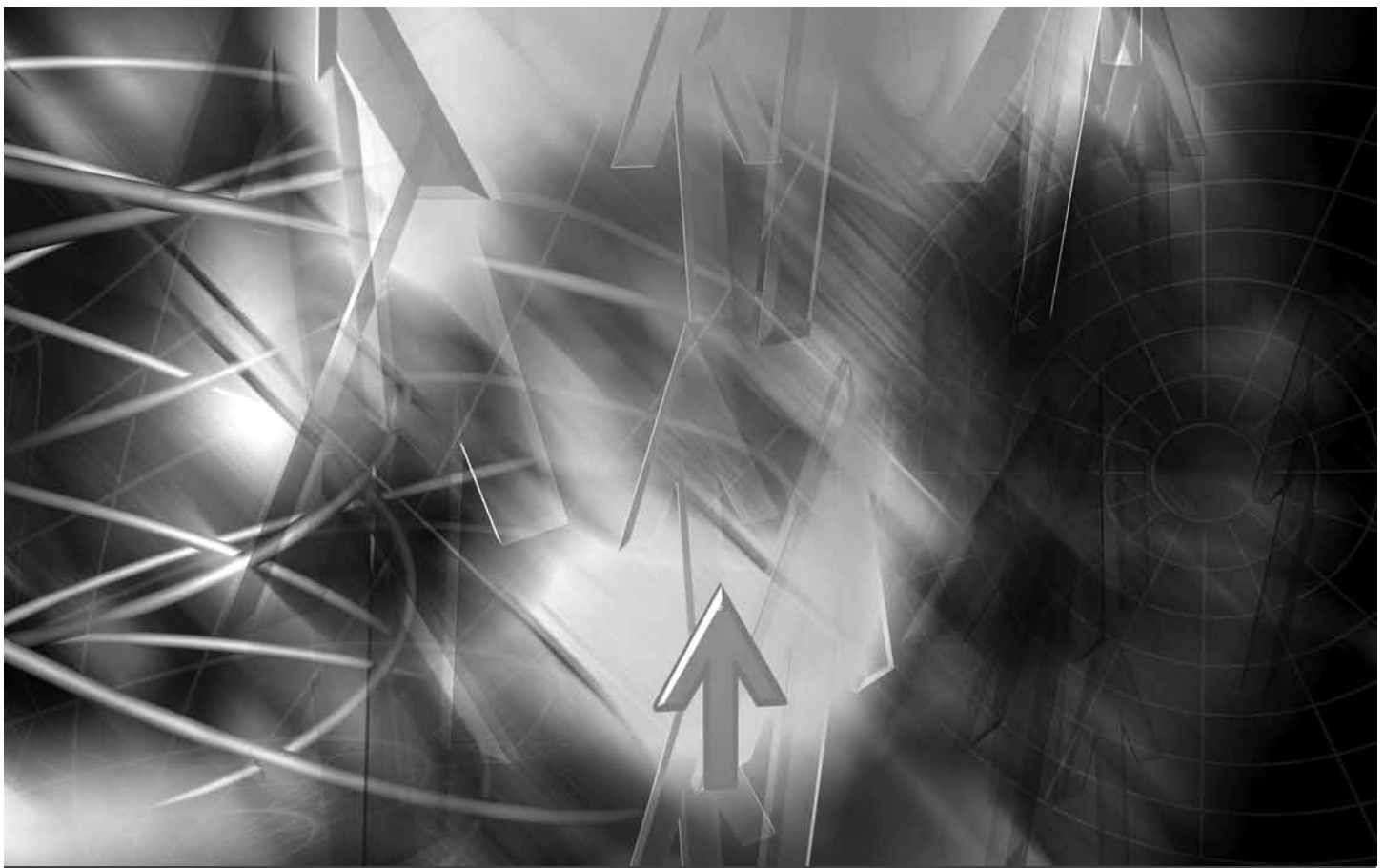
- Fever
- Headache
- Tiredness
- Swollen glands in the neck, armpits, or groin

The early symptoms of initial infection usually disappear within a week to a month and are often mistaken for symptoms of another viral infection.

Later Symptoms

The onset of more persistent and severe symptoms may occur as early as a few months after HIV enters the body. In some instances symptoms may not appear for ten years or more. Some of the physical symptoms experienced in the months to years before the onset of AIDS include:

- Fatigue and lack of energy
- Rapid weight loss; wasting
- Fever, shaking, chills, or night sweats
- A dry, hacking cough, often accompanied by a shortness of breath
- Persistent or frequent yeast infections (oral or vaginal)
- Persistent skin rashes or flaky skin
- Persistent diarrhea
- In women, pelvic inflammatory disease that does not respond to treatment
- Short-term memory loss



HIV TRANSMISSION AND PREVENTION

Because there is currently no cure for HIV, once you become infected with HIV, preventing transmission of the virus to other people is critical.

How Is HIV Transmitted?

The transmission equation is a useful tool to help you assess the risk of HIV transmission associated with different scenarios encountered in life.

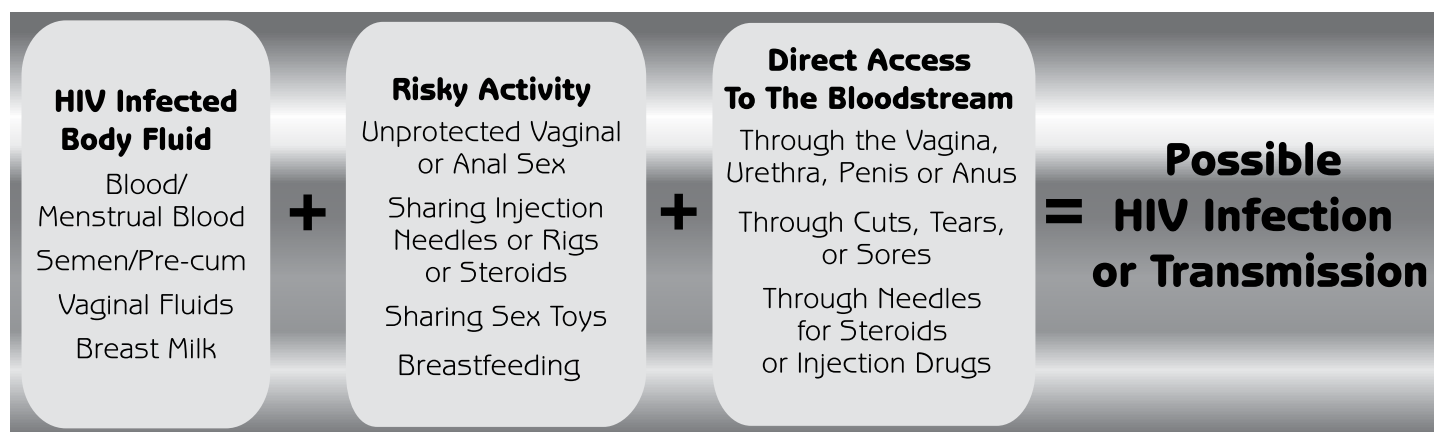
After infection with HIV, the virus is carried in certain body fluids, including blood, menstrual blood, semen, pre-cum, vaginal fluids, and breast milk. HIV is a blood-borne pathogen, which means it needs blood to survive. The body fluids that can carry the virus all have white blood cells (CD4 cells) in them. CD4 cells are the cells that become infected with HIV, so the more CD4 cells in the fluid, the more risky the fluid is for transmission. From most risky to least risky, the order is blood,

semen, rectal secretions, vaginal fluid, and breast milk. The amount of virus in these fluids is particularly high during the acute phase of HIV infection.

The virus can be transmitted only if a body fluid capable of transmitting HIV enters the bloodstream of another person. This kind of direct entry can occur through the linings of the vagina, anus, mouth, and the opening at the tip of the penis; through a break in the skin, such as a cut or sore; or through intravenous injection with a syringe or other sharp object.

Engaging in the following activities when you are HIV-positive may result in transmission of the virus:

Unprotected anal intercourse: Unprotected anal intercourse poses the greatest risk for sexually transmitting HIV. The receptive partner during anal sex, whether male-to-male or male-to-female, is at greater risk



because the lining of the anus and rectum is extremely thin and is filled with small blood vessels. These small blood vessels can be easily injured during intercourse and allow infected semen, pre-cum, or blood to enter the bloodstream. No damage to the wall of the anus may be necessary for HIV transmission to take place as HIV can cross the mucous membrane of the rectum and directly enter the tiny blood vessels.

Unprotected vaginal intercourse: Unprotected vaginal intercourse also poses a risk for sexually transmitting HIV. Small cuts or abrasions in the lining of the vagina and on the penis can occur during vaginal intercourse and allow infected semen, pre-cum, vaginal fluids, or blood (including menstrual blood) into your partner's bloodstream. Women are at greater risk of HIV infection through vaginal sex than men, although the transmission of the virus from women to men is also possible. Women are at greater risk because there are more openings in the mucous membrane of the vaginal canal than in the urethra of the penis. More importantly, semen stays in the vaginal canal for many hours, which provides longer exposure.

Unprotected oral sex: Oral sex is considered “low”-risk because saliva does not transmit HIV. However, oral-genital contact poses a clear risk of HIV infection, particularly when ejaculation occurs in the mouth. There is an increased risk of transmission when your partner's mouth has cuts or sores, such as those caused by sexually transmitted infections (STIs), recent tooth brushing and flossing, or canker sores, which can allow infected semen, vaginal fluids, or blood to enter the bloodstream.

Sharing needles or syringes: Sharing needles or syringes is a high-risk activity for blood-to-blood transmission of HIV. When you inject or shoot drugs, some blood can be drawn back into the needle and syringe. Infectious HIV can survive in used syringes for a month or more, which is why you should never re-use or share syringes, water, or drug preparation equipment.

Mother-to-child transmission: If you are pregnant and HIV-positive, transmission of the virus to your baby can occur during pregnancy, the birthing process, or from breast-feeding. * By taking HIV medication during pregnancy, the risk of mother-to-child transmission is significantly reduced.

How Is HIV Not Transmitted?

Despite the devastating effects of HIV within the body, the virus is actually quite fragile in the external environment and dies quickly when exposed to room temperature and air. As a result, HIV is not an easy virus to pass from one person to another. You do not transmit HIV the way you would a cold or the flu. Saliva, sweat, tears, vomit, feces, and urine do contain small amounts of HIV, but do not transmit the virus. Casual contact also does not result in the transmission of HIV. Ordinary, everyday, nonsexual contact — including shaking hands, hugging, kissing, sharing eating utensils, sharing towels or napkins, using the same telephone, and using the same toilet seat— are all completely safe.

How Can I Reduce the Risk of Transmitting HIV?

Harm reduction is a public health approach focused on reducing the health consequences resulting from certain behaviours, rather than focusing on whether the behaviour is morally right or wrong. The harm reduction approach to HIV prevention provides you with safer options that will minimize the transmission of HIV to others.

In addition to prevention practices for the purposes of reducing transmission of HIV, it is just as important to practice prevention to protect your own health. Harm reduction strategies reduce the risk of becoming infected with another strain of HIV that may be different from the strain you already have. Becoming infected with a drug-resistant mutation of the virus may limit your choices for treatment in the future.

Reducing the Risk of HIV Transmission during Sex

Sex is an important part of our lives, regardless of HIV status. HIV prevention strategies encourage HIV-positive people to play an important role in reducing transmission of the virus. The first step in reducing the risk of transmission during sexual activity is disclosure of your HIV status to your sexual partner. * This is a very sensitive issue and can be very difficult for some people. Talk to your doctor, see a counsellor, or get in touch with your local HIV community service organization to discuss the advantages and disadvantages of disclosure.

Before engaging in sexual activity, set your limits regarding high-risk sexual activities. Creative sexual options and safer options such as massage, fantasy, petting, kissing, and mutual masturbation are all possibilities for reducing the risk of HIV transmission.

When negotiating safer sex, you must clearly understand what safer sex is and what you can do to protect yourself and your partner. Safer sex practices will also prevent you from becoming infected with other sexually transmitted infections (STIs), which put additional stress on your immune system.

Sexual contact with your partner can be made safer in the following ways:

Penetrative sex (anal or vaginal): Correctly use a latex or polyurethane condom with a water-based lubricant and use a new condom with each new partner and with each new act of intercourse. The female condom is another option when engaging in vaginal intercourse.

Oral sex: Use a dental dam (small piece of plastic that can be bought at sex shops or dental supply stores), *non-microwavable plastic wrap* (which can be bought at the grocery store), OR a latex condom cut lengthwise (from the opening to the tip) to cover the vagina or anus. Use an intact male condom for oral sex on a man.

Other penetrative sex (fisting or fingering): Use a latex glove and, if necessary, a water-based lubricant.

Sex toys: Clean sex toys with soap and water after each person uses them and do not perform sexual activities that will result in either person bleeding.

It is important to use only water-based lubricants (like K-Y Jelly) with latex condoms because some ordinary petroleum-based lubricants (like Vaseline) may weaken a latex condom and cause it to break. Condoms may be difficult to find in the “heat of the moment,” so always be prepared and take responsibility for using condoms. Free condoms are usually available from local health clinics or your local HIV community service organization. **

Because condom use requires the active cooperation of the insertive male partner, there is need for other prevention strategies. Microbicides are compounds that can be applied inside the vagina or rectum to protect against HIV and other sexually transmitted infections (STIs). Without a preventive HIV vaccine, microbicides offer an alternative to condoms as the most feasible method for primary prevention of HIV transmission. They can be formulated as gels, creams, films, or suppositories and may or may not have spermicidal activity (contraceptive effect). At present, microbicides are still in the research phase and a safe and effective microbicide is not yet available.

* page 51 & 54: Everyday Life/Dating
AND Legal Issues

** page 74: Resources

Watch for the possibility that other prevention strategies become available, including both before- and after-event medications that may significantly reduce risk.

Low or “undetectable” viral load is yet another layer of protecting your sexual partners by reducing risk of transmission. Viral load plays a part in how likely you are to transmit HIV to someone else through sex. You can also reduce transmission risk by keeping your viral load as low as possible through the use of anti-retroviral therapy.

Reducing the Risk of HIV Transmission When Injecting Drugs

Re-using or sharing drug-works is the easiest way to transmit HIV and other blood-borne pathogens, including hepatitis B and hepatitis C. If you are injecting drugs of any type (heroin, crack, crystal, cocaine, pills, or steroids), you can take steps to stay healthy and reduce the risk of transmitting HIV.

The safest way to protect yourself and others if you inject drugs is to:

- Use a new needle and new supplies every time you inject drugs.
- Never share your drug-related equipment, such as needles, syringes, spoons, cookers, water, or crack pipes.
- When shooting with others, make sure you have your own needles, syringes, and other equipment. Mark your equipment so you can tell it apart from others.
- Consider a drug substitution that doesn’t have to be injected (replacing your drug of choice with something less harmful, such as methadone instead of heroin).
- Before you inject, wash your hands and injection site with soap and water, or use alcohol wipes. Use just water if that is all you have. This will help keep germs on your skin from getting into your bloodstream.
- Protect your veins and use a different injection site (rotate) each time you inject. Go back to sites you have already used only after they have had time to heal. Try to avoid dangerous injection sites on your body such as your groin, thighs, breasts, wrists, and neck.

➤ Inject your drugs in as clean a place as you can find. There are germs on everything the needle point touches, including fingers and clothes. The less your needle touches, the cleaner it is.

➤ After you inject, recap the needle and put it in a sealed, puncture-proof container like a pop bottle so nobody can use it again. Bring it to a needle exchange or give it to an outreach worker. If there is no needle exchange near you, put the needle in a sealed container and throw it in the garbage. Do not dump it where someone could find it and get hurt.

Needle exchange programs exist in many cities. You can get new syringes at a needle exchange by turning in your used ones. Visit your local needle exchange program for new supplies, more information, and support. To find your local needle exchange program, contact your health-care provider or refer to the Resources Section. *

It is best to use a new needle each time, but if you do not have access to a new needle, make sure to only re-use your own. If you plan on re-using your own syringe, rinse it with fresh, cold water as soon as you can after injecting, to get all the blood out before it hardens inside.

If you absolutely must share, cleaning a syringe with water and bleach between uses can lower the risk of transmitting HIV. Your needle exchange or safe injection site may be able to provide you with bleach. Cleaning and re-using a syringe is not nearly as safe as always using a new sterile syringe and will not kill the hepatitis C virus. Hepatitis C infection is a serious and life-threatening liver disease that is readily transmitted through direct blood-to-blood contact. **

While under the influence of drugs and alcohol, decisions regarding safer sex and injection drug use may be impaired. Always have condoms and clean needles available in order to promote harm reduction and prevent further transmission of HIV.



Keeping track of your health

Even if you don't feel sick, you still need to find a doctor and have your health monitored because living with HIV is unlike living with other diseases in many ways. Currently, treatment guidelines recommend people diagnosed with HIV are placed on treatment, if not right away, soon. Also, treatment lasts a lifetime, and for many HIV-positive people this now means many years. This long-term monitoring of your health requires a continuing relationship with a doctor you are comfortable talking to, because you must be able to have frank discussions about your life and health in order to receive care that is best for you.

Finding a Doctor

You want a doctor who is knowledgeable about HIV. Health organizations can provide referrals to doctors open to new patients. Community service organizations helping HIV-positive persons can often do the same thing. Ask around – friends and relatives may even be able to help.

Once a potential doctor has been found, two questions must be asked. First, how much experience does the doctor have with HIV-positive patients? Second, are you comfortable talking about your health needs with this doctor?

To answer the first question, ask how many HIV-positive people are already in that doctor's care. Various guidelines for choosing knowledgeable physicians recommend finding someone with at least 20 to 50 HIV-positive patients over the last two-year period. At minimum, you should seek a doctor who has looked after 20 HIV-positive patients in the past year. However, this may not be possible in smaller communities where there are not many people with HIV. More important is that the doctor is interested in HIV and knows where to get the information they need.

Once you have determined that a doctor has reasonable HIV experience, you can consider how well your personalities mesh. Do you feel you can disclose things about your lifestyle to this doctor? Can you talk about highly personal details such as daily alcohol consumption, recreational drugs, sexual practices, and eating habits without stress? You must be able to discuss these activities with your doctor because they can have an important impact on your treatment. If you can't disclose this information, your doctor won't be able to give you the best advice for your overall health.

Finally, be alert for signs that your doctor isn't comfortable with you. If your doctor is always looking at your chart or the computer instead of at you, telling you from across the room what condition you have, or not responding to questions that you have about your health, you may want to find a new physician. If you generally receive good care from your doctor you might want to address the issue by saying, "I don't feel we're communicating well." However, if you have a discussion about your concerns and there is no change, you have to decide whether or not you want to change doctors. Good HIV care requires you and your doctor to have a good relationship so you can share in the decision-making process.

Your doctor knows the health-care system, but he or she doesn't know you. Everyone is different and you are expert in your own care needs. Tell your doctor what your needs are and you'll get the best possible care. Remember: It's for life!

Going to Your Appointment

Making the most of your doctor's visit can be difficult because the typical ten-minute appointment doesn't allow for any wasted time. When you go, make sure you know what you want to talk about. Did you read something two weeks ago that you want to mention to your doctor? Are you worried about something? It's easy to forget these things... and then your appointment's over. Make a list of your concerns and prioritize them in case you run out of time. Dr. Oz famously does this on his own appointments with doctors: You should, too! If you think your questions are likely to be longer than a standard appointment, ask for a double appointment or book the last appointment of the day.

Do some research. * The more you know about HIV and its treatments, the more comfortable you will be talking about them with your doctor. You can get information from the library, from community service organizations that serve HIV-positive people, and from the Internet. Those organizations and your doctor can help you determine which Internet sites (thebody.com, catie.ca,

positivelivingbc.org, etc.) are reliable. If you are nervous about your doctor's appointment, practice your upcoming visit and get comfortable asking your questions by asking a friend or relative first. Some standard questions include:

➤ When should I start taking medications?

➤ What side effects should I expect?

Once you feel more knowledgeable about HIV and have a good doctor you're comfortable with, asking questions will be easier. If you don't understand the answers to your questions, ask your doctor to explain more fully. If you're there with a specific problem and your doctor gives you a diagnosis, remember to ask, "Could it be anything else?" Physicians are taught to focus mostly on a single possibility and may, on occasion, screen out other possibilities based upon a majority of your symptoms and test results.

However, if you ask about other possible diagnoses, you can get more information about why these secondary possibilities were rejected and also provide an opportunity for the physician to review his or her own conclusions. This can help avoid the problems we sometimes hear about when doctors seem to miss things. Doctors are knowledgeable and focussed on your care, but you can help their focus.

Medications are another aspect of your care that you need to discuss in detail with your doctor. Some medications require dosing during working hours, during socializing hours, while travelling, or at other inconvenient times. This may make your life more complex and you could have trouble keeping up with the schedule. So, work all these details out with your doctor ahead of time. Let your doctor know if you think you'll have trouble taking pills at work or if you don't think you can always have food handy to take with your medications. If you don't want people knowing that you are taking pills every day, ask your doctor if there's a medication that you can take only at night. There may be a medication that fits your lifestyle better, but you'll never know if you don't ask. There are a wide variety of HIV drugs on the market today and some physicians may not have detailed knowledge of all of them. This is another reason for finding a doctor who is knowledgeable about HIV.

Keep your doctor in the loop

Be sure to inform your doctor if you are seeing any non-traditional health care providers. If you are taking any medications or natural compounds other than those

given to you by your primary physician (often called complementary or alternative therapies), these can interact with your prescriptions.

* page 74: Resources

Blood work

Blood tests, although often dreaded, are an important part of a healthy living regimen. They provide important information that enables you and your health care team to keep ahead of the virus' progression, as well as evaluate any complications with drug toxicity. Your doctor will compare your results to the standardized "normal" values, but don't worry if your numbers are outside this range because many factors, such as gender, age and race, can affect the numbers, and some numbers may remain somewhat outside normal ranges because of HIV. It is more important to know what is normal for you. Understanding how these tests work will help you make sense of the information and allow you to become an active partner in your therapy.

Complete Blood Count (CBC)

Blood contains different cell types that have different jobs. While HIV itself decreases the number of white blood cells in the body, the drugs used to treat it can sometimes decrease other blood components. A CBC measures your blood composition, which helps your doctor decide whether a change in treatment should be considered. A CBC is done every three to six months.

Red blood cell count: Red blood cells carry oxygen in the blood. HIV drugs may cause a decrease in red blood cells, which can lead to anemia or low hemoglobin levels.

White blood cell count: White blood cells, including lymphocytes (the cells most affected by HIV) are important for immune system reactions. Your white blood cell count indicates how well your HIV treatment is working. A significant decrease in your levels means that a change in treatment may be needed.

Platelet count: Platelets are the cells in the blood responsible for clotting. Their levels can be decreased by HIV itself or by drugs. Decreased platelets can lead to bruising and make it hard to stop the bleeding when you're cut.

Hematocrit: A hematocrit measures the thickness of the blood by comparing the percentage of red blood cells to total blood volume. Since some HIV medications cause anemia, your hematocrit may be lower than normal, too.

CD4 Lymphocyte Cell Count

CD4 cells – a primary target of HIV – are part of the lymphocyte group. They attack bacteria and viruses in the body that can make you sick. HIV destroys the immune system because it uses CD4 cells to replicate itself. It enters CD4 cells and makes thousands of copies of itself. The CD4 cell dies when the virus leaves it, and the thousands of HIV copies inside are released to attack more cells.

Monitoring the number of the CD4 cells in your blood tracks the progression of the disease. Normal counts are

📌 Specialists

As a person living with HIV, you can see your family doctor (GP) – but your doctor should have experience with HIV-positive patients. Your GP might also refer you to a range of different specialists. To some extent this depends on the specialists available in your community (for example, hepatitis might be treated by either an infectious disease specialist or a gastroenterologist). Referrals can include an infectious disease specialist (complicated or unusual infections, including HIV); a gastroenterologist (stomach, bowels, or liver); a nephrologist (kidney problems); a dermatologist (skin problems); or a cardiologist (heart problems or high blood pressure). The request to see the specialist must be made by your primary care doctor; you cannot usually make an initial appointment with a specialist yourself. However, in most cases you can book follow-up visits yourself within six months of the initial referral, after which you need a new referral from your family doctor.

📌 Dentists

Regular dental care is important for HIV-positive people. Mouth problems such as oral thrush (a yeast infection in the mouth), swollen glands, canker sores, and herpes simplex lesions can indicate HIV progression, either because the virus's pattern of development has changed or because a person is experiencing treatment failure.

* Dry mouth, a common side effect of some antiretroviral meds, can contribute to tooth decay, gingivitis, and gum disease. If you can't afford dental care, contact Positive Living BC's Access and Assistance Department (604.893.2200) for information on government programs for dental care and a list of free or low-cost clinics in the Greater Vancouver Area. Also, Positive Living BC may have a dentistry or dental hygiene student available to see you.

* see page 19: Treatment Options

between 500-1500 cells/mm³ (though this varies slightly from lab to lab). Counts below 500 cells/mm³ indicate immune system damage. Most opportunistic infections occur with a CD4 count below 250 cells/mm³. This is an indication of a severely damaged immune system which can happen with unsuccessful treatment or if someone is not on treatment. CD4 counts are usually done every two to four months for patients on antiretroviral therapy – although successful treatment can allow for up to six months between tests. The test may be less frequent for those who are not on therapy.

CD8 Lymphocyte Cell Count

CD8 cells, also known as “killer T cells,” are another type of immune system cell. CD8 cells have been seen to increase in the HIV patient, but researchers are not sure exactly why.

CD4 Percentage

The CD4 percentage compares the number of CD4 cells in the blood to other types of lymphocytes. The CD4 percentage for HIV-negative patients is roughly 40 percent, while HIV-positive patients can be below that, especially without treatment. The CD4 percentage provides a number that is more stable from checkup to checkup than a CD4 absolute cell count, and so it is a more reliable way to keep track of your immune system health.

Viral Load

Viral load measures the amount of virus in the blood, which indicates how well the antiretroviral medications are working. Normal counts vary, but usually the higher the viral load, the lower the CD4 count. If your viral load on treatment is consistently detectable, i.e. more than 30,000 copies/mL, then your doctor may change your drug regimen. Viral load is measured two to eight weeks after the initiation of antiretroviral therapy. Once therapy has stabilized, viral load is usually checked about every three to six months – most often with your other blood tests.

Liver Function Tests

Liver function tests are usually checked every three to six months. The liver is responsible for a lot, including removing toxins from the body, nutrient use, and storing energy. HIV medications, as well as hepatitis C co-infection,

alcohol, and many other medications, can damage the liver. Symptoms of liver damage such as jaundice, dark urine, and unexplained weight gain or loss do not usually appear until the damage is quite severe. To catch changes in liver health at an early stage, doctors measure the quantity of the following compounds and enzymes in the blood:

- Bilirubin is produced by red blood cells when they break down. High levels of bilirubin in the blood indicate possible liver damage. The HIV medication atazanavir is also known to increase levels of bilirubin and is not an indication of liver damage, but the condition should be monitored.
- Alanine transferase (ALT) and Aspartate transferase (AST) are enzymes that help the body use protein as an energy source. High levels of these liver enzymes in the blood indicate inflammation and possible liver damage.
- Albumin, produced in the liver, is the major protein in the blood. Decreased albumin levels are associated with poor liver function, so measuring albumin is important.

Kidney Function Tests

The kidneys remove waste products from the blood and balance the various chemicals in the body. HIV medications, particularly indinavir and, to a lesser extent, tenofovir, can cause decreased kidney function. Tenofovir is part of the dual-medication Truvada and also part of Atripla and Complera, too. High blood pressure and diabetes increase the risk of kidney disease. As with early liver disease, early kidney disease does not have easily recognizable symptoms and testing is required to watch for changes in kidney health. Doctors monitor kidney function every three to six months by looking at urine tests and measuring blood levels of the following compounds:

- Creatinine is a waste product resulting from normal muscle breakdown. The kidney filters it out of the blood. High creatinine levels are suggestive of kidney disorder. Creatinine levels can also be used to calculate how efficiently the kidneys are filtering the blood – called a (estimated) Glomerular Filtration Rate.
- Urea is a waste product and is filtered into the urine by the kidneys. Blood Urea Nitrogen (BUN) measures the amount of urea in the blood. An elevated BUN value can indicate dehydration or kidney disease.



TREATMENT options

Great strides have been made in the last 20 years in the treatment of HIV and, as a result, HIV-positive people are living productive and rewarding lives. Because HIV disease cannot be cured, choosing a method of treatment is something that all HIV-positive people must consider. In this section, we will discuss antiretroviral therapy treatment options. The following section discusses complementary and alternative therapies.

What Is Antiretroviral Therapy?

Antiretroviral drugs, also called HIV drugs and highly active antiretroviral therapy (HAART), stop the HIV virus from reproducing. Antiretroviral drugs are always prescribed in various combinations together, and clinical trials to discover which combinations work best are ongoing. Physicians will choose a combination of antiretroviral drugs that work well together (being most powerful with least side effects). The goals of antiretroviral therapy are to decrease viral load as much as possible to prevent HIV disease progression, to improve quality of life, and prolong length of life.

Drug Classes

Each antiretroviral drug is categorized according to the stage of the HIV reproductive cycle that it interrupts. A group of antiretroviral drugs that all work in the same way to prevent

HIV replication is called a class. Today there are five classes of drugs and more than 25 different drugs available.

Reverse transcriptase (RT) inhibitors have been around the longest and are separated into two drug classes. Both drug groups interfere with RT (an HIV enzyme) to prevent virus replication, but in different ways.

Nucleoside/nucleotide RT inhibitors (nukes) include zidovudine (AZT), abacavir, 3TC, stavudine (d4T), didanosine (ddI), FTC, and tenofovir.

Non-nucleoside RT inhibitors (non-nukes) include efavirenz, nevirapine, etravirine, rilpivirine, and delavirdine.

Many RT inhibitors are available in combination format with two or more drugs contained in one pill. Examples are Combivir, Trizivir, Kivexa, Truvada, Atripla, and Complera.

Protease inhibitors (PIs) block the protease enzyme that HIV uses to produce new copies of itself. Drugs in this class include fosamprenavir, tipranavir, lopinavir, darunavir, indinavir, atazanavir, saquinavir, ritonavir, and nelfinavir.

Entry inhibitors prevent the virus from entering the cell. They include enfuvirtide (T20), which is available by injection only, and maraviroc.

Integrase inhibitors interfere with an HIV enzyme that allows virus material to enter the cell. Only one drug that is currently available – raltegravir – is an integrase inhibitor.

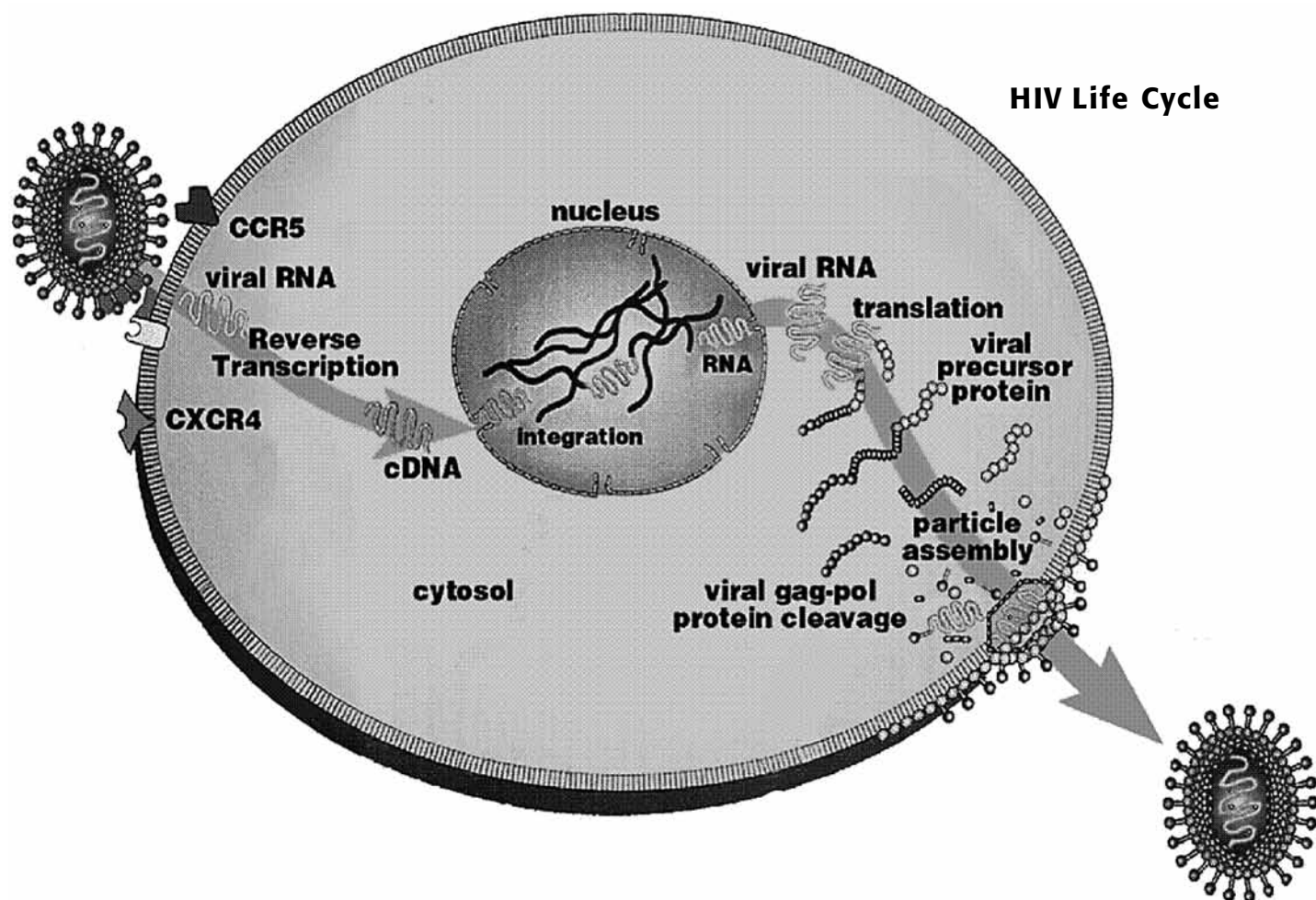
Are You Ready for Meds?

The decision to start medications is more than just a medical one. You need to be mentally and emotionally ready to start antiretroviral treatment because it requires commitment. * Taking antiretroviral drugs can be difficult; they have to be taken in the right amount at the right time, and they have to be taken every day, maybe for the rest of your life. Many people with HIV report that when they receive their first bottles of pills from the pharmacist they don't take them right away because they feel emotionally overwhelmed by the implications of starting antiretrovirals. This emotional stress isn't limited to the first time you take medications either. HIV-positive people who need to switch their HIV medications later on also

find this to be a stressful time. That is why it's important to be mentally ready when you begin treatment.

Understanding the benefits and drawbacks of taking medications is a good way to prepare yourself for future drug therapy. You can talk to other people who are taking HIV medications to learn about their experiences with antiretroviral drugs and the potential side effects. You can also get support from friends and family throughout this period. A local AIDS service organization can also provide support.

It should be especially pointed out that there are huge gains to be made for personal health and quality-of-life reasons that suggest antiretroviral treatment is a very good thing to do; equally, lack of treatment can lead to bigger health problems down the road, in addition to making a person more likely to transmit the virus to others. The decision is yours to make, but these things



* page 4: Emotional, Social Support

! Antiretroviral drugs in British Columbia are provided free of charge through the BC Centre of Excellence in

HIV/AIDS for those enrolled with the centre. Contact them at 604.806.8477 or www.cfenet.ubc.ca.

ANTIRETROVIRALS

	Brand Name	Generic Name	Drug Abbreviations
Nucleoside Reverse Transcriptase Inhibitors (also known as nucleoside analogs, NRTIs or nukes)	Epivir	lamivudine	3TC
	Retrovir	zidovudine	AZT , ZDV
	Videx	didanosine	ddl
	Videx EC	didanosine EC	ddl-EC
	Viread	tenofovir	TDF
	Zerit	stavudine	d4T
	Ziagen	abacavir	ABC
	Combination drugs		
	Combivir	zidovudine + lamivudine	AZT + 3TC
	Kivexa	abacavir + lamivudine	ABC + 3TC
	Trizivir	abacavir + zidovudine + lamivudine	ABC + AZT + 3TC
	Truvada	emtricitabine + tenofovir	FTC + TDF
Non-Nucleoside Reverse Transcriptase Inhibitors (also known as non-nucleoside analogs, NNRTIs, non-nukes)	Rescriptor	delavirdine	DLV
	Sustiva	efavirenz	EFV
	Viramune	nevirapine	NVP
	Etravirine	Intelence	ETR
	Rilpivirine	Edurant	RPV
Dual-Class Combination	Atripla	efavirenz + tenofovir + emtricitabine	EFV + TDF + FTC
	Complera	Rilpivirine + tenofovir + emtricitabine	RPV + TDF + FTC
Protease Inhibitors	Aptivus	tipranavir	TPV
	Crixivan	indinavir	IDV
	Invirase	saquinavir— HGC (hard gel cap)	SQV-HGC
	Invirase 500	saquinavir	SQV
	Kaletra	lopinavir + ritonavir	LPV + RTV
	Norvir	ritonavir	RTV
	Prezista	darunavir	TMC114
	Reyataz	atazanavir	ATV
	Telzir	fosamprenavir	FPV
	Viracept	nelfinavir	NFV
Entry Inhibitors	Celsentri	maraviroc	MVC
	Fuzeon	enfuvirtide	T-20
Integrase Inhibitors	Isentress	raltegravir	RAL

are important to consider when making it. There are many people who you can talk with to help you with information, including your doctor, plus others who are HIV-positive. A local HIV community organization may be helpful for you.

Choosing an Initial Drug Regimen

The decision to begin antiretroviral therapy is an individual one. The BC Centre for Excellence in HIV/AIDS recommends that if your CD4 count is 500

cells or less, you should begin treatment, but if your CD4 count is above 500, you may be able to defer treatment. Treatment decisions should be made by considering your blood work (CD4, viral load, rate of CD4 decline) and your personal preferences. Treatment guidelines can change so always discuss your options about starting treatment with your physician.

Generally, initial (or first-line) therapy consists of two nukes plus either a non-nuke or a protease inhibitor. The selection of specific drugs within these categories is based

on side effects, patient preferences, dietary considerations, dosing schedules (time of day, once or more often each day) and the total number of pills.

When deciding on your initial antiretroviral therapy, you and your physician should consider:

- How effective will the drug combination be in your situation?
- Will you be able to tolerate the side effects?
- Will you be able to take your medication on schedule?
- What other medications are you taking that may interact with HIV medications?

Adherence and Resistance

Antiretroviral drugs must be taken properly – at the right time and in the right amount – 95 percent of the time. This is called adherence. If antiretroviral drugs aren't taken properly, they are less effective and this can lead to drug-resistant strains of HIV. Drug resistance develops when there isn't enough of the drug in the body to completely control the virus. The virus is able to adapt to the drug and continues to replicate unchallenged.

One of the biggest factors for drug resistance is forgetting to take medication. There are several things you can do to help you remember to take your medication, including:

- using a beeper or alarm to remind you to take your medication
- taking your pills around meal times or another daily ritual
- choosing a once-daily drug combination
- carrying pills with you in a pillbox
- asking friends or family to remind you to take your medications

People also find it difficult to take their medications when the side effects are more than they can tolerate. Some side effects can be short-lived and will pass with time. Others may be worse at the beginning of therapy, such as nausea, but with proper measures can be managed and therapy can continue. If you experience any side effects, speak to your health-care provider (doctor or pharmacist) before stopping your medications, as this can lead to drug resistance.

It is also possible to become infected with a strain of HIV that is already resistant to some of the drugs available for treatment. Your doctor may test you at the beginning of treatment to see if you have contracted a virus that is already resistant to certain drugs. This may affect the choice of drugs in your first-line therapy.

Treatment Failure

Treatment failure occurs when the medication is no longer fighting HIV effectively. Indications that you may be experiencing treatment failure include a viral load that has not declined significantly or has not reached undetectable levels, a CD4 count that hasn't risen, or declining health in spite of antiretroviral therapy.

The reasons for treatment failure are numerous: poor health before starting antiretroviral therapy, poor adherence to medications, poor absorption of medications by the body, previous drug resistance, medical conditions or illnesses other than HIV, and alcohol or drug abuse.

If your drug regimen is failing, your doctor will examine you to see if a cause can be determined. A common solution is to change medications, either in the same drug class or to another drug class. Research into new antiretroviral drugs is ongoing and those who experience treatment failure with most of the traditional drug regimens may have success with more recently developed drugs.

Antiretroviral Drug Side Effects

The following is a list of common side effects that can occur with antiretroviral drugs. Most of these side effects do go away with time and it is important to not stop your antiretroviral drugs unless directed by your doctor. The tips below may help to make the side effect more manageable. To avoid possible drug interactions, always check with your health-care provider before starting any non-prescription medications/supplements or changing your medication schedule.

Nausea and Vomiting

- take medications with food if your doctor or pharmacist says this is OK
- nibble on raw ginger or drink ginger tea
- eat small quantities of food at a time

- ➔ eat cold food, which can be more appealing
- ➔ choose low-fat foods instead of greasy foods
- ➔ eat dry and salty foods
- ➔ avoid very sweet foods
- ➔ use medical marijuana

Diarrhea

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

Fatigue

- ➔ get B12 shots if your levels are low
- ➔ take iron supplements if your levels are low
- ➔ exercise regularly
- ➔ get a massage or Reiki session
- ➔ get testosterone shots if levels are low
- ➔ if this is a medication side effect, changing the time you take your medications may help – ask your doctor or pharmacist how to do this safely

Rash

- ➔ take oatmeal baths
- ➔ use lotions or aloe vera gel
- ➔ use witch hazel
- ➔ ask for a referral to a dermatologist
- ➔ for an itchy rash, try an antihistamine cream such as diphenhydramine (Benadryl) or mild hydrocortisone cream
- ➔ to prevent sunburn, avoid going in the sun and wear SPF 30 sunscreen

- ➔ severe rash may indicate a drug hypersensitivity – see your doctor if you have a severe rash or a rash with fever or sores in the mouth

Peripheral Neuropathy

- ➔ wear properly fitting shoes and socks
- ➔ take L-carnitine supplements
- ➔ get acupuncture or acupressure
- ➔ soak feet in cool water
- ➔ exercise regularly
- ➔ avoid standing for lengthy periods
- ➔ get B-12 shots if your levels are low
- ➔ make sure you have been checked for diabetes (fasting blood sugar)

Poor Sleeping or Insomnia

- ➔ drink hot milk or chamomile tea
- ➔ limit caffeine and sugar (especially in the evening)
- ➔ do something relaxing before bed, e.g. a hot bath or yoga
- ➔ use your bedroom only for sex and sleep
- ➔ exercise regularly
- ➔ keep a regular routine of sleeping and waking
- ➔ try melatonin at bed time; avoid alcohol
- ➔ if this is a medication side effect, changing the time you take your medications may help – ask your doctor or pharmacist how to do this safely

Bone Loss

- ➔ do weight bearing exercise (walking)
- ➔ drink milk and eat other dairy products
- ➔ take calcium supplements
- ➔ take vitamin D supplements
- ➔ eat protein and calcium-rich foods
- ➔ get 20 minutes of sun per day
- ➔ decrease smoking, alcohol, and caffeine consumption

❗ Side effect or something else?

Many of the side effects listed here can also indicate that you have an opportunistic infection or another complication not related to your therapy. Always rule out

other possible causes before treating your symptoms as side effects. If you're not sure, talk to your doctor.

Liver Toxicity

- ➔ avoid alcohol
- ➔ avoid acetaminophen (Tylenol)
- ➔ take L-carnitine
- ➔ take milk thistle
- ➔ take alpha-lipoic acid
- ➔ get acupuncture

Depression or Irritability

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

Constipation

- ➔ eat more fibre such as raw vegetables and fruit, dried fruit, whole grain cereals, nuts and seeds, and whole grain bread
- ➔ eat frequent and small meals
- ➔ drink plenty of fluids
- ➔ exercise to stimulate bowel movement
- ➔ avoid cabbage, beans, onion, broccoli, brussels sprouts, and cauliflower
- ➔ avoid sugar

Lipodystrophy and HIV

Lipodystrophy refers to body shape changes in HIV-positive people taking antiretroviral medications. These changes include loss of fat in the face (facial lipoatrophy), arms, legs, and buttocks or fat deposits such as enlarged breasts and bellies along with buffalo hump (fat growth on the back of the neck). Lipodystrophy can also include metabolic changes such as increases in blood fats (high cholesterol and triglycerides) or lactic acid. The causes

are not fully understood and may be the result of HIV itself or certain antiretroviral drugs. Older antiretroviral drugs such as d4T (Zerit) and indinavir (Crixivan) have been associated with the development of lipodystrophy.

Lipodystrophy is difficult to treat because it is not completely clear what causes it. Some people may consider changing their drug regimen, though it takes a long time to reverse changes in body shape. Fat deposits can be removed by liposuction or reconstructive surgery for sunken cheeks, but this can be costly and results may only be temporary in some cases. Some studies have shown that exercise helps. Eating more fibre may control insulin resistance and help decrease abdominal fat. Some HIV-positive individuals have also tried growth hormone to reduce fat accumulations but more research is needed in this area.

Women and Antiretroviral Therapy

Guidelines for the use of antiretroviral therapy do not vary based on the sex of the individual. Although much of what is written in this manual on antiretroviral drugs can also apply to women, there are also some key differences. It is well known that dosing regimens are based on data from male-dominated clinical trials. Women tend to report more side effects from antiretroviral drugs than men, which may be related to current dosing practices.

The appropriate drug dosage for women can vary and it is possible that HIV-positive women are not taking enough of a drug or potentially taking too much of a drug. Therapeutic drug monitoring is a test that uses a blood sample to determine exactly how much drug is in your blood. This test can help ensure that you are taking an appropriate dose of medication.

🗣 Pain and HIV

People with HIV may experience muscle or joint pain (myalgias or arthralgias) or peripheral neuropathy, which is nerve damage that causes numbness, burning, and tingling (sometimes to the point of severe pain) in the toes, feet, and legs, and sometimes in the hands and arms. There are a number of factors that can

contribute to this pain including HIV itself, some HIV medications (especially d4T [Zerit] and ddI [Videx]), cancer treatment, diabetes, and cocaine and/or alcohol use. If you have any pain, let your doctor know because your HIV medications may be responsible. In cases of severe pain, your doctor may prescribe pain medication.

Specific health issues relating to antiretroviral therapy and HIV-positive women include:

- Women are more likely than men to get a severe rash when using nevirapine.
- Lipodystrophy affects men and women differently. Women have more accumulation of fat in the breasts and abdomen by comparison with men, who experience more wasting in the limbs and face.
- HIV-positive women in menopause who are on antiretroviral therapy may have a greater risk for osteoporosis. Low bone density is a side effect of antiretroviral drugs and presents an increased risk for HIV-positive aging women because low bone density may already be prevalent. The U.S. Menopause Study in 2006 concluded that HIV-positive women had lower bone mineral density than HIV-negative women. HIV-positive women should have their bone mass checked regularly.
- Protease inhibitors may decrease estrogen levels, both natural and artificial (hormone replacement therapy or oral contraceptives). Oral contraceptives contain relatively high amounts of artificial hormones, and increasing the dosage to compensate for protease inhibitor use might increase the risk of other complications, particularly for women with liver disease or elevated liver enzymes.

Recreational Drug Interactions

A drug interaction is when two or more drugs are taken together and interfere with each other's metabolism to produce unwanted and sometimes dangerous effects. Drug interactions can occur with over-the-counter medications, prescribed drugs, alcohol, and street drugs. Street drugs and alcohol can also lead to people making poor choices about their health, which increases the likelihood of exposure to other sexually transmitted infections, skipped antiretroviral drug doses, and poor nutrition.

The following alcohol and drug interactions do not make up a complete list. It is always better to avoid recreational drugs and heavy alcohol use when taking antiretroviral drugs.

Alcohol

Occasional, light use of alcohol has not shown any adverse effects with antiretroviral drugs. However,

chronic, heavy alcohol use damages the liver, which increases the chances of drug resistance and makes it harder to achieve a low viral load. Alcohol can increase the potency of antiretroviral drugs or, when combined with certain antiretroviral drugs, can cause organ damage and other conditions.

- Alcohol increases abacavir concentrations by 41 percent.
- Alcohol combined with ddI (Videx) increases the risk of pancreatitis.
- Alcohol combined with protease inhibitors, nevirapine, or d4T (Zerit) can cause liver inflammation and possibly liver toxicity.

Street Drugs

The interaction between street drugs and antiretroviral drugs is difficult to predict because street drugs vary in potency and ingredients. As well, since street drugs are illegal, very little research has been done on these interactions.

One of the most dangerous results of drug interactions is the increased potency of the antiretroviral drug or the street drug. When antiretroviral drugs are made stronger by street drugs, the risks are more severe side effects and possible organ damage. When street drugs are made stronger by antiretroviral drugs, the risk is accidental overdose.

- Ritonavir increases Demerol levels by up to 47 percent and seizures can occur.
- Ritonavir increases amphetamine levels and crystal meth levels by two to three times.
- Ritonavir can inhibit the enzymes that break GHB down, which can lead to overdose
- Protease inhibitors and non-nukes increase Ecstasy levels by five to 10 times.
- In general, protease inhibitors increase blood levels of stimulants like cocaine, amphetamines, caffeine, nicotine, GHB, and LSD. If using these drugs, start with one-fifth to one-tenth of your usual dose if on antiretroviral drugs.
- Methadone increases the potency of AZT.
- Ritonavir increases levels of Ecstasy, presenting as heat stroke and serious dehydration that leads to overdose.

Another possible outcome from combining street drugs with antiretroviral drugs is decreased potency. Street drugs can decrease the absorption of antiretroviral drugs in the body, resulting in reduced effectiveness and a risk of drug resistance. Antiretroviral drugs can decrease the potency of street drugs, resulting in accidental withdrawal.

- Ritonavir and nelfinavir decrease morphine levels by 50 percent.
- Ritonavir may decrease levels of codeine.
- Nicotine can reduce levels of ritonavir.

The combination of street drugs with antiretroviral drugs can also have a direct impact on your body. Cocaine, for instance, has been shown in studies to increase viral replication by up to 200 times, and when combined with protease inhibitors can cause tremors, seizures, anxiety and paranoia, and increased blood pressure.

Clinical Trials

Clinical trials are studies or experiments that allow researchers to test the safety and effectiveness of new HIV treatments. All antiretroviral drugs have to go through clinical trials before they are approved by Health Canada. If you are considering participation in a clinical trial, here are some key things you should know.

There are four phases to all clinical trials:

Phase I studies are small (very few people) and last for short periods of time (a few weeks or a few months). It focuses on how safe the drug is and how the body metabolizes the drug.

Phase II studies are longer with more people. This phase of the trial examines how safe the drug is as well as how well the drug works.

Phase III studies are even larger (a lot of people) and last for a significant period of time, sometimes years. This phase usually compares two or more similar groups of people to see how well they are responding to the new drug compared to existing drugs.

Phase IV studies occur after a drug has been licensed or approved for use. This phase examines the drug's effect on people who have been using it for a long time.

Many HIV-positive people participate in clinical trials, and because of them, advances have been made in antiretroviral drug development. However, if you are considering participation in a clinical trial, you need to be aware of both the benefits and the risks.

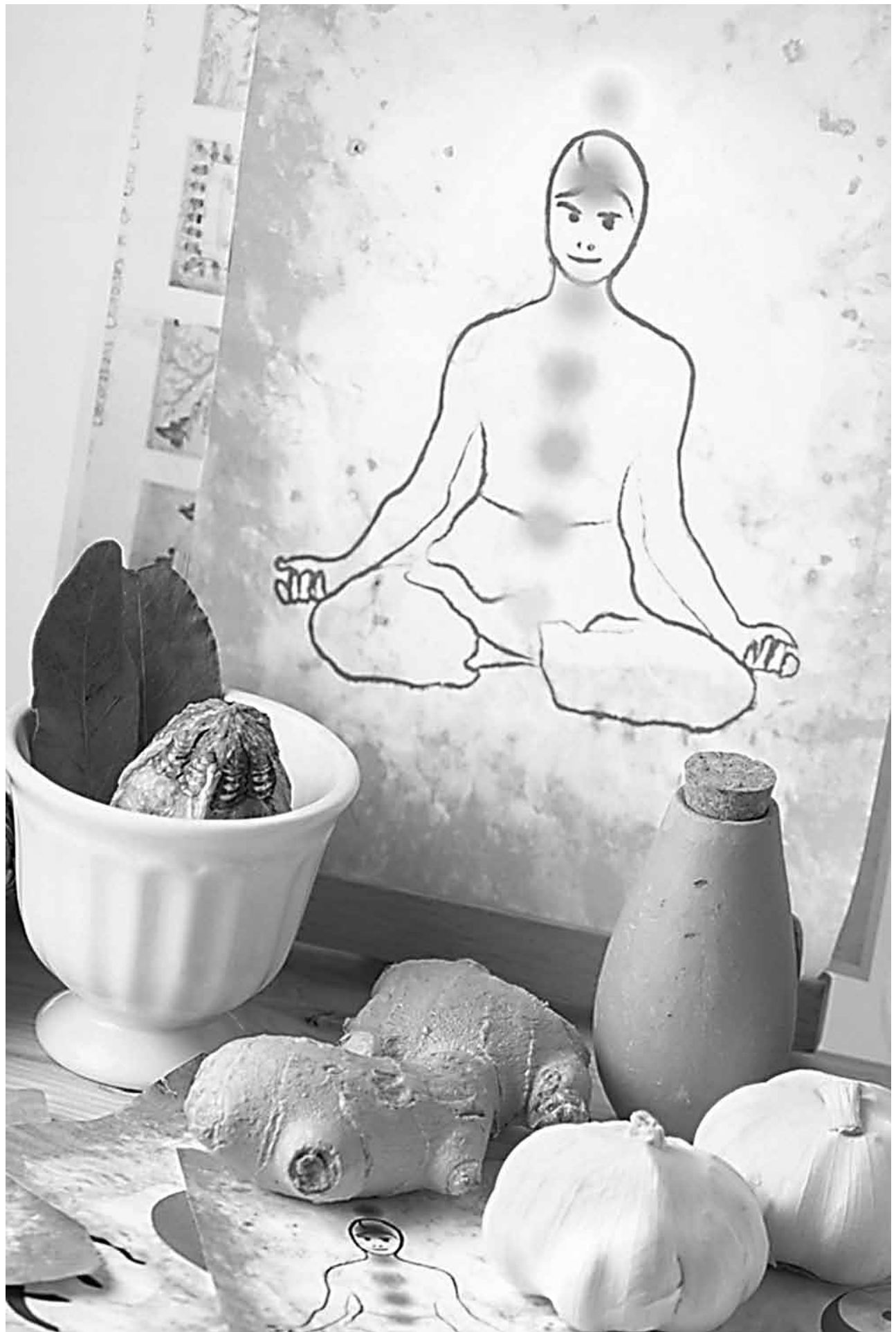
Why Would You Participate?

- If you are not doing well on your current treatment, a clinical trial allows you to be one of the first people with access to a new drug.
- If you participate in a clinical trial, your health will be closely monitored.
- You may get a sense of greater control over your medical condition just by participating.
- Participating helps all HIV-positive people (not just you) because you are contributing to research.

Why Would You Not Want to Participate?

- There is no guarantee that the new drug will be effective and it's possible that your health could get worse.
- Some trials require you to stop current treatments, which might be unwise if you are on a stable drug regimen.
- Unanticipated side effects can be serious and, on rare occasions, even life threatening.
- Trials can be inconvenient, requiring extra visits to the doctor's office or to the research clinic.
- Trials can be unpleasant and time consuming. They may require you to undergo a lot of tests for the benefit of the research process.

You need to think about all the pros and cons before signing on to any clinical trial. If you decide to participate, you will have to sign an informed consent form, which will tell you everything you need to know about the trial including what the risks are, details of the trial, what is expected of you, and that you will be kept informed if new information concerning the drug, treatment or trial arises. Remember that you have the right to leave a clinical trial at any time.



Complementary and Alternative Medicine

Complementary or alternative therapies are practices that fall outside of conventional Western medicine. Collectively they are known as Complementary and Alternative Medicine (CAM). The use of CAM by people living with HIV has been widespread for years, although the reasons for utilizing it have certainly changed. Before the era of access to HIV medications, complementary therapies were used to boost immunity and prevent opportunistic infections. Now, complementary therapies are often used to improve general well-being, reduce symptoms and manage side effects of medications. Far from shunning conventional treatment, people living with HIV are increasingly making decisions about their health that integrate both conventional and complementary approaches, with a focus on quality of life.

Your doctor or primary care provider should always be advised if you use any complementary, alternative, or unconventional treatment.

Traditional Healing Systems

Alternative traditional healing systems are built upon complete systems of theory, diagnosis, treatment, and prevention. Naturopathic and homeopathic medicine are Western systems of medicine that developed in recent centuries. Traditional Chinese medicine and acupuncture are Eastern systems of medicine that are rooted in ancient civilizations and have evolved over several millennia.

Naturopathic Medicine

The naturopathic system of medicine views the symptoms of illness as warnings of lifestyle flaws or imbalances in the body. It uses natural substances and the body's own healing powers to treat and prevent illness. Treatments are based on an in-depth review of an individual's lifestyle and employ healing

methods derived from a variety of different systems including acupuncture, herbal treatments, massage, homeopathy and nutritional counselling. The focus of treatment for HIV-positive people is to strengthen the immune system.

Traditional Chinese Medicine (TCM)

Central to the philosophy of TCM is the concept of chi, which can be defined as life force energy. Chi flows freely in a healthy person and fluctuates between the polarities of what are called yin and yang. If chi becomes blocked, stagnated, or weakened this can lead to too much yin or yang, resulting in physical, mental, or emotional ill health. Many TCM practitioners consider HIV a disease of "hidden heat." Symptoms of too much heat include night sweats, diarrhea, and a body condition that is susceptible to a variety of HIV-related infections. One of the key TCM treatment strategies for HIV is to counteract the environment of heat. Treatments may include the use of acupuncture, massage, nutritional counselling, herbs, and Qigong.

Acupuncture

Acupuncture is a component of TCM that involves the insertion of needles to help promote the flow of energy or chi throughout the body along invisible channels called meridians. Acupuncture is now accepted as legitimate treatment for many conditions, including headaches and lower back pain. Many HIV-positive people have found acupuncture successful in the treatment of neuropathy.

Hands-On Therapies

Massage

Massage is a form of hands-on therapy that can be used to reduce stress, resolve back pain, tension headaches, and other common health problems.

In the Western philosophy, massage is based on manipulation of soft tissue for the purpose of affecting the muscular, circulatory, lymphatic, respiratory, nervous, digestive, and visceral systems to produce therapeutic effects. Therapeutic approaches include Swedish, deep tissue, neuromuscular therapy, sports massage, and Alexander technique.

In the Eastern philosophy, massage is based on the balancing of energy through the manipulation of energy channels, or of specific points on the meridians, to affect and promote proper body function. Therapeutic approaches include shiatsu, tuina, acupressure and Qigong.

All types of massage may be beneficial in helping HIV-positive people reduce stress and relieve the effects of neuropathy. Massage may also strengthen the immune system.

Chiropractic

Chiropractic is based on the concept that misaligned vertebrae impair the nervous system, thereby contributing to disease. Chiropractic employs manipulation and adjustment of body structures, and focuses on the skeleton, particularly on the spine and the nerves that run through it.

Chiropractic treatment appears beneficial in the treatment of back and neck muscle spasms, tension headaches, and some sorts of leg pain, and may be helpful in treating other ailments such as insomnia.

Mind-Body Techniques

Mind-body techniques use the power of the mind to promote healing in the body. The mind-body connection has long been honoured in alternative healing systems, and research over the past few years is confirming the benefits of these practices in everything from reducing

stress to increasing immune function. Mind-body techniques include guided imagery, affirmations, breath work, meditation, yoga, and Qigong. Two of the most common forms are meditation and yoga.

Meditation

Meditation is simply directed concentration. Many forms of meditation teach awareness of the subconscious act of breathing. Meditators may also focus their attention on repeated word phrases (mantras) or a mental image. By focusing attention in one place, attention is removed from anxious thoughts. Meditation quiets the mind and offers a sense of balance and relaxation.

Yoga

Yoga is the practice of an ancient system of physical postures, breathing exercises, and meditations. It originated in India over 5,000 years ago as a philosophical-religious system to unite the body, mind, and spirit. Yoga tones, strengthens, and aligns the body. It produces deep relaxation, reduces stress, and can improve cardiovascular health, balance, respiration, and concentration. HIV-positive people who practice yoga have experienced benefits such as improved stamina, reduced fatigue, and increased general well-being.

Energy Medicine

Energy medicines such as Reiki and Therapeutic Touch are based on the belief that vital energy flows through and surrounds the body and blockages or imbalances in the body cause ill health. Practitioners use their hands to transmit energy and modify imbalances in the energy field by placing their hands on various parts of the body or moving their hands near the body to stimulate the body's flow of energy. Reiki and Therapeutic Touch may induce a deep state of relaxation and promote overall health and wellbeing.

❓ Where to get more info

Before deciding to embark on a particular complementary or alternative therapy, it is important to be informed. The information in this guide provides only a very brief overview of various therapies and is not sufficient for making an informed decision. Any complementary

therapist can be a good source of information, as are public libraries and the Internet. Positive Living BC and other local AIDS service organizations can also help answer questions you might have.

Traditional Healing

Traditional healing is a holistic approach that has been practiced for centuries by the Aboriginal community. It springs from a culture that lives in harmony with its environment. Aboriginal people ate of the land, including wind-dried salmon and other seafood, deer, elk, and moose. They gathered roots and berries for the winter and used medicinal plants to heal illnesses or wounds.

Practitioners of traditional healing believe that healing involves more than just the physical body, and to truly enhance a person's well-being you must include the mental, spiritual, and emotional aspects of life. There are many different styles of traditional healing including herbal medicines, cold water baths, sweat lodges, song chanting, meditation, sundances, longhouses, and fasting in the mountains or at home. The goal is to renew the connection between your mind, body, and spirit, which allows the body to heal.

Precautions

Recent years have seen a growth in fraudulent or scientifically unproven treatments aimed at people living with HIV. Below is a list of red flags that the treatment may not be in your best interest:

- The treatment is promoted with words like “scientific breakthrough,” “miraculous cure,” “secret ingredient,” or “ancient remedy.” If a product was a cure for a serious disease, it would be widely reported in the media and regularly prescribed by health professionals.
 - The qualifications of the practitioners or promoters aren't offered.
 - The treatment promises an easy or quick fix. Even with proven treatments, few diseases can be treated quickly.
 - The treatment promises a no-risk money-back guarantee.
- Claims that a therapy can be used to treat multiple illnesses. No product can treat every disease and condition, and for many serious diseases such as HIV, there are no cures, only therapies to help manage them.
 - The information relies exclusively or predominantly on testimonials from past users or doctors claiming amazing results.
 - The treatment is unjustifiably expensive and no clear explanations are given.
 - The practitioner requires you to stop seeing other health-care providers or stop using conventional treatments.
 - The only evidence in support of a treatment comes from unpublished studies or studies that did not use standard scientific practices, such as control groups or double-blind randomization.
 - The information source discourages you from consulting others or belittles the information you have received from other sources.
 - The information focuses on the treatment's popularity or financial success, not on how it works.





Medicinal Marijuana

Studies have shown that cannabis can reduce the pain, nausea, vomiting, depression, and anxiety caused by HIV/AIDS or the antiretroviral therapy side effects. There is some evidence that marijuana does not interfere with the effectiveness of HIV medications.

How Medicinal Marijuana Helps HIV-positive Individuals:

- It can stimulate appetite and weight gain to counteract the effects of HIV wasting syndrome.
- It can help alleviate nausea associated with HIV medications or other illnesses.
- It can help reduce pain and improve sleep for people with HIV.
- Marijuana comes in different strains, and if you don't have success with one particular strain, another might work better for you.

Precautions for Medicinal Marijuana Use:

- Some studies suggest that marijuana use is associated with chronic lung diseases, cancer, and a decrease in immune function. More research is required for confirmation. (Note: Instead of smoking marijuana,

you can use it in baked goods like brownies or cookies, or brew it as a tea.)

- There may be some side effects associated with marijuana such as dry mouth or tachycardia (rapid beating of the heart), which can be controlled by decreasing the amount of marijuana.
- Misuse of marijuana, particularly for those with a history of substance abuse, can interfere with a person's adherence to HIV medications.

Obtaining Marijuana for Therapeutic Purposes

To obtain an authorization to possess dried marijuana from Health Canada, a health professional must complete a form confirming you are HIV-positive and suffer from one or more of the following symptoms: severe pain, cachexia (wasting syndrome), anorexia, weight loss, or severe nausea.

A second category exists for people who have debilitating symptoms of medical conditions other than those listed above. A specialist must confirm the diagnosis and that other treatments have failed or were inappropriate.

Those who are eligible can choose to purchase dried marijuana directly from Health Canada or obtain seeds from the government to be grown by the patient or a designated person.

If you wish to apply to obtain marijuana for therapeutic purposes there are a variety of forms you and your doctor will need to fill out, which can be found on the Health Canada website at www.hc-sc.gc.ca or call 1.866.337.7705. The application process can be complex. If you need assistance, contact the Access and Assistance department of Positive Living or another AIDS service organization.

For more information

Canadian AIDS Society
BC: 1.800.661.4337
www.cdnaids.ca

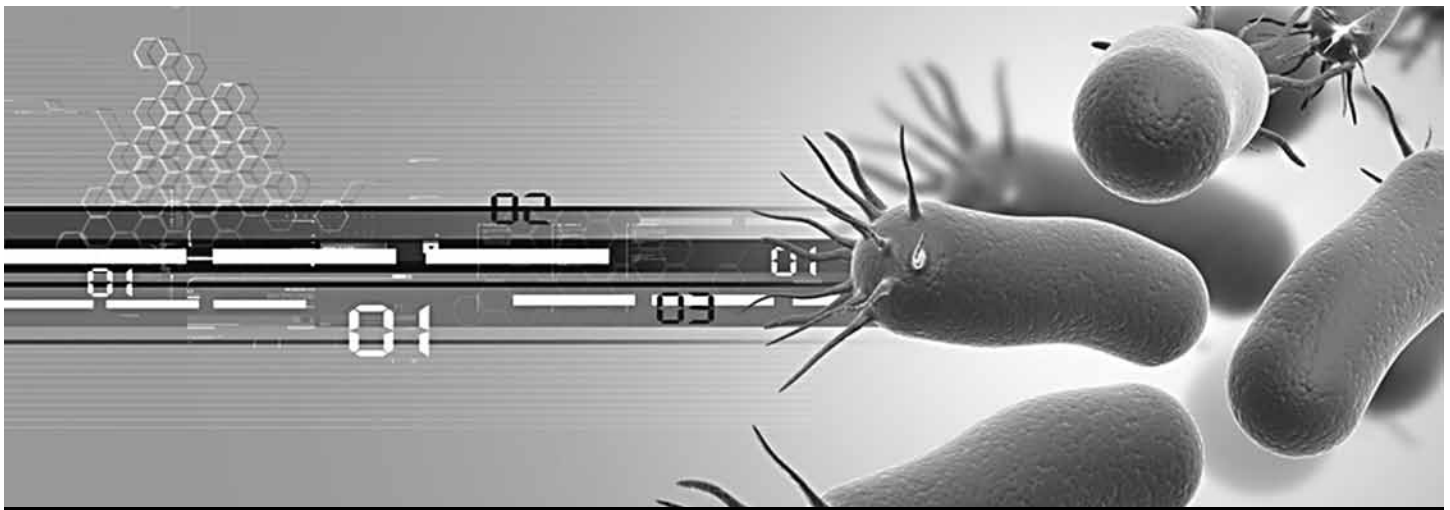
Compassion clubs

Compassion clubs operating across Canada, and outside of the legal system, provide medical marijuana to an estimated 10,000 people in need. These clubs have

similar requirements for eligibility as the federal program, but have a simpler application process and provide support throughout the process.

 **Marijuana Medical Access Regulations**
www.hc-sc.gc.ca/dhp-mps/marihuana/index_e.html

The Compassion Club
www.thecompassionclub.org



Opportunistic infections AND OTHER CONDITIONS

All people have bacteria, viruses, and other small organisms living in their bodies. Usually, as adults, these organisms are kept under control by the body's immune system. However, much of the body's ability to fight these infections depends on CD4 cells * and, if your CD4 cell count drops, the immune system is less able to fight organisms that cause disease. These infections are called "opportunistic" because they take advantage of your body when your immune defenses are down.

Some types of infection usually occur below specific CD4 cell counts, but there are several common opportunistic infections (OI) that can appear at any CD4 level. The following list describes some of the more common OIs affecting HIV-positive people, along with the causes, symptoms, known treatments, and, where possible, ways to prevent them.

Properly treated, a person living with HIV is unlikely to have these OIs, but the ones that may be more common without effective antiretroviral medications are described below:

Shingles is a viral infection that looks like chicken pox, and it appears most commonly on the torso. It is caused by the varicella-zoster virus, which is the same virus that

causes chicken pox. After an episode of chicken pox, the virus goes into a dormant stage, but it can become active again, resulting in shingles. This reactivation of the virus is most likely to occur in people with a weakened immune system. It usually affects HIV-positive people with a CD4 count of less than 500. Outbreaks of shingles start with itching, numbness, tingling, or severe pain in a belt-like pattern on the chest or back, or around the nose and eyes. Within a few days, a rash appears on the skin. Shingles outbreaks are almost always on just one side of the body. Small blisters form and fill with fluid. Later they break open and develop crusty scabs. If the blisters are scratched, a skin infection can develop. The standard treatment for shingles is with acyclovir or a related drug, which can be given orally (in pill form) or intravenously in more severe cases. It needs to be started as soon as possible, so see your doctor as soon as possible if you think you have symptoms of shingles, or right away if a rash appears.

Candidiasis (thrush) is a fungal infection of the mouth, throat, or vagina. It appears as white patches of tissue that, when scraped away, reveal reddish and sore tissue underneath. Other symptoms include itchiness, burning, and – in cases of mouth infections – difficulty swallowing.

* page 7: Your Immune System and HIV

Thrush is often treated with cream (clotrimazole), suppositories (miconazole), lozenges, liquids for gargling (nystatin), or antifungal pills (e.g. fluconazole).

Doctors usually don't prescribe preventative medications for thrush unless it reoccurs, or if it infects the throat. Some people have had success in reducing their vulnerability to thrush by avoiding hot and spicy food, citrus fruit like oranges, lemons, and grapefruit, and sugar and foods that contain sugar. It's best to avoid alcohol and tobacco because they can irritate the inside of your mouth. Also brush your teeth, gums, and tongue regularly with a soft toothbrush.

A person can be exposed to TB at any point in their life or during the course of HIV infection.

Tuberculosis (TB) is a bacterial infection that usually attacks the lungs, but can affect other tissues and organs, and even cause meningitis. It is transmitted in close quarters when a person with active TB coughs the disease-causing microbes into the air and someone else inhales them. Tuberculosis can make HIV multiply faster and make HIV disease worse, so it is important for people with HIV to prevent and treat TB. Symptoms may include cough, weight loss, night sweats, fatigue, fever, swollen lymph nodes, or organ-specific symptoms. It is difficult to diagnose active TB, especially in people with HIV, because the symptoms can look like pneumonia, other lung problems, or other infections. TB can be diagnosed with a skin test, a chest X-ray, or a test of your phlegm to see if TB bacteria are present. Everyone with HIV who tests positive for exposure to TB should be treated. Active TB requires at least six months of treatment and sometimes up to 24 months, depending upon circumstances. If you are living with HIV, you should get a TB skin test every five years.

Pneumocystis jiroveci – more commonly called Pneumocystis pneumonia (PCP) – is a fungal infection that can cause a fatal pneumonia. The organism is very common and most people have been exposed to it. It is still a fairly common OI in people who have not been tested or treated for HIV, but it is preventable and treatable. It occurs more often in people whose CD4 cell counts are under 200. Symptoms of PCP include fever, dry cough, tiredness, and increasing shortness of breath. The cough

in PCP is usually dry, especially in non-smokers. However, in smokers there may be phlegm that comes with the cough. If PCP is detected early, it can usually be treated. However, if left untreated, PCP can be life-threatening. If you have these symptoms, you should see your doctor right away. Medications used to treat PCP include co-trimoxazole oral, intravenous pentamidine, dapsone, plus clindamycin, primaquine, and atovaquine by mouth.

The best way to prevent PCP is to use antiretroviral therapy. Prophylaxis is offered when CD4 cell counts fall below 200-250. People with CD4 cell counts below 300 who have had another opportunistic infection may be advised to take a prophylaxis for PCP, too.

Toxoplasmosis (Toxo) is an infection caused by a microscopic parasite that is found commonly in cat feces, raw meat (especially pork, lamb, and deer meat), and soil. It can also enter the body when you breathe in dust. People with CD4 cell counts under 100 are most vulnerable to infection. Symptoms include fever, confusion, headache, disorientation, personality changes, tremor, and seizures. Toxo is treated with a combination of pyrimethamine and sulfadiazine.

The best way to prevent Toxo is to take antiretroviral medications. Also make sure to wash fruits and vegetables thoroughly and cook meat to recommended temperatures. If you have a CD4 count of less than 100, you should take medication to prevent Toxo.

Cryptosporidiosis (Crypto) is a parasite transmitted through contaminated water or food. It causes severe and chronic diarrhea. Symptoms include nausea, vomiting, and stomach cramps. There is no cure, but antiretrovirals will decrease or get rid of Crypto symptoms by raising CD4 cell counts. The most promising drug for fighting Crypto is nitazoxanide.

There is no medication to prevent Crypto so the best protection is cleanliness, including regular hand washing. Crypto can be transmitted through anal-oral sexual activity. It can also be transmitted in water contaminated with human or animal waste containing Crypto so do not swallow water when swimming. Raw oysters can also carry Crypto.

Cytomegalovirus (CMV) is a virus that can develop in any part of the body, but most often appears in the

retina, nervous system, colon, or esophagus. People whose CD4 cell counts are below 50 and those who are not taking antiretroviral drugs are most at risk for CMV retinitis. Symptoms include blurred vision, blind spots, and “floaters” – dark specks that seem to float in the field of vision. Ophthalmologists (eye specialists) are usually consulted if CMV retinitis is suspected. Drugs for treating CMV include ganciclovir or foscarnet, and cidofovir, all given intravenously.

Mycobacterium avium complex (MAC, and sometimes MAI, mycobacterium avium-intracellulare) is a life-threatening bacterial infection that spreads through the lymph nodes, bone marrow, liver, spleen, lungs, and intestinal tract. The bacteria are found in water, soil, dust, and food. Almost everyone has them in their body, but the people who are most affected by MAC are those whose CD4 cell counts are under 50. Symptoms of MAC include high fevers, night sweats, chills, diarrhea, weight loss, stomach aches, fatigue, and anemia (low levels of red blood cells). Since MAC is very common yet difficult to diagnose, your doctor may provide treatment for it even without a definite diagnosis. Treatments include azithromycin (taken as capsules or intravenously), ciprofloxacin, clarithromycin, ethambutol, rifabutin, and rifampin.

Co-infections

Co-infections are medical conditions that HIV-positive people may acquire in addition to their HIV disease. Common co-infections include hepatitis B, hepatitis C, and tuberculosis *. HIV can make all of these conditions worse, so it is important to know about these different co-infections and what you can do to protect yourself.

Hepatitis B

Hepatitis B (HBV) is found in bodily fluids (blood, semen, vaginal secretions) and can be transmitted by unprotected sex, sharing injection or tattooing equipment, and sharing personal care items such as razors, toothbrushes, and nail clippers. Hepatitis B can also be

transmitted from mother to newborn infant. It can cause complications for HIV-positive people such as liver scarring and increased risk for liver cancer. The majority of people infected with hepatitis B do not develop symptoms, but some people experience fever and flu-like symptoms.

Hepatitis B is diagnosed by a blood test, and treatment for chronic hepatitis B includes various combinations of interferon alpha-2b, 3TC, tenofovir, adefovir, entecavir, and telbivudine. To reduce the risk of getting hepatitis B, practice safe sex, don't share anything that could have blood on it (toothbrushes, razors), and don't share needles, cocaine straws, or any drug paraphernalia. If you have never been exposed to hepatitis B, and your blood test does not show antibodies, you should consider an effective vaccination that is available.

Hepatitis C

Hepatitis C (HCV) spreads easily through direct contact with infected blood. It can be transmitted sexually as well as through injection drug use, cocaine snorting, and tattooing or piercing equipment. Some symptoms of hepatitis C include extreme fatigue, gastrointestinal problems, and yellowing of the skin, but many people don't experience any symptoms early on. The danger is that long-term infection can cause serious liver damage.

Hepatitis C is diagnosed through blood tests, and treatment consists of pegylated interferon plus ribavirin. A number of new agents to treat hepatitis C are becoming available. There are six known varieties of hepatitis C, called “genotypes,” and the length and success of your treatment depends largely on your genotype. Genotype 1 is most common in North America. Hepatitis C treatment is not easy and HIV-positive people considering treatment need to have stability in their lives (i.e. a regular home, emotional stability, and staying alcohol- and drug-free for six months prior to treatment). Treatment can last anywhere between six months to one year, and the goal is to make hepatitis C levels undetectable.

! **Prophylaxis** is a measure taken to help prevent or at least reduce the risk of contracting diseases before they occur. Prophylaxes are available for

MAC, PCP, and Toxo. The best way to avoid these OI is by keeping your CD4 cell count high.

*** page 31:
Opportunistic Infections**

Unlike hepatitis A and hepatitis B, there is no vaccination for hepatitis C. HIV-positive people should be tested for hepatitis C after HIV diagnosis and at least annually after that. If you have HIV and hepatitis C, it is more difficult to stay healthy because both hepatitis C and antiretroviral drugs have a negative impact on your liver. You can protect and support your liver by not drinking alcohol, reducing salt intake, eating more fruits and vegetables, and taking supplements such as L-carnitine, alpha lipoic acid, and milk thistle.

OTHER ILLNESSES

Diabetes

Diabetes occurs when the body does not properly control the amount of sugar in the blood and blood sugar becomes too high. Some studies have indicated that the incidence of diabetes in HIV-positive people is higher than in HIV-negative populations. It is widely believed that many antiretroviral drugs (especially protease inhibitors) can cause changes in the body's metabolism of sugar, protein, and fat, ultimately leading to diabetes. Type II diabetes is the type more commonly found in people with HIV. A healthy diet and regular exercise are important for stabilizing blood sugar levels. A personalized nutrition plan from a registered dietician can ensure good nutrition and help improve blood sugar levels.

Mental Illness

Mental illness encompasses a range of disorders including depression, bipolar disorders, schizophrenia, and psychoses. One of the biggest mental health issues for HIV-positive individuals is depression.

Depression is caused by a variety of things, including HIV diagnosis, events in daily life or even as a side effect of certain medications, including HIV medications. The signs for depression include: fatigue, problems concentrating or sleeping, feeling guilty, worthless, or hopeless, and decreased appetite or weight loss. Treatment for depression can include lifestyle changes, counselling, and/or medications such as antidepressants. Some of the medications used for depression can interfere with your HIV treatment and your physician can help you select the therapy or combination of therapies most appropriate for you. The most commonly prescribed antidepressants

are selective serotonin reuptake inhibitors (SSRIs). The two antiretroviral drugs that interact the most with antidepressants are ritonavir and indinavir. Mental illnesses can be diagnosed and treated, so ask your doctor to refer you to a mental health professional if you are experiencing symptoms.

Sexual Issues

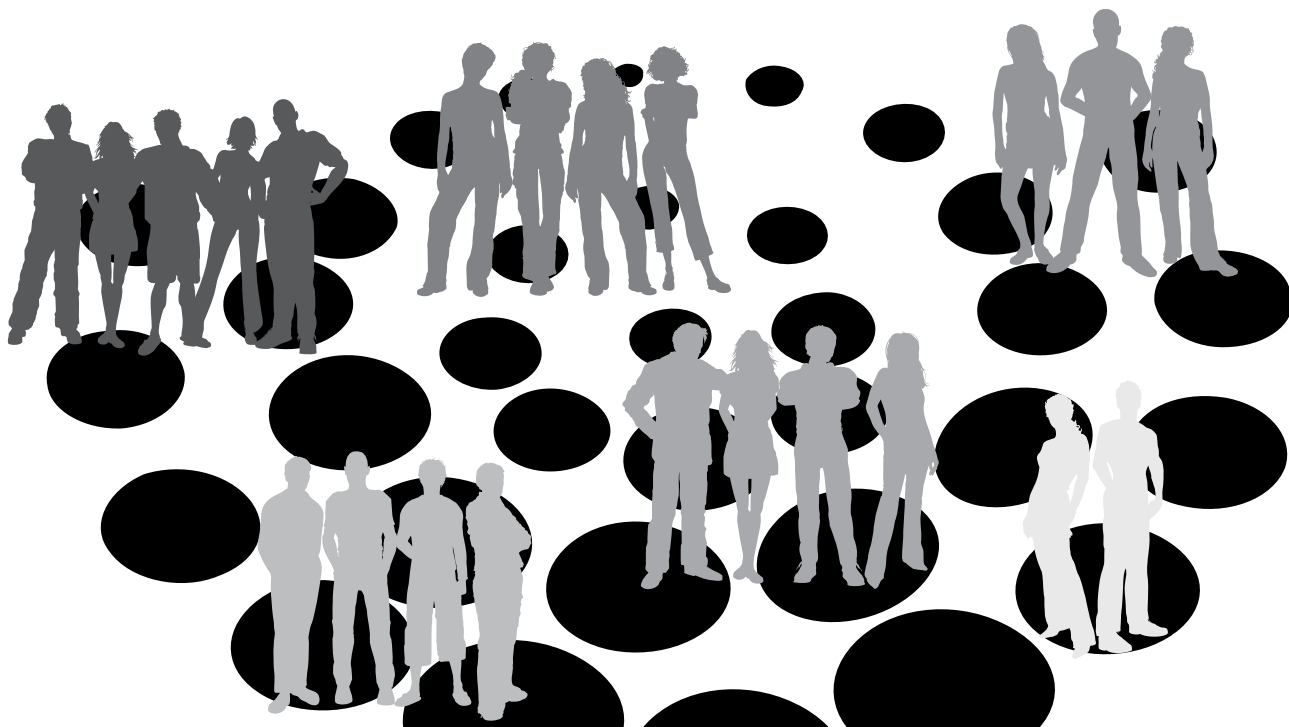
There are times when HIV-positive individuals experience sexual difficulties such as loss of sexual interest, erectile difficulties in men, and difficulties reaching orgasm in both men and women. A number of factors can contribute to sexual difficulties including emotional issues and stress, other diseases (diabetes, thyroid disease), hormone problems, or even a form of nerve damage known as autonomic neuropathy, which is more common in HIV-positive individuals, but often undiagnosed. Some sexual problems can be the result of medication side effects, including antiretroviral drugs. People taking protease inhibitors have reported sexual difficulties. Antidepressants can also cause sexual difficulties. It is important to discuss difficulties with your physician, especially if you notice that your problems started after beginning a new medication. You may be able to change your medications if this is the case.

Low levels of testosterone can also cause sexual problems in both men and women. If you are experiencing a decline in sexual interest, you should get your testosterone levels checked. Hormone replacements can return testosterone levels to normal levels and correct some sexual problems.

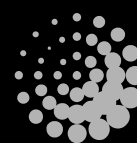
Sometimes people take sildenafil (Viagra) or other products to deal with impotence, but it's important to know that some of these drugs can interact with your HIV medications. You should consult with your physician before taking any drugs for sexual problems.

You can improve your interest in sex by making lifestyle changes such as:

- managing your stress and dealing with emotional issues
- avoiding the use of recreational drugs that diminish your sex drive
- reducing alcohol intake (alcohol can be a depressant)
- eating well and avoiding a high-fat diet and heavy meals before sex



Issues for specific communities



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WOMEN AND HIV

Women continue to represent a growing number of newly diagnosed people living with HIV in Canada. Many of these newly infected women are young, aged 15 to 29, and a significantly high number are Aboriginal women. HIV affects more than twice as many Aboriginal as non-Aboriginal women in Canada. As elsewhere in the world, women in Canada who are most disadvantaged and marginalized are also the most vulnerable to HIV.

Women and HIV transmission

The majority of women are infected through heterosexual sex or injection drug use. Risk factors for heterosexual transmission include presence of another sexually transmitted infection (STI), vaginal yeast infection, use of only oral contraceptives, intercourse during menstruation, anal intercourse, rough sex, and high viral load in an HIV-positive partner.

The physical differences between females and males place women at greater risk of infection. Delicate tissues in the female reproductive tract and concentrations of HIV in semen make it far easier for infected males to transmit the virus to their female sexual partners than vice versa. Male-to-female transmission is more than two times more likely than female-to-male transmission.

Social and cultural expectations also make women more vulnerable to HIV infection. Because women often have less power than men, it can be difficult or even impossible for many to refuse sex or negotiate safer sex. Prevention methods that women can control are urgently needed. Currently, research is under way to develop a microbicide, a topical gel that is applied to the inside of the vagina or rectum to prevent the sexual transmission of HIV, but at present, an effective microbicide is not available.

Disease progression

According to Health Canada, women with HIV tend to have a lower survival rate than men, due in part to misdiagnosis of HIV resulting in delay of treatment,

higher rates of poverty and lack of access to health care, and the tendency of many women to make self-care a lower priority than the care of children and family.

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

Gynecological issues in HIV-positive women

If you are HIV-positive, it is important that you have regular gynecological exams. Routine visits to your doctor will also allow you to ask about your options concerning contraception and pregnancy. *

HIV-positive women can expect to have more recurrences of herpes simplex, bacterial vaginosis, and Candida vaginitis (yeast infection). Pelvic inflammatory disease (infection in upper genital tract) also tends to be more severe. Having a chronic sexually transmitted disease may negatively affect your immune system, so it's important to get treatment as soon as possible.

Cervical cancer

Abnormal cells in the cervix (dysplasia) are detected through routine Pap tests. Studies have found that HIV-positive women are almost five times more likely to have dysplasia than HIV-negative women. Recent research suggests that vitamin A deficiency may play a role in the development of cancer in HIV-positive women. Other risk factors for developing cancer include smoking, having a low CD4 cell count, being African-American, having multiple sex partners, and not consuming enough vitamin C.

* page 54, 58: Everyday Life/Relationships/Family Planning

Almost all cervical cancers occur in association with a sexually transmitted virus called human papillomavirus (HPV). In one study, 66 percent of HIV-positive women were co-infected with HPV. Only certain types of HPV are associated with the risk of developing cancer and only a small portion of women infected with these high-risk types of HPV will develop cervical cancer.

Candidiasis

The risk of developing candidiasis increases significantly when your CD4 cell count is less than 100 or when taking antibiotics, corticosteroids, or oral contraceptives. For some HIV-positive women, a chronic yeast infection is a leading indicator for rapid disease progression. You can help to prevent candidiasis by keeping your immune system healthy: reduce stress, eat right, get plenty of rest and if necessary, take antiretroviral drugs as prescribed.

Menstrual changes

HIV-positive women with CD4 counts of less than 200 are three times more likely to develop amenorrhea (the absence of menstruation). Wasting syndrome may also lead to amenorrhea, as well as heroin, methadone, and amphetamine use. Some women who have amenorrhea may experience early onset of menopause.

Viral load does not appear to fluctuate significantly throughout the menstrual cycle, but the level of virus in the genital tract is highest during menstruation and lowest during the peri-ovulatory period (midway

through the cycle). The higher the plasma viral load, the higher the amount of virus in the cervix and vagina. It's important to know that even when plasma viral load is very low, higher levels of virus may be present in the genital tract.

Hormonal changes

HIV-positive women can experience symptoms and problems associated with hormone abnormalities, so it's important to have your levels monitored, including testosterone. Breastfeeding, menopause, disruption of pituitary gland function, low CD4 cell count, and malnutrition can all contribute to low hormone levels. There may be a link between antiretroviral therapy and hormonal changes, but more studies are needed to confirm this.

Menopause

A woman is generally considered to have reached menopause after 12 months without menstruation. The general age range for menopause in Canada is between 42 and 56, with the average age being 52. Research on the interaction between HIV disease, menopause, and antiretroviral therapy is limited, but one study determined that the average age for menopause in women with CD4 counts of less than 200 was 42.5 years. Women with low levels of physical activity were also at risk for early onset of menopause.

Health screening tests for HIV-positive women

Pap test

Every six months is recommended or at least once a year

Mammogram

Every one to two years

Sexually transmitted infection screening

HIV-positive women with multiple sex partners are advised to receive screenings for syphilis, gonorrhea, and chlamydia every six months, as these infections may be more serious for people with immunosuppression.

Web sites on women and HIV

Positive Women's Network
www.pwn.bc.ca

Canadian AIDS Treatment Information Exchange
www.catie.ca

The Canadian AIDS Society
www.cdn aids.ca



OVER fifty

As knowledge and technology concerning HIV improves, so does life expectancy among HIV-positive people. Currently, between 10 and 15 percent of all HIV-positive people in Canada are over 50 years old, including both people who have lived for years with HIV and those who are newly diagnosed after 50. In 10 years, it is expected that one out of every five HIV-positive individuals will be over 50. More than 25 years after the AIDS pandemic started, we are experiencing a phenomenon that we never dreamed possible: people living into old age with HIV.

Is disease progression different?

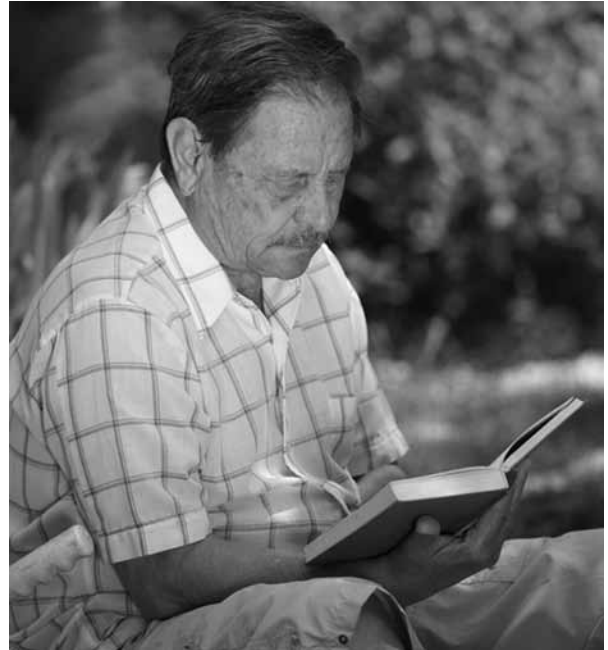
The question of how HIV progression changes as we age is largely unanswered. What studies there have been indicate that older, untreated HIV-positive people are two times more likely to die than untreated HIV-positive people who are younger. Older HIV-positive people also tend to progress faster to AIDS.

Certainly the immune system changes as we get older: The thymus shrinks and produces fewer CD4 cells, antibody production decreases, and autoimmune disorders increase. The immune system is slower to respond as we age because the protective cells communicate more slowly with each other than earlier in life. Also, the texture of the skin changes as we age – it dries, thins, and provides less protection.

The delay between HIV infection and actual diagnosis also has an impact on disease progression. Late diagnosis can reduce the potential benefits of antiretroviral therapy. Older adults are typically diagnosed later because HIV/AIDS symptoms are difficult to distinguish from age-related health issues such as Alzheimer's, arthritis, diabetes, various cancers, high blood pressure, and vision and hearing loss.

For more information

People over 50 who are newly diagnosed as HIV-positive face barriers to prevention, education, treatment, and diagnosis. This is partly because they have been overlooked in prevention and education messages, and partly because of a greater sense of shame since they



Is drug therapy as effective in older adults?

This is new territory for the HIV-positive community and the medical establishment. There are no treatment guidelines for HIV-positive people over 50, and so questions about when drug therapy should begin, which medications are most effective for older adults, and what doses they should take remain unanswered. People who are over 50 and HIV-positive are better at medication adherence, but does that mean that antiretroviral therapy is as effective? Also, little research has been done on combining antiretroviral therapy with medications required to deal with age-related illnesses and conditions. It would be naive to think antiretroviral drugs don't have some potential interactions with medications prescribed for age-related illnesses.

Risk factors

Older adults are susceptible to many different medical conditions that can be made worse by HIV or by antiretroviral therapy. Bone loss and osteoporosis,

often feel they "should have known better." Unfortunately, support for HIV-positive people over 50 is still limited. See the following resources for information on HIV and older adults.

complicated by menopause in women and lower testosterone levels in men, are common age-related conditions for those over 50. People who are HIV-positive, and particularly those on antiretroviral therapy, have an increased risk of suppressed bone growth and increased bone loss.

The risk for many cancers such as prostate cancer and lung cancer increases as we age. Cancers are the leading cause of death in HIV-positive people and being HIV-positive increases the risk for Kaposi's sarcoma, non-Hodgkin's lymphoma, cervical cancers, and cellular cancers due to co-infections with HPV and other viruses.

Decreased liver function is another risk for older, HIV-positive adults. Antiretroviral therapy and common pain medications are metabolized by the liver, and long-term use – complicated by possible hepatitis B or hepatitis C co-infection – can cause permanent damage. Regular liver functions tests are advisable for older, HIV-positive adults, as well as avoiding all benzodiazepines (including valium), street drugs, and the overuse of acetaminophen and vitamins. Older adults are also more at risk for kidney and cardiovascular conditions and diabetes mellitus.

Mental health

The mental health of older adults can be affected by a number of things, including stigma due to ageism along with stress about housing, financial resources, and caregiving. Stress has an impact on physical health, lowers immune function, and is often implicated in depression. Both HIV-positive people and older adults have higher rates of depression than average. Symptoms of depression, such as fatigue, poor appetite, weight loss, sleep

problems, loss of sex drive, isolation, and listlessness, are often indistinguishable from those for HIV, co-infection with hepatitis C, and treatment side effects. Mental clues are forgetfulness, melancholy, and mood swings.

Dementia is caused by brain damage resulting from physical trauma, and Alzheimer's and similar diseases. AIDS-related dementia is less common than it was in the past, but there is no guarantee that some slow deterioration will not occur. Mental function cannot be recovered once damage is done. A growing body of research shows that challenging the brain can slow the progression of dementia; so read, learn a new language, play music, play word games (crosswords) or math puzzles (Sudoku), and stay active.

For greater mental and emotional health, find peers through a local AIDS service organization. Organize a group for socializing or peer support. Consider counselling. Volunteer with a local AIDS organization to create a support base and community for other HIV-positive adults over 50. *

Staying healthy

As people age, their lives are fuller and richer if they stay healthy. It is more important than ever for HIV-positive adults over 50 to reduce their risk of age-related illnesses by making wise life choices like exercise, a low-cholesterol diet, not smoking, moderate alcohol consumption, and regular health check-ups. Maintaining a healthy weight, avoiding excessive sun, avoiding stress, and challenging your mind will help you to lead a full and independent life while slowing the progression of both HIV and age-related illness.

Web sites on over fifty and HIV

The Positive Side
www.positiveside.ca/E/V9I1/GROWINGOLD_E.HTM

CATIE
www.catie.ca (search: Aging)

National Association on HIV over Fifty (US)
www.hivoverfifty.org

HIV Wisdom for Older Women (US)
www.hivwisdom.org

The Body (US)
www.thebody.com
(search: Aging)

Clinical Care Options (US)
www.clinicalcareoptions.com
(search: Aging)

* page 4: Emotional, Social, and Spiritual Support



Youth

Youth experience a number of unique risk factors around HIV. The level of sexual health knowledge for youth varies widely and depends on the environment in their home, school, and peer group. They may or may not be getting the information they need to make informed decisions about their health.

Information in this case is crucial, especially at a time in their lives when they may be experimenting sexually and with substances. First-time sexual experiences for youth are frequently unprotected, and youth may not yet know about the dangers of sharing drug equipment when they are first experimenting with substances.

Youth may also find themselves in situations where they feel peer pressure or an imbalance of power with someone older or more experienced than they are. In early experiences youth are vulnerable to making decisions with clouded judgement.

After an HIV-positive diagnosis

While it is expected that a youth's life will change a lot after an HIV-positive diagnosis, it is also possible they will put off or avoid the issue. For many youth, a lack of information and the stigma surrounding HIV may make them fearful of seeking support or information. The resulting isolation can lead to other issues if they can't seek support or services.

Diagnosis will change this stage of their lives. While running at the pace of adolescence, many youth are only thinking of the issues and changes within their day-to-day lives and not their long-term health. Their identity formation is happening, part of which is learning how their own sexuality fits into their lives and taking cues from the mentors and information around them. If a youth is HIV-positive, this complicates the negotiation of how that fits into the rest of the picture. They will be

negotiating the disclosure of their status with sexual partners and peers for the rest of their lives.

Many youth may not know that with support, information, and access to treatment, HIV can be a chronic, manageable illness that does not dominate their lives. Support, information, and modeling by mentors and peers, including other HIV-positive youth, can change their perspective on their diagnosis and their whole lives.

What can parents do?

Parents often have many of the same fears and questions as their children around HIV. One of the biggest challenges a youth may have after being diagnosed may be disclosing to their family and friends and seeking the support they need.

Supportive parents can encourage their child to find youth-friendly resources and services to connect with peers who have had similar experiences. While their child will be accessing the services themselves, parents should also engage with organizations and learn more about what a youth can expect over their lifetime of living with HIV.

The best preparation

For any youth to simply raise a hand to ask a question in a classroom or walk through the doors of an organization is a great feat. It is a choice on their part to fill a gap in their own knowledge, seek community and support, or give thought to their own health and that of their peers.

Non-judgemental, peer-based approaches to education around HIV can create spaces where youth can get the facts and be prepared. Acknowledging sex and testing as healthy, human activities, especially hearing that message from peers, opens up a dialogue where youth can begin thinking of their own health and, hopefully, extend that message to their friends.



YouthCO reduces the impact of HIV and hepatitis C on the youth of British Columbia through peer support and education, harm reduction, and meaningful community engagement.

Contact: youthco.org, 604.688.144,
toll-free 1.855.YOUTHCO (968.8426)



Children



In Canada, babies are rarely born HIV-positive (special tests can confirm the presence or absence of HIV in infants by the age of three months). Before medications became available in 1994, the mother-to-child transmission rate was 25 percent. That rate is now less than one percent, thanks to mothers who know their HIV status and take appropriate antiretroviral drugs during the pregnancy and delivery.

Drug therapy

Specific guidelines exist to determine when an HIV-positive child needs to start drug therapy. Many of the antiretroviral drugs used for adults can also be used for children, but many tablets and capsules are only available in adult dosages. This makes achieving the correct quantity of drug more complicated in children because they need smaller doses, and the amount given is based on the child's body weight. There are some liquid formulations available for infants and small children (although these may taste bad and be difficult to administer).

The essential factor for children to do well on antiretroviral drugs is to take them correctly every day without missing any doses. Children can achieve excellent results with stable CD4 counts and very low HIV viral loads. * With careful counselling, you and your child can quickly learn how to take the drugs correctly. Regular visits to your child's medical team every two to three months are required to assess his/her health, to adjust the dosages according to growth, and to monitor blood tests to be sure the drugs are working and not causing any adverse effects.

General health

Nutrition and exercise are important issues in the lives of HIV-positive children. A healthy body weight is important because weighing too much or too little can have a negative effect on future health. Like adults, children can develop lipodystrophy ** and high cholesterol levels when taking antiretroviral drugs, which may require some drug or dietary changes. Be sure to make exercise a regular part of your family's routine.

The family

With all the concerns that parents need to address for their HIV-positive child, it is easy to lose track of the needs of other family members. The needs of HIV-negative children are sometimes overlooked in considering the needs of an HIV-positive sibling. HIV-negative children may have serious underlying issues of anxiety, concerns for their future, loneliness, and depression. Remember to reassure your other children that they are loved and their needs are also important.

A life full of promise

Children living with HIV can look forward to a full and satisfying life even though they have a chronic disease. The key issues for children with HIV include maintaining a healthy lifestyle by eating a nutritious diet, exercising, taking their HIV medications, and keeping appointments with their medical team for monitoring, as well as actively participating in their schools and communities. There is no cure yet for HIV, but children can aim to stay healthy until there is one!

* page 15: Keeping Track of Your Health

** page 22: Side Effects



MEN who HAVE SEX WITH MEN

Not all men who have sex with men (MSM) consider themselves gay. Just as there are men who self-identify as gay, queer, or homosexual, there are also attached, even married, men who have everything from occasional flings to long-standing sexual relationships with men. Our purpose here is neither to define MSM nor to explain its many elements, variations, or philosophies. Rather, the goal is to inform people within this group of HIV-related issues specific to them.

When you are HIV-positive

Your life is not over if you are HIV-positive. It is a manageable condition, and it shouldn't stop you from leading a full lifestyle, which includes sex and sexuality. Safer sex is still possible. Read up on what actions minimize the risk of HIV transmission and on other activities that you can enjoy, and which can be made safer. **

MSM often have greater numbers of partners than the general population. Keep in mind that having multiple partners increases the risk of getting another sexually transmitted infection (STI). HIV can make other STIs worse (and vice versa), and so it is important you get tested regularly every three months.

Also be sure to get tested regularly for your CD4 and viral load count. ** This measures the amount of HIV in your blood and gives a general picture of your health, which will help you make decisions about your health care. There may also be less risk of HIV transmission when your viral load is low.

! Party and play

The MSM population includes a group that has a "party and play" lifestyle. While there is an element of risk inherent here, certain things can be done to minimize that: If you need to use a needle, never share it and always use a new one. Also, don't share any other equipment such as spoons, cookers, filters, ties, water, straws, or pipes. Consider substituting a less harmful substance, such as methadone for heroin. ***

Get vaccinated for hepatitis A and hepatitis B. These diseases have a negative effect on the liver, and if you're taking antiretroviral drugs, or plan to take them in the future, you need to keep your liver as healthy as possible since HIV drug therapy can also damage your liver function.

Stigma

Regardless of orientation, MSM carries as much of a stigma as HIV does. There is no shame in being who you are, nor is there any in having HIV. The public's attitude towards both MSM and HIV is always shifting. The best way to deal with any negativity that comes your way is to have a good support network. Keep close ties with friends and family, and join an MSM support group that will give you a chance to talk about your concerns with others who are dealing with the same issues. ***

Be good to your body

Knowing the manageable nature of HIV, a feeling of aliveness should be your goal. Men who have sex with men and who are HIV-positive are living longer and healthier lives than ever before. You can have a rewarding and healthy life by getting enough rest, exercising regularly, eating nutritious foods, and working with your doctor. Don't neglect your body because it needs you now more than ever – to help it fight HIV!

* page 11: Transmission and Prevention
** page 15: Keeping Track of Your Health

*** page 4: Emotional, Social, Spiritual
**** page 25: Reducing the Risk of HIV Transmission when injecting Drugs

TRANSGENDER

As an HIV-positive trans person, you are not alone. Some transgender (trans) people don't need anything extra from their healthcare providers and may not reveal their transgenderedness. Those who do need to talk about trans issues with a healthcare provider should find someone who is comfortable talking about trans issues and treats you with respect (including using the name and the gender pronoun you prefer). Anyone taking hormones or wanting surgery as part of gender transition should find a trans-positive provider who has specific experience with transgender medicine.

Hormones and HIV meds

Some trans people take hormones without a medical prescription. This is risky because hormones can have side effects, increase the risk for certain diseases, and interact with other drugs. Some of the known interactions are listed below:

- Ethinyl estradiol may be increased by Sustiva, indinavir, clarithromycin, erythromycin, fluconazole, isoniazid, itraconazole, ketoconazole, miconazole, fluoxetine, fluvoxamine, praoxetine, and sertraline.
- Ethinyl estradiol may be decreased by nevirapine, rifampin, ritonavir, and Kaletra.
- 17-beta estradiol may be increased by ritonavir and Kaletra.
- Spironolactone tends to build up potassium levels, especially in combination with ACE inhibitors, which many people are on for hypertension, diabetes, and other cardiovascular problems.

If you are taking hormones on your own, you can still have your blood levels checked and health monitored.

The Transgender Health Program can help you find doctors who work with people who are self-prescribing.

Trans surgery if you are HIV-positive

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

Safer sex

As an HIV-positive trans person, safer sex is still important. If you or your sex partner has had genital surgery, it is a good idea to talk to your healthcare provider for information about HIV and other STDs in relation to your bodies.

This is because a number of different techniques are used in genital surgeries for trans people. The type of surgery and the type of tissue used to create the new or altered genitals can affect risk for transmission of HIV and other STDs, result in different symptoms, and possibly need different treatments.

Not much has been written specifically about trans people and safer sex, but here is one resource you can check out:

- Primed: The Back Pocket Guide for Trans Men and the Men Who Dig Them: www.queertransmen.org
- brazen: Trans Women Safer Sex Guide: www.the519.org/programsservices/transprograms/resources

For more information

Some trans people experience barriers to healthcare because of their youth, street involvement, or drug and alcohol use, or because they are sex workers or survivors of violence. To find resources that meet your specific needs contact Vancouver Coastal Health's Transgender Health Program at 604.734.1514, ext. 2, or 1.866.999.1514, ext. 2 (BC only), or visit www.vch.ca/transhealth.

In Vancouver, addiction services for trans people are available free of charge. Contact Prism Alcohol & Drug Services at 604.658.1214, prism@vch.ca or visit www.vch.ca/prism.



Aboriginal

Studies have shown that Aboriginals are overrepresented in Canada's HIV epidemic. According to recent studies, heterosexual sex makes up 25.7 percent of HIV-positive reports in our Aboriginal community, and men having sex with men (MSM) make up 10.7 percent. The most common mode of transmission in youth, both on- and off-reserve, is injection drug use (IDU). Approximately two thirds of new HIV diagnoses in youth are from IDU.

The imbalance of economic and social power between Aboriginal and mainstream society is a key factor in many health and social challenges. Studies show that poverty, lack of housing, drug use, violence, and alcoholism are all linked to the increase of HIV infections. Much of the HIV epidemic in the Canadian Aboriginal population is complicated by the factors listed above as well as by lack of education, historical and cultural traumas, negative childhood experiences, and racism—all of which can contribute to poor general health.

Because many Aboriginal communities experience poverty, some Aboriginal people leave their community for larger urban areas, but they are often not prepared for the harsh climate of a big city. As a result, some end up on the streets doing things they never thought they would do in order to survive.

Two-Spirit people

Two-Spirit is a term that is commonly used in the Aboriginal community to refer to people who are called gay, lesbian, bisexual, transgendered, or intersexual in the general population. Aboriginal societies view persons

who have sacred gifts of both male and female spirits to hold a unique gift. However, Two-Spirit people can also experience homophobia and violence, and the isolation they feel can increase their risk for getting HIV.

Barriers for treatment

Living with HIV on reserve has some unique difficulties. One of the major issues for HIV-positive people on reserve is the need to travel to larger cities that have proper resources and support mechanisms in place for treatment. Transportation and the cost of staying in the city while waiting for various appointments and test results are significant burdens. Also, better support mechanisms are needed for people who are given antiretroviral drugs since many of them don't know how to cope with the side effects. The harshness of drug side effects sometimes prevents HIV-positive people in the Aboriginal community from seeking or continuing treatment.

Maintaining confidentiality is another issue for people living on reserves. Our communities are small and family members often work in band offices and health clinics. As a result, when community members visit the health clinic or need to apply to the band office for monies to go off-reserve to get treatment, keeping any health condition private is difficult.

Stigma and discrimination on- and off-reserve still exist today due to the lack of awareness of HIV. More educational funding is needed to increase awareness and knowledge about HIV.

Resources for the Aboriginal community

Canadian Aboriginal AIDS Network (CAAN)
888.285.2226 • www.caan.ca

Pauktuutit Inuit Women's Association
800.667.0749 • www.pauktuutit.ca

Chee Mamuk **<http://tinyurl.com/ceg28f7>**

Red Road
866.913.3332 • www.red-road.org

Healing Our Spirit
604.980.9620 • www.healingourspirit.org

Vancouver Native Health Society
604.254.9949 • www.vnhs.net



ASIAN AND SOUTH ASIAN CULTURES

HIV is a difficult subject for most Asian and South Asian (SA) cultures due to its interconnectedness with sex, sexuality, drug use, and other socio-cultural issues that aren't generally discussed with candor. Sadly, a lack of non-judgmental, factual communication and a widespread belief that HIV "won't happen to me or anyone I know," continues to foster HIV stigma and myths about HIV-positive people in these communities. But don't despair! With the right information, you can deal with HIV in a proactive way and remain true to your cultural roots.

What should I know about HIV transmission for Asian and SA people in the Lower Mainland?

- ➔ Transmission is mainly from unprotected male-to-female-heterosexual intercourse.
- ➔ HIV infection amongst Asian and SA males is generally due to unprotected sex and needle sharing.
- ➔ Asian and SA males are often not aware of their HIV status and risk for transmission.

What do I do now that I am HIV-positive and part of an Asian or SA community?

In order to best support yourself as an HIV-positive Asian or SA in BC, it's important for you to understand your personal circumstance, needs, and resources. Culture, religion, family, social obligations and economic expectations may make it harder to be HIV-positive, but it is vital that you respond to your HIV status in a timely and proactive manner.

Remember, you are not alone. More and more Asians and SA are testing positive for HIV every day—and in BC, you can live a quality life with HIV for many years. The following tips can help you get the services and support you need to manage HIV and your overall health:

- ➔ Find a doctor who will support you.
- ➔ Learn about HIV so you can work with your health-care professionals.
- ➔ Ask for information, support, and services that meet your cultural and language needs.
- ➔ Have someone accompany you when accessing community services and referrals.
- ➔ Talk to a trusted friend or family member about your HIV status.

📍 Resources for Asians and South Asians BC*

BC Multicultural Health Services Society **604.877.8351**
Bridge Community Health Clinic **604.709.6400**
Diversecity **604.597.0205**
MOSAIC Emergency Interpretation Services **604.254.8022**
Oak Tree Clinic **604.875.2212**
Vancouver Multilingual Distress Line **604.872.3311**
Settlement Orientation Services (SOS) **604.255.1881**
Multicultural Family Center **604.254.6468**
Public Health Clinics:
BC Centre for Disease Control **www.bccdc.org**

📍 Asian Community Outreach Project

Asian Community Outreach Project: Services are provided one on one, or members also find support, information, and social connection through the weekly Asian Support Group, in the DTES Lifeskills Centre; or at the bi monthly PAD (Positive Asian Dinner) for HIV positive Asians. The main languages spoken are Cantonese, Vietnamese and English but all Asian identified persons are welcome. The project operates within AIDS Vancouver Case Management's client-centred, harm reduction approach, addressing the social determinants of health with members. Contact AIDS Vancouver at (604) 893-2201 or email contact@aidsvancouver.org for more information.

* page 48: New Immigrants





New immigrants

Canada does not prevent the admission of refugees because they have HIV. However, Citizenship and Immigration Canada's (CIC) Refugee Protection Act provides three health grounds for not allowing potential immigrants into the country and these include: danger to public health, danger to public safety, and excessive demand on health or social services. Using these criteria, immigration into Canada for an HIV-positive person is determined on a case-by-case basis. Since 2000, the BC Centre for Disease Control reports that 172 HIV-positive individuals have successfully immigrated to British Columbia from outside of Canada. Many of these HIV-positive people were emigrating from sub-Saharan Africa, Southeast Asia, Central America, and the Caribbean.

The Interim Federal Health (IFH) Program provides temporary health insurance to refugees, protected persons, and refugee claimants in Canada who are not yet covered by provincial health insurance plans.

Resources for new immigrants

In Vancouver, there are five agencies that provide free or low-cost interpreter services and varying degrees of HIV knowledge:

Immigrant Services Society of British Columbia
www.issbc.org

Settlement Orientation Services (SOS)
604.255.1881 • www.vrsa.ca
(Spanish, Mandarin, and Cantonese)

La Boussole **604.683.7377 • www.lbv.ca** (French)

British Columbia Multicultural Health Services Society
604.709.6475 • www.umbrellacoop.ca/bcmhss
(African, Asian, and South Asian languages)

Street Outreach Program
604.315.7725 (Spanish) or **604.660.9695** (Vietnamese)

Barriers to health care

HIV-positive immigrants to Canada may not know how to access Canada's health-care system or how medical service plan coverage works. Also, the lack of language-appropriate information on HIV means that it is more difficult for HIV-positive immigrants to learn about their condition and contribute to their treatment. Language barriers and cultural differences between doctor and patient can result in misunderstandings that affect the doctor-patient relationship and the patient's medical treatment. Concern about the reactions of family or community members if they are seen accessing HIV-specific services is another big barrier for HIV-positive immigrants.

Free antiretroviral drugs

In BC, highly active antiretroviral therapy is free and available for residents of this province, but there may be a waiting period for new immigrants. For more information contact the BC Centre for Excellence in HIV/AIDS at 604.806.8515 or visit www.cfenet.ubc.ca.

There are also three health clinics for non-English-speaking people based in Vancouver, Burnaby, and Surrey.

Bridge Community Health Clinic, Vancouver •
604.709.6540

New Canadian Clinic, Burnaby • **604.412.6580**

New Canadian Clinic, Surrey • **604.953.5030**

Cross Cultural Health Broker Program

The British Columbia Multicultural Health Services Society (BCMhSS) also provides free translation services for medical appointments as part of the Cross Cultural Health Broker Program. Health brokers also provide support by doing appointment follow-ups and reminders and home visits.

The languages currently offered include Arabic, Dari, Hindi, Oromo, Pashto, Persian, Punjabi, Russian, Somali, Spanish, Urdu, and Vietnamese. These languages are subject to change depending on the availability of a translator. Translators for health services can be requested by the patient or by the health-care professional. Call 604.709.6475 for more information.



People in Prison

Rates of HIV among people in prison are 15 times higher than in the general population and rates of hepatitis C are 39 times higher according to a 2010 Correctional Service of Canada report. While transmission opportunities are fewer than in the outside community – less access to drugs and less sexual contact – there is also less access to prevention and harm reduction, creating a high risk of contracting HIV in prison.

Living with HIV in Prison

Living with HIV in prison is challenging. In such a closed setting, maintaining confidentiality is difficult. Only the health-care staff are allowed to know an inmate's HIV status, but regular visits to health care and keeping HIV medication in one's cell (double bunking is now the norm) can easily result in both guards and fellow inmates becoming aware of an individual's HIV status.

Ignorance amongst prison staff and inmates of the realities of HIV transmission regularly results in HIV-positive prisoners being stigmatized. Positive Living BC's Prison Outreach Program (POP) offers workshops on HIV 101 and prevention strategies to both inmates and prison staff for the purpose of increasing knowledge and combating stigma.

POP also offers support to HIV-positive inmates through regular visits, treatment information, and advocacy. Access to Positive Living BC staff and volunteers is provided through the toll-free POP line, which operates from 10 am to 10 pm, seven days a week. POP also offers release planning and extensive post-release support.

Harm Reduction in Prison

All BC prisons are mandated to offer condoms, bleach, dental dams, and lube to inmates. These can be obtained without having to request them from staff. If they are not available, please call the POP line and we will advocate

for changes. Injection drug equipment is not available and this, unfortunately, creates circumstances where needle sharing is common, leading to extremely high-risk situations. Studies have found that hepatitis C transmission is not prevented by bleaching syringes.

Sexual contact, drug use, and tattooing are forbidden in jail and can lead to further charges. Prohibiting these activities drives them underground and increases inmates' risk of contracting HIV and other blood-borne pathogens (such as hepatitis C and tuberculosis).

Preparing for Release from Prison

Preparing well for release from prison enables inmates to maintain good health on the outside and helps with the continued adherence to medication regimes. The single most important factor in preventing recidivism (returning to prison) is having a solid release plan. POP staff can assist with all aspects of the release plan, from ID replacement, to housing, to health-care referrals. Positive Living BC offers a wide range of services that can provide structure and community for former inmates rebuilding their lives on the outside. A number of previously incarcerated members give back to the community by volunteering regularly at Positive Living BC.

While you are in prison, the medical staff keeps a file on your health. It is important to take this file with you into the community because it contains information on personal medical issues you have faced, test results, and treatments given. It can take up to six months to have the file released, so planning ahead is important.

Finding affordable housing in the Greater Vancouver area is extremely difficult. Unless an inmate is released with a conditional sentence involving residency – such as in a halfway house – they are usually released with

POP line

The Prison Outreach Program provides "POP Line" — a toll-free number approved at every institution in BC that inmates can call. From provincial institutions the number is: 604.525.8646 and from federal institutions

the number is: 1.877.900.2437. The line is open from 10 am to 10 pm daily and is covered by POP staff during the work week and by volunteers, many of whom are HIV-positive, on evenings and weekends.

nowhere to go. Planning ahead for housing upon release should start as soon as you are incarcerated. There are many social housing organizations that keep waiting lists, and POP staff can help you to complete the necessary paper work during their regular visits. Still, many people end up in a homeless shelter upon release. Patience is important when you are rebuilding your life, and there are many support services available in the community that can help you with a variety of different issues.

If you need to access social assistance upon release, the process can be started while in jail. Your institutional

parole officer (IPO) or program staff can arrange this about two months before release. An application for Persons With Disability status can be submitted once you are released and on assistance. A case worker at AIDS Vancouver can assist you with this process.

The Correctional Service of Canada (CSC) will cover the costs of medical care and medication for an inmate if they are released from a federal prison on conditional release. Dental costs of up to \$500 will also be covered.



RURAL AND SEMI-RURAL COMMUNITIES

While there are many benefits to living in rural or semi-rural communities, a country lifestyle can pose specific challenges to HIV-positive British Columbians. Challenges are meant to be overcome, so read ahead to find out how to make the most of your life with HIV in BC's backcountry.

Health care

All HIV-positive people need to establish a good relationship with a primary care physician who can monitor their health and provide access to HIV services, information and therapies. Finding an HIV specialist can be difficult—if not impossible—in BC's more remote regions. To find a local doctor that best suits your needs, try interviewing the physicians available in your area, or get referrals from other HIV-positive people or specialists in Kelowna or Vancouver.

Travel will be required for you to see your family doctor, and to go to either Kelowna or Vancouver for specialist appointments and diagnostics. * Although less than ideal, these regular trips are an essential part of your self-care routine. Obviously, your questions and concerns will not be limited to your time in town. Be sure to connect with the variety of alternative health care providers in your region for more immediate services and information. **

Stigma

Discrimination, cultural bias and social isolation affect people in big cities and small towns alike. However, these experiences can feel more intense in smaller communities. Building a support network for yourself is a great way to ease the pain, because meaningful connections with people in your community can help you in situations that cause harm or indignity. Start building your network by contacting some of the regional service providers and groups listed in the Resources section of this book.

Privacy

Small towns generally have a greater sense of community and intimacy among residents, but such environments sometimes create unintended breaches of confidentiality and privacy. Your neighbour may be the same person who dispenses your medication, for example; or your yoga teacher could also be the local laboratory technician. To avoid such breaches, initiate an on-going conversation about privacy and confidentiality with your health care providers. Being clear about your own limits helps others to respect and maintain them.



Legal issues

When HIV was first discovered, no one knew what it was or how to combat it, and the general reaction was one of fear and mistrust. This initial response has had long-term effects on the way people with HIV are treated by the law and the public, and in many ways both these groups are still playing catch up from the days when no one knew anything about HIV.

As an HIV-positive person, you have rights, but in order to stand up for them, you have to know what they are. This brief section doesn't offer a complete breakdown of each person's rights, but it does touch on a number of important areas you can use to do more research and find help if you need it.

HIV and Canadian Criminal Law

There remains some uncertainty about which activities put an HIV-positive person at risk for criminal charges. The existing law is based on different sections of the Criminal Code and how those sections have been interpreted in the context of HIV – especially the offence of

aggravated sexual assault; however, the decided cases do not address every possible scenario involving the risk of HIV transmission. HIV-positive people need to be familiar with the current laws concerning HIV and aware that the laws can change over time. Ignorance of the law will not prevent you from being charged with or convicted of a crime.

Sexual partners and “significant” risk

According to the Supreme Court of Canada, HIV-positive people have a legal duty to tell their sexual partners about their status before having sex when there is “significant” risk of HIV transmission. It seems fairly well established that this includes at least vaginal and anal sex without a condom, although with new evidence about effective medication reducing viral load – and hence infectiousness – very significantly, this is not necessarily always settled, and it may be possible to challenge criminal charges where the medical evidence suggests that a low or undetectable viral load means there was no “significant risk” of transmission even through these activities. But at the

same time, the category of “significant risk” has been applied even more broadly in some cases to include other activities. Most of the reported court decisions so far have indeed accepted that lower-risk activities like vaginal and anal sex with a condom, or oral sex without a condom, don’t carry a “significant” risk for legal purposes, but this is not fully settled. The law remains unclear, and some prosecutors have sought and obtained convictions for not disclosing HIV even in those cases where a condom was used. Until recently, it was thought safe to assume there is no duty to disclose HIV-positive status before engaging in activities that have no risk or almost no risk of transmission, such as kissing, mutual masturbation, or oral sex with a condom. However, there have been a few cases in which prosecutors have pursued serious assault charges for HIV non-disclosure even based on these activities. (A couple of cases have led to convictions but those are under appeal so, again, the law is not settled.)

Non-sexual situations

HIV transmission isn’t limited to sexual situations. In health-care settings, people often work with bodily fluids – and blood in particular – for the purposes of treatment. For most health-care procedures, the guidelines put in place by the employers and professional associations should be enough to prevent a “significant” risk of transmission between patient and health-care worker, so there is no duty to disclose. However, for invasive procedures, disclosure may be required. This issue has not yet been addressed in court.

Sharing drug-use equipment is another activity associated with HIV transmission that the courts have not addressed yet. However, since sharing needles is high risk for transmitting HIV, it is legally safest to assume that it could be considered a “significant” risk in the eyes of the law and to disclose one’s status before sharing drug-use equipment.

HIV-positive mothers can transmit the virus to their infants during pregnancy and by breastfeeding. In Canada, criminal and child protection laws can only be applied after the infant is born alive, and so a mother who risks transmitting HIV to her infant by breastfeeding could face charges. This issue has not yet been addressed definitively in court.

What’s the charge?

Participating in activities that carry a “significant” risk of transmitting HIV to another person, without that person being aware of your HIV-positive status, is considered assault (or sexual assault, or aggravated sexual assault) in the eyes of the law. The maximum penalty for the most serious offence (aggravated sexual assault) can be life imprisonment. Even if your accuser was already HIV-positive or you did not transmit HIV to your accuser, you can still be charged with assault if you did not disclose your HIV-positive status before participating in high-risk activities that pose a “significant risk” of transmission.

Protect yourself

There is no set of rules that can prevent you from being accused of exposing someone to HIV. People can misremember events or even lie. To minimize the likelihood you will be accused of transmitting HIV:

- don’t participate in any sexual activity that has “significant” risk for HIV transmission
- disclose your HIV-positive status before any activity that risks HIV transmission
- don’t share drug-use equipment
- for women, inform health-care providers of your HIV-positive status during pregnancy, labour, and delivery, and do not breastfeed your infant

For more information

This section has an abbreviated description of the current state of Canadian law with respect to HIV (as of February 2012). The information is not legal advice and should not be relied upon as such. If you

need legal advice, please contact a lawyer or legal aid clinic. For more detailed information about HIV and the law, please visit the Canadian HIV/AIDS Legal Network Web site at www.aidslaw.ca or e-mail info@aidslaw.ca.

Discrimination and your rights

What is discrimination?

Discrimination is defined as when a person or a group of people have been treated negatively or differently than others based on race, ethnic origin, colour, religion, age, sex, sexual orientation, marital status, family status, physical or mental disability, and pardoned criminal conviction. These qualities are called the 11 prohibited grounds of discrimination.

The protected areas covered by discrimination legislation include employment (hiring, job assignment, termination, pay rates, and conditions of work), membership in trade unions and professional associations, services and facilities available to the public, purchase of property, tenancy, and hate propaganda.

What is in place to protect you?

The Canadian Human Rights Act, the British Columbia Human Rights Code, and the Canadian Charter of Rights and Freedoms offer individuals protections in different situations. Many people think human rights legislation applies to everyone in all circumstances, but, in fact, the various codes and charters affect individuals and their relationships to other people, employers, and government bodies in different ways.

The Canadian Human Rights Act is administered and enforced by the Canadian Human Rights Commission and Tribunal, and is under federal jurisdiction. This Act protects anyone living in Canada from discrimination by a federal government department, agency, or Crown corporation – for example, Canada Post or the Royal Canadian Mounted Police. The Act also applies to other agencies such as airlines, television broadcasters, and inter-provincial bus companies and railways.

The British Columbia Human Rights Code is administered and enforced by the BC Human Rights Tribunal, and is under provincial jurisdiction. The BC Human Rights Code covers all provincially regulated businesses and agencies, including all ministries of the provincial government, local and municipal governments, schools and universities, hospitals and medical

clinics, and private businesses including stores, theatres, and restaurants.

The Canadian Charter of Rights and Freedoms guarantees certain rights and freedoms such as freedom of religion, right to life, liberty and personal security, and equality rights, among others. These rights are not absolute and can be limited to protect other rights or values important to Canadian society. The Charter applies only to violations of rights that are caused by federally regulated businesses and agencies. Before you can claim the Charter's protection, you must show that your rights were denied by government or some agency very closely connected to government, such as a school board or labour relations board.

If you experience discrimination

The Canadian Human Rights Commission gives the following advice for dealing with harassment and discrimination.

Don't ignore it. Make it clear to your harasser that his or her actions are not welcome.

Keep track of all instances of discrimination or harassment: write down all the details including times, places, and witnesses. Keep all written notes, emails, voice messages, and any other physical proofs.

If you are harassed at work, talk to the person identified in your employer's harassment policy. Some companies and unions have a grievance procedure you can follow. If you are harassed by the provider of a service, complain to the management.

If your situation isn't resolved after these steps and is based on one of the 11 prohibited grounds of discrimination, you can file a complaint with one of the government bodies listed above. If you aren't sure if your situation is a provincial or federal matter, or you aren't sure how to proceed, contact an advocate for advice.

Help with discrimination and harassment

BC Human Rights Tribunal
www.bchrt.bc.ca • 604.775.2000

BC Human Rights Coalition
www.bchrcoalition.org • 604.689.8474

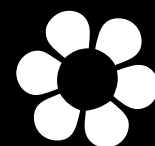
Canadian Human Rights Commission
www.chrc-ccdp.ca • 1.888.214.1090

Charter of Rights
www.charterofrights.ca

Canadian Human Rights Tribunal
www.chrt-tcdp.gc.ca • 613.995.1707



Everyday life



HIV is a manageable illness, and although you need to put more thought into choosing healthier options, don't forget to get out there and live your life. The following section explores the challenges that HIV-positive people face in their day-to-day lives, from relationships and family to managing debt and meeting the basic needs of life. With a little thought and planning, you can still do most, if not all, the things you want to do.

to, that people will run from them when they learn of their HIV status, and that they will be alone. This is a misperception. You can still have casual sex, date, have a relationship, and even get married and have children if you choose. Although there are still challenges, HIV-positive people are living, loving, and thriving like never before. Don't deprive yourself of loving relationships and sex; they can improve your overall health and well-being.



Dating, mating, and not waiting

Although this section comes near the end of the manual, love and intimacy is one of our most important needs. Many people living with HIV are certain that intimate relationships are something they are no longer entitled

Begin with yourself

When you feel good about yourself, you can offer your best to prospective partners. Make sure to see your doctor, monitor your bloodwork, manage your stress, eat well, see a dentist for regular cleanings, and exercise at whatever your level of energy and ability allows. You can look and feel attractive in any body at any age, but if you are concerned with changes to your appearance such

as lipodistrophy * and lipoatrophy (facial wasting), talk to your doctor about what can be done. There may be options you're not aware of. Take care of your appearance. You'll look and feel better and make your best first impression. And don't neglect your mental health: depression and other mental illnesses can creep up on you and make it difficult or impossible to feel good about yourself and establish healthy relationships.

First date strategies

Do what you love: A great way to meet friends and get dates is to pursue hobbies, volunteerism, continuing education, and other endeavours that you are passionate about. Try new things, join clubs, and take classes. Consider volunteering not only for HIV service organizations, but any organization doing work you care about. Don't overextend yourself or neglect your health, but don't limit yourself either. The more active and involved you are, the more likely you'll meet people who share your interests.

Online dating: These days it seems like everybody is connecting online, so why not give it a try? There are lots of general websites that cater to straight, gay, bisexual, and transgender people for friendship, dating, or hooking up for sex. Many of these sites have local BC residents using them. There are also sites devoted to HIV-positive daters, but none that are based in British Columbia. An honest, heartfelt profile and some current, appealing photos will get you the most responses. Ask a good friend to help you make a reasonable and representative list of your good qualities and take some new pictures that show you at your best in a variety of looks and settings.

Set-ups and blind dates: If you have a friend or family member whose judgment you trust, ask them to set you up with someone they know. Be sure to set some ground rules and guidelines to help them screen out the least likely matches. Talk to a prospective date on the phone first to get a better idea of what they're like, and swap photos by email or send them a link to your online dating profile. Going on a date with someone you've never met can be risky, so be sure to meet in a public place, and tell someone where you'll be and when you expect to be home.

The hookup

Casual sex can be fun and fulfilling. If you're a gay or bisexual man, you may go to bars, bathhouses, or online to cruise for sexual partners. If you're straight, you may meet prospective partners at bars, online, at a singles event, or just doing the things you do every day. However, the most important part of casual sex is to be safe. Consider meeting in a public place first. Tell a friend where you'll be and when you expect to be home, carry a cell phone, and trust your intuition about whether it's safe to be alone with someone you've just met. Talk about what you're going to do sexually before you meet and talk about your (and his or her) HIV status. It doesn't have to be a big deal, and if it is, you're better off for having discussed it. If the hookup is a go, take the initiative and bring condoms and lubrication, so there's no question about practicing safer sex.

Serosorting

You may feel more comfortable dating or having sex only with others who are also HIV-positive. Choosing partners based on their HIV status is known as serosorting. For an HIV-positive person this can eliminate a lot of anxiety, but it can also keep you from meeting many wonderful prospective partners who are HIV-negative and may be perfectly at ease being with someone who is HIV-positive. When an HIV-positive person and an HIV-negative person connect, it's known as a sero-discordant relationship, and the partners are sometimes referred to as a "magnet" couple.

How to have "the talk"

The very idea of disclosing HIV status on a date or sex hookup is scary for everyone, even without considering the legal obligations surrounding HIV and sex. ** Generally, the quicker the relationship is progressing, the quicker you should talk about HIV status – yours and your partner's. You never know someone else's status, and you may be surprised. If you're having a no-strings-attached sex hook-up, get it off your chest before you even meet in person (say it on the phone or online) if possible, but certainly before you're naked and about to get it on.

If you're dating someone, haven't had sex yet, and it looks like it may be going somewhere, you may take a little more time to raise the topic. You may enjoy taking it slow and developing intimacy and trust – hugging, kissing, and touching are great ways to learn about someone's body and desires and fulfill our need for contact. But disclosing sooner is always better; it can greatly reduce your anxiety. The more honest and open you are, and the more at ease you are with your HIV status, the more likely other people will be to accept and embrace you and appreciate your courage.

It can be hard to get the HIV conversation started. Sometimes just blurting out “I am HIV” can be a conversation killer rather than a starter. As difficult as it is to tell someone, it is also difficult to hear, process, and respond to this information on the spot. Most people are not expecting to hear an HIV disclosure. Try introducing the topic of HIV first before disclosing your own HIV status. Some people share that they volunteer or donate to an HIV organization. Others mention they have HIV positive friends. Ask them what their experience with HIV is. These are great ways to find out a person's attitudes towards HIV. If they respond negatively, then you know not to bring up your own status. If they respond in a positive manner than it can be a sign that it's safe to move to the more personal conversation of saying, “I have HIV.”

You may face rejection—we all have. It may be difficult to hear someone reject you for your HIV status the first time, but remember there will be times when you may decide someone isn't right for you because of any number of reasons, possibly even because of their HIV status—HIV-positive or HIV-negative. Do your best not to take it personally. Rejection is a lack of preference or fear at that single moment in time. It says nothing about who you are as a complete person. Once you disclose your HIV status to someone, there's always a chance they'll tell others, so proceed with caution and trust your intuition.

And what is the perfect antidote for a big dose of serious discussion? Have some fun! Plan a playful date or sex hookup, whether it's the first encounter or the 20th. Laugh a little; it's a great way to put yourself and your partner at ease.



Family life

HIV doesn't have to limit your parenting dreams. With good care and support, you can have a family. Making a baby is an amazing experience no matter how you do it. Pre-conception advice helps, and the Oak Tree Clinic is a great resource for all HIV-positive women in BC.

Getting pregnant

For heterosexual couples where only the female partner is HIV-positive, self-insemination is the safest route for becoming pregnant and carries no risk of HIV transmission to the male partner. The female partner charts her cycle or uses an ovulation predictor kit, and then self-inseminates around ovulation. For self-insemination, the male partner must ejaculate into a cup. Afterwards, the sperm is sucked up in an oral syringe (available at pharmacies), which is inserted high into the vagina, and the sperm is then squirted out.

For couples where the male partner is HIV-positive or both partners are HIV-positive, getting pregnant carries a greater risk of transmitting HIV to the seronegative partner or a different strain of HIV between the partners because the egg and the sperm have to interact in order for pregnancy to occur (which is what safer sex prevents). One option for these couples is to use an HIV-negative sperm donor together with artificial insemination.

If you decide to go ahead without using a sperm donor, both partners should be on antiretroviral medication and, preferably, have an undetectable blood viral load in order to keep the risk of transmission as low as possible. The female partner should chart her cycles so the unprotected sex is limited to when she's most fertile.

Once you're pregnant

HIV can be transmitted to the baby during pregnancy, delivery, and breastfeeding. Without antiretroviral drug treatment, the transmission risk is about 25 percent. With treatment, it's less than one percent. The lifelong effects of antiretroviral drugs on people who take them during pregnancy are unknown, but the Oak Tree Clinic has information to help you make an informed decision.

If you are newly diagnosed as HIV-positive when you are pregnant, or if you are already HIV-positive and have become pregnant without planning it, antiretroviral treatment is usually started after your first trimester. If you're already taking antiretroviral drugs and discover that you're pregnant, don't stop taking your medications without talking with your doctor.

A healthy pregnancy includes regular doctor visits, good nutrition, and exercise. As your pregnancy progresses, your viral load and blood counts will be monitored *, particularly as you get closer to your estimated due date. If your viral load remains low, a vaginal birth is healthiest for you and the baby. During labour you will receive your antiretroviral drugs intravenously and the baby will be given treatment starting at birth and for six weeks afterwards. This doesn't mean your baby is HIV-positive; it's just a precaution.

Welcome, baby...

After birth, your baby will get several tests that look for HIV. The first test will be at birth, again at one to two weeks, four to six weeks, and about three months. If at least two results are negative after one month of age, your baby is not HIV-positive. Between 12 and 18 months, your baby will be tested again to ensure all antibodies have cleared from her system.

If you are HIV-positive, you can still transmit HIV to your infant through your breast milk and so formula feeding is necessary. Contact the Oak Tree Clinic for current information on programs that offer free formula to HIV-positive mothers.

Talking to the family about HIV

The right time to talk to children about a parent's HIV-positive status is different for every family. It depends on each parent's judgment about how ready their children

are, both intellectually and emotionally, to deal with HIV disclosure. Some questions you can consider to help you judge your children's readiness include:

- Are your children old enough to understand HIV?
- How much information are they ready to hear?
- Do they have another trusted adult to go to with questions?
- Are there community resources for kids whose parents have HIV?
- Will your kids worry if you tell them?
- Would it make family life better or worse?

You don't have to tell them everything at once; you can start the discussion by saying you have a virus that affects your health, and then add information as your children mature and you feel that they are ready for more detailed explanations.

If you have a child who is HIV-positive **, careful thought and planning is needed before any disclosure takes place. Parents often struggle with when and how to tell a child about their HIV-positive status. Generally it is recommended that HIV-positive children should be told of their HIV status by the age of nine to ten years. Disclosure is a process, and parents need to start to prepare for the event when the child is seven or eight years old.

It is important to remember that the information of someone's HIV status belongs to that person and careful consideration needs to be given before any disclosure takes place outside the family circle. School teachers, employers, playmates, and friends do not need to know since there is no risk of transmission through the normal activities of daily life.

* page 15: Keeping Track of Your Health!
** page 42: PSI Children



Sperm washing, a technique that separates the sperm from seminal fluid, can decrease the risk of HIV transmission from a male partner, but unfortunately it is not readily available to HIV-positive couples in BC.



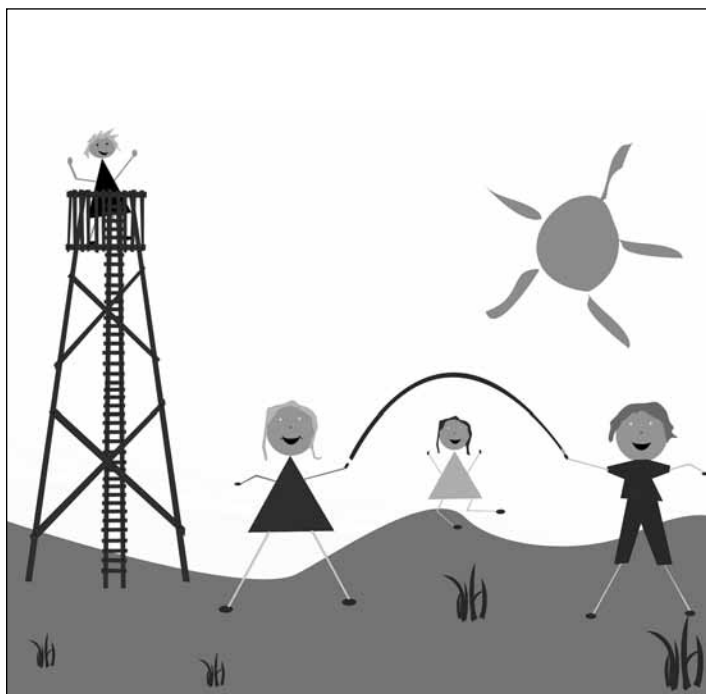
Even when you're on antiretroviral drugs, the risk of transmitting HIV to your baby is increased if you have

unprotected sex or continue using recreational drugs (particularly cocaine, crack, or heroin) during your pregnancy. Smoking, drugs, and alcohol can seriously harm your baby, so get help if you need it. Complete drug withdrawal can be dangerous during pregnancy so contact a drug and alcohol counsellor for advice before stopping.

As an HIV-positive child matures into a youth, * responsible sexual behavior needs to be discussed. Disclosure to potential sexual partners is a very big issue for any HIV-positive person and especially for youth. The consequences of not disclosing to sexual partners can be serious, and sexual partners must be informed and condoms always used. **

Guardians for children

All parents have to think about who will care for their children if they can't. Naming a guardian is a vital step for ensuring that you choose the person who will care for your children. The standard way to choose a guardian is to have them named in your will. *** Consult the Access and Assistance Resource Hub at Positive Living BC or a lawyer for more details on how to name a guardian.



HIV and nutrition

Good nutrition is important for everyone, but it is especially important if you are living with HIV. Ensuring your body gets all the nutrients it needs can help you better tolerate medications, maintain lean muscle mass, keep your immune system strong, decrease your chances of getting other chronic diseases, and help you to feel better overall.

Your nutritional needs are likely to increase for both macronutrients (carbohydrates, fats and protein) and micronutrients (vitamins and minerals). The body uses more energy because it is constantly fighting off infection, both of the virus and other opportunistic infections. HIV can interfere with the body's ability to absorb nutrients, and some of the symptoms of HIV—fatigue and nausea particularly—can make it difficult to eat.

Changing your eating habits can be difficult at first, but the more you know and the more you practice, the easier it will be. Start by changing one thing, and when you feel comfortable with that change, make another. If you slip, that's OK because you can always get back on track at your next meal.

Macronutrients

Carbohydrates: Carbohydrates provide the body with the fuel it needs for physical activity and for proper organ function. They are an important part of a healthy diet, but some carbohydrates are better than others. The best sources of carbohydrates are whole grains, vegetables, fruits, and beans since they also contain vitamins,

Resources

Positive Women's Network
www.pwn.bc.ca • 1.866.692.3001

Oak Tree Clinic
www.bcwomens.ca
(click: Services / Health Services /
Oak Tree Clinic) • 1.888.711.3030

* page 41: Youth
** page 51: Legal Issues
*** page 70: Planning for
the Future

minerals, fibre, and other important nutrients your body needs. Avoid refined carbohydrates found in white bread, white rice, pastries, sugary drinks, and other highly processed foods. Include a carbohydrate at every meal to maintain energy levels throughout the day.

Protein: Protein is a part of every cell in our bodies. It contains amino acids, essential building blocks that your body needs to maintain and repair itself. To ensure you're getting enough protein, your best bet is to choose foods such as meats, game, fish, tofu, eggs, peanut butter, beans, nuts, and dairy. Beans and nuts come with healthful fibre and micronutrients, while fish and poultry are the best choices for meat eaters. Try to steer yourself toward the leanest cuts of meat and lower fat dairy products, and mix up your protein sources to ensure your body gets the diversity of amino acids it needs.

Fats: Certain fats are essential to a healthy diet. Rather than cutting fat out of your diet, the greatest health benefits come from replacing saturated fat in your diet with unsaturated fats (and not refined carbohydrates). Olive oil, canola oil, and sunflower oil are great sources of healthy fat. Fish, walnuts, canola or soybean oil, ground flax seeds, or flaxseed oil are excellent sources of omega-3 fats. Avoid any food containing trans fat (partially hydrogenated oil), and limit your intake of saturated fats by cutting back on red meat and full-fat dairy foods.

Micronutrients

Vitamins and minerals are called micronutrients because they are needed in very small amounts. They do not provide energy, but are necessary for many of the vital functions of the body. Living with HIV means you may be at risk for vitamin and mineral deficiency at some point. Whether supplementation is necessary and how much are decisions that should be made with your health care provider. However, to ensure you are getting the right balance of micronutrients you can try the following:

- Eat a healthy, balanced diet. Vitamin and mineral supplementation is far less important for health than an overall balanced diet. Choose a diet rich in fruits, vegetables, whole grains, nuts, and healthy oils, and low in red meat and unhealthy fats. Hands down, your healthiest source for micronutrients is found in food.
- Take a daily multivitamin. A daily multivitamin is an inexpensive nutrition insurance policy, and generally recommended for people living with HIV.
- Think about D. In addition to the bone health benefits of vitamin D, there's growing evidence that it can help lower the risk of colon and breast cancer. The most reliable way to get your vitamin D is through a supplement, which will likely require an extra vitamin D pill in addition to your multivitamin. Vitamin D3 is the form of vitamin to look for. The

Q Keeping it simple

Consuming a balanced diet is actually pretty straightforward if you follow these tips:

- Try to develop a regular meal schedule: three meals a day works fine for most people, but smaller meals throughout the day may help you maintain energy levels
- Eat a plant-based diet rich in fruits, vegetables, and whole grains
- Choose healthy fats, like olive and canola oil
- Eat red meat and unhealthy fats, like saturated and trans fats, sparingly
- Drink water more often and limit sugary drinks
- Limit salt in your diet by reducing your intake of processed foods
- Exercise regularly

If you are having trouble with lack of appetite...

the following tips may be useful. However, if you suspect that an underlying condition may be the cause, seek an expert opinion.

- Eat often—small amounts add up over the course of the day
- Consider meal replacement drinks like Boost, Resource, or Ensure
- Fresh air or light activity may stimulate appetite, so try to get outside
- Make every bite count by emphasizing wholesome, nutrient-dense foods
- Make eating more pleasurable—share a meal with friends or family
- Take advantage of offers of help and meal programs

usual recommended dose for people living with HIV is 2,000 IU per day, particularly if you have darker skin, spend winters at higher latitudes (like BC), or spend little time in the sun. As always, it's a good idea to discuss use of supplements with your doctor, and he or she may want to order a vitamin D blood test.

- ➔ Avoid “super” or “mega” supplementation. In general, avoid high-dose vitamins and highly fortified foods. Certain micronutrients can be especially harmful at high doses. Don't be swayed by wild health claims made of supplements. If they sound too good to be true, you can be sure they are.



For more information

A Practical Guide to Nutrition for People Living with HIV

Available through the Canadian AIDS Treatment Information Exchange www.catie.ca

Canada's Food Guide

Available through Health Canada www.hc-sc.gc.ca

Talk to your doctor about a referral to see a registered dietitian



Exercise and HIV

In these days of fast food, motorized transit, and desk jobs, regular exercise has become more and more important. Especially if you are living with HIV, physical activity plays a key role in the prevention and treatment of chronic illness as you age.

Exercise reduces stress, gives you a better night's sleep, and increases your appetite. Recent studies have shown some promising links between exercise and decreasing abdominal fat due to lipodystrophy. Other studies have shown connections between exercise and good mood. There is also an association between muscle mass and immunity. People who exercise often have higher CD4 cell counts and fewer side effects from HIV and HIV medications. Finally, regular exercise is one of the best ways to combat fatigue. Overall, the benefits of exercise in day-to-day living cannot be ignored: you're in better physical shape, and you feel better emotionally. This is a great advantage when you have an chronic illness like HIV.

The beginner

If you've never exercised regularly before, make an appointment with your doctor to get your health checked before starting. He or she can tell you if you

! Antioxidants

There many different substances that can act as antioxidants. The most familiar ones are vitamin C, vitamin E, beta-carotene, along with the minerals selenium and manganese. They're joined by glutathione, coenzyme Q10, lipoic acid, flavonoids, phenols, polyphenols, phytoestrogens, and lots more.

While it's true that the package of antioxidants, minerals, fibre, and other substances found naturally in fruits, vegetables, and whole grains helps prevent a variety of chronic diseases, it is unlikely that high doses of antioxidants can accomplish the same feat. Studies on antioxidant supplementation have had mixed results, but there is abundant evidence to suggest that eating whole fruits, vegetables, and whole grains—all rich in networks of antioxidants and their helper molecules—provides protection against many of the effects of aging.

have any medical concerns, HIV-related or not, that can be negatively affected by exercise.

The two main parts of any exercise program are:

Aerobic (or cardiovascular) exercise: This type of exercise strengthens your heart, and helps you to be active for longer periods of time without tiring. There are many different activities you can do, including cycling, swimming, group sports, jogging, and even fast walking.

Strength training: This type of exercise increases your muscle mass, making you stronger. You don't need a lot of dumbbells and machines to strength train. Basic exercises like lunges, squats, sit ups and push ups also build muscle. If you're not sure of your technique, get a library book on exercise, consult a friend, or go to a trainer. Often, gyms will have posters with pictures and descriptions of how to do an exercise properly.

Regardless of whether you're trying to lose weight, gain weight, or maintain your weight, a combination of both aerobic exercise and strength training is best. The Canadian Physical Activity Guidelines state that to achieve health benefits, adults should accumulate at least 150 minutes of moderate- to vigorous- intensity physical activity per week, in bouts of 10 minutes or more. It is also beneficial to add muscle and bone strengthening activities using major muscle groups, at least two days per week. More physical activity provides greater health benefits, but you may want to discuss with your doctor what is appropriate for you.

Exercise programs can be tough to stick to for people who haven't done a lot of exercising before. To increase

your chances of success do something that you enjoy, have a friend do it with you or join a class so you have your exercise scheduled for you during the week.

The exercise buff

If you've always exercised as part of your daily routine, there is no reason why you should stop after an HIV-positive diagnosis as long as you continue to feel well. Pay attention to your stamina and your physique, and if you notice significant changes, talk to your doctor. If you are starting antiretroviral drug therapy, be sure to ask your doctor about any side effects that might affect your ability to exercise.



The muscle myth

There are lots of women who are afraid to strength train because they're worried that they'll end up with a body like Arnold Schwarzenegger. This is a myth. It is extremely difficult for women to build up huge muscle bulk. Moderate strength training isn't enough to cause enormous muscles.



Muscle-building drugs

Anabolic steroids are sometimes used for the treatment of AIDS wasting syndrome, but the drug can only be legally obtained with a prescription. If you are using steroids for physique enhancement and getting it from the black market, there are significant health risks. Illegal steroids are dangerous because there is no way to know exactly what's in the bottle, and no way to verify the quality. Contaminated steroids can cause infections or abscesses – conditions that an HIV-positive person should avoid at all costs.



HIV and stress

Living with a chronic illness like HIV can be very stressful. Receiving your initial diagnosis, starting or changing medications, getting test results, and dealing with symptoms or side effects can all be overwhelming.

Stress is a natural physical or emotional response to life events. Everyone experiences it in one way or another.

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

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

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

Exercise. A great stress-buster, exercise can be whatever you like – walking, cycling, gardening, swimming...

the options are endless. If you haven't been active lately, start slowly and work your way up to the recommended guidelines. *

Get support. Don't bottle up your feelings! Reach out to friends or family when you need help. Find a support group through your local AIDS organization. Seek out psychological counselling if necessary.

Write in a journal. Writing is a good way to release emotions. Write freely about what's on your mind. This can help you think more clearly about your feelings, or even help you let them go.

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

Meditate. Take time to go inward and focus on breathing slowly and deeply. Join a group, or try using a guided meditation tape or CD. Yoga and Tai Chi are considered moving meditations and are great ways to relax and feel centred. **

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

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

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

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

* page 60: Exercise

** page 28: Comp & Alt Therapy

*** page 28: Comp & Alt Therapy



Employment and HIV

Does your employer need to know?

There are various employment-related circumstances where the issue of HIV disclosure may arise in the workplace, so it is important for both employers and employees to be aware of privacy rights and responsibilities. You are under no legal obligation to inform your employer of your status. Here are some additional areas where you might protect your privacy:

Pre-employment medical exam: Your employer may only ask you to complete a physical exam before your job if doing so constitutes a “*bona fide* occupational requirement.”

Insurance forms and medical questionnaires: If the employer has no legitimate need to see your insurance forms, you may send them directly to the insurance company.

Doctor’s note for health-related absences: If your employer requires a doctor’s note due to an extended period of absence, the letter need only state you were seen by the doctor and you were ill. The doctor’s note should not identify a specific illness.

Changes in work routines: An employer is required to accommodate employees with disabilities, assuming that these accommodations do not cause “undue hardship” to the employer (for example, different working hours due to side effects of your medication). You are not required to inform your employer of your diagnosis or medications for these accommodations; your doctor need only supply information about your working limitations.

If you are on a friendly basis with work colleagues, you might consider disclosing to them in order to build a network of support and reduce the sense of isolation that is often felt by concealing the truth. Choosing the right

time and place, as well as ensuring that your privacy at work is protected, is very important. You may feel vulnerable immediately after you disclose, and it is best to be prepared to receive both positive and negative reactions.

Selectively disclosing your HIV status to your employer and/or colleagues also means that you have less control over how that information is shared. Before deciding, consider what would happen within your work environment if your status became public. Would your position or reputation in the workplace be threatened? This is a difficult question that must be considered from the standpoint of the organization’s structure, culture, and values.

Ready to work

Work is often considered an important part of one’s identity. With proper management and treatment the majority of HIV-positive people can expect to have an active life that includes paid employment and/or volunteering. In the early days of HIV and AIDS, those working often left their employment and went on a variety of benefit plans, such as Canada Pension Plan (CPP) disability, provincial benefits, private Long Term Disability through an employer, or a combination. As more knowledge and treatment options have become available, more HIV-positive people are choosing to stay employed or, in many cases, to return to the workplace. Since the mid-1990s, HIV has been reframed as an “episodic disability,” a condition in which an individual will experience periods of wellness and periods of illness, often unpredictable in nature.

Some HIV-positive people find it difficult to identify as living with a “disability.” The general viewpoint of the public is either you are disabled or you are not, and most programs currently available to support disabled individuals have not yet evolved to include people with episodic conditions such as HIV. However, the definition

Educating co-workers

Another viewpoint in favour of HIV disclosure in the workplace is the opportunity for educating co-workers about living with HIV. If you feel confident that you will not experience discrimination because of your serostatus, you may want to engage your workplace in education by expressing the realities of living with HIV.

Resource for Employers

Canadian Working Group on HIV and Rehabilitation
http://www.hivandrehab.ca/EN/information/employers/supportive_environments.php

of disability can be broadened to include physical and mental problems, difficulty participating in activities, and participation limitations.

The Canadian Working Group on HIV and Rehabilitation (CWGHR) has been working on these larger issues and brings together the traditionally separate worlds of HIV, disability, and rehabilitation. Through its leadership in research, education, and cross-sector partnerships, CWGHR is working to address the rehabilitation needs of people living with HIV and changing the future of HIV prevention, care, treatment, and support.

The recognition of HIV as an episodic disability will mean increased flexibility in terms of workload and time off for those who are employed, and employment with flexible schedules, job sharing, and the opportunity to work from home for those who have been on long-term disability and wish to start working or volunteering again. The problem with many of these types of flexible employment options is they often do not provide adequate benefits when periods of illness arise. CWGHR continues to work on these issues and hopes to make progress with the government and the private sector in addressing some of these barriers.



When you can't work

If you become sick to the point where you are not able to work, you need to take steps to make sure you can still support yourself. The various disability income plans are private disability plans, Employment Insurance sickness benefits, the Persons with Disabilities plan, and Canada Pension Plan disability benefits. Each of these disability income plans has different criteria for deciding what disabilities are severe enough to keep you from working.

Private disability plans

If you were employed before you got sick, your company may have group health insurance that offers sickness benefits and long-term disability benefits. Get a copy of your company's health plan to see what the company will pay and how it calculates your payments. Some health benefits policies have a five-month waiting period

before you can apply for long-term disability benefits. If you were sick before you started working for your current employer, the health insurance policy may not cover you.

Employment insurance sickness benefits

After you receive all of your sickness benefits from your company health plan and while you are waiting to apply for long-term disability benefits, you must apply for Employment Insurance (EI) sickness benefits. You should apply as soon as possible after you stop working, even if your employer has not issued your ROE yet. If you delay applying for benefits later than four weeks after your last day of work, you risk losing benefits. When you apply for sickness benefits, you must also obtain a medical certificate signed by your doctor.

Under the EI plan, your sickness benefits may be paid up to 15 weeks if you cannot work because of sickness, injury, or quarantine. You must have worked 600 hours in the previous 52 weeks or since your last claim. You must submit a medical certificate that provides an estimate of how long you will be sick. Any money received from EI is taxable. Contact 1.800.O-Canada (1.800.622.6232) or visit www.servicecanada.gc.ca.

Persons with Disabilities

The Ministry of Social Development may provide income and benefits if your disability takes you beyond the 15 weeks of support provided by Employment Insurance, and you have no private disability plan. Persons with disabilities (PWD) qualify for higher assistance rates with higher asset limits, enhanced medical benefits, dental benefits, a discounted bus pass, and an exemption from the two-year social assistance cutoff.

To qualify for PWD status you must:

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

How to apply:

To apply for PWD status, you must first open a file at the Ministry of Social Development for basic assistance. Eligibility for BC Employment and Assistance programs is based on your income and assets. Persons who intend to apply for the Persons with Disabilities (PWD) designation and who are in need of financial support may receive income assistance and retain their assets at the higher limits. While waiting for the determination of your designation, you are entitled to retain assets over the income assistance limits of \$3,000 for singles and \$5,000 for families.

If you are interested in applying visit www.iaselfserve.gov.bc.ca for the Self Service Assessment and Application, call 1-866-866-0800, or visit your nearest Employment and Income Assistance Office to set up an appointment for an eligibility interview. Interviews are typically scheduled three weeks after your initial enquiry.

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

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

If the ministry decides that you and your roommate live in a dependency situation, you may receive less assistance or no assistance at all. To ensure that your roommate is not considered your dependent, keep separate bank accounts, do not share a credit card, have both of your names on the lease, and keep household bills in both of your names. These measures will prevent the ministry from including your roommate's income in the total family income. If you are in a common-law

relationship or live with your spouse, you will receive less assistance than if you were single. You must report changes in your living circumstances to the ministry. Failure to do so could be considered fraud, and you could be banned for life from assistance.

Supplementary income and benefits: You may be eligible to receive additional income and benefits from the ministry when you have PWD status. Benefits and rates of payment may depend upon family income. Do not pay for anything upfront. The Ministry will not reimburse you.

(The following benefits reflect current legislation as of February 2012.)

Income supplements for a single PWD

Monthly Nutritional Supplement Benefit (MNSB):

The MNSB provides additional per month financial assistance for food (\$165) and vitamins and minerals (\$40). If you receive the old Schedule C health benefit, you cannot receive the MNSB. To apply for the MNSB, you must receive basic support and shelter from the Ministry of Social Development. Ask your worker for an MNSB application form. To receive the entire benefit, the medical information you provide must be very specific. Once you get this benefit, you cannot continue to receive the monthly dietary allowance.

Monthly dietary allowance: Ask your worker which dietary allowances you can apply for. Most PWD apply for and receive \$40 for the high protein diet.

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

Blender: A one-time purchase (\$30) that must be prescribed by your doctor.

Christmas: An extra \$35 in December for a single PWD.

Training initiative: To pay for expenses related to your participation in a training program, you may receive \$50 per month.

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

Bus pass: You can receive \$45 for a yearly bus pass. If you pay \$20, AIDS Vancouver may pay \$25.

Security deposit on a rental unit: Every PWD may receive this benefit a limited number of times.

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

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

Crisis benefit: Crisis money is available for certain items: clothing (\$100 per year per person), food (\$20 per month per person), shelter (varies), and essential utilities (varies).

Guide animal: \$95 per month.

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

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

If you need information or help, or if you are denied a benefit, contact the Positive Living BC Access and Assistance Resource Hub at 604.893.2223.

Canada Pension Plan disability benefits

All long-term disability plans, whether private or government-sponsored, require that you apply for Canada Pension Plan disability benefits. The providers of these plans keep all of your CPP benefits to offset what they pay to you. To apply for CPP disability benefits, you must have had CPP premiums deducted from your pay for at least four of six years and you must be younger than 65 years old. When CPP reviews your application, they must be convinced that your disability is what they call “severe and prolonged” and stops you from doing any kind of full-time work. The benefit includes a fixed amount that everyone receives plus an amount based on how much you contributed to the CPP during your entire working career. Contact the Department of Human Resources and Skills Development: www.hrsdc.gc.ca/en/home.shtml.



Basic needs

Living with the challenges of HIV is demanding enough without having to worry about where you'll sleep, if you'll eat, and how you'll get to your necessary medical appointments, never mind just getting around town. These essentials must be taken care of and, if you're having challenges with the basics, there are programs and services available to help you meet these needs.

Housing

Adequate stable housing is the cornerstone of healthy living and an essential component of treatment of any chronic medical condition. As an HIV-positive person, you should be aware of the housing assistance available from the BC government.

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

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

Instead of selling, take advantage of the Ministry of Small Business and Revenue's Home Owner Grant, which helps disabled homeowners reduce the amount of taxes they pay on their homes. The Property Tax Deferral Program, which is a low interest loan program, helps disabled BC homeowners pay their annual property taxes. http://www.sbr.gov.bc.ca/individuals/Property_Taxes/Home_Owner_Grant/hog.htm.

In addition, the Ministry of Social Development provides a shelter allowance of \$375 per month to pay basic charges for heat, water, electricity, garbage disposal, and a single-line telephone.

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

Tenants' rights: As a tenant, you have rights under the BC Residential Tenancy Act. See the Residential Tenancy Office Web site at www.rto.gov.bc.ca to keep up to date with changes to the act. If you believe that your rights have been violated or if you encounter problems with your landlord, contact the Tenants' Rights Action Coalition (TRAC) at www.tenants.bc.ca or contact the Resource Centre at Positive Living Society. If your landlord has acted contrary to the legislation, you can file for arbitration. Take proof of your disability to the nearest Residential Tenancy Office to avoid having to pay the \$50 filing fee.

Other housing subsidies and assistance may be available through various non-profit agencies and government programs – see Positive Living Access and Assistance Resource Hub, or an AIDS Vancouver case manager for more details. Market housing assistance can be accessed daily through the Positive Living Society of BC's Housing Kiosk. Call 604.893.2200, or visit positivelivingbc.org.

Food

Proper nutrition is important in the fight against HIV, * and access to food and groceries is a basic need that, like housing, is a cornerstone of healthy living. Access to free and low-cost meals and groceries is provided throughout the province by a variety of programs and services. Some resources are listed below. For a more

current list, contact the see Positive Living Resource Centre, or an AIDS Vancouver case manager for more details.

AIDS Vancouver Grocery Program: Clients of AIDS Vancouver can access the grocery program, which provides supplemental groceries to HIV-positive people in order to promote nutritional health. Tuesdays and Wednesdays from 1 p.m. to 4 p.m.

A Loving Spoonful: Provides free, nutritious meals to people living with HIV/AIDS in Metro Vancouver, based on medical need. Physician referral required. Hours are 9 am to 5 pm, Monday to Friday. For more information, visit: www.alovingspoonful.org.

Dr. Peter Centre – Day Health Program: Offers wholesome, nutrient-dense meals and snacks. Provides education and nutritional counselling to people living with HIV/AIDS, so they can make informed decisions about their health. For more information: 604.608.1874, www.drpeter.org.

Metro Vancouver Food Banks: Vancouver, Burnaby, New Westminster, or the North Shore, contact the Greater Vancouver Food Bank office: 604.876.3601, www.foodbank.bc.ca

Free or Low-Cost Meal List: A current list of organizations and programs that provide free or low-cost meals. The list is available by searching online at Vancouver Coastal Health: www.vch.ca.

British Columbia

Canadian Association of Food Banks, BC Members: A listing of food banks and contact numbers throughout the province, available online at: foodbanksbritishcolumbia.ca.

Housing subsidies

Subsidized housing programs may be available to HIV-positive people. Contact any of the organizations listed below.

BC Housing • www.bchousing.ca • 1.800.257.7756
(Lower Mainland 604.433.1711)

McLaren Housing Society
www.mclarenhousing.com • 604.669.4090

Wings Housing Society
www.wingshousing.bc.ca • 604.899.5405
Vancouver Native Health Society
www.vnhs.net • 604.254.9949

* page 58: Nutrition

Transportation

Whether it is attending a local support group, visiting friends and relatives across the province, or attending a medical appointment with an HIV specialist, accessible and affordable transportation plays a key role in the quality of life of HIV-positive people and in accessing health-care services and supports. Some resources are listed below. For a more current list, contact the Positive Living BC Access and Assistance Resource Hub or a case manager.

BC Bus Pass Program: If you receive provincial disability assistance, you may qualify for a yearly subsidized bus pass (\$45). To apply, contact the BC Bus Pass Program at 1.866.866.0800, option 4, then 3. If you are a client with AIDS Vancouver bring your application form and \$25 to an AIDS Vancouver case manager and they will pay the rest. If you lose your bus pass (there is a replacement cost), phone the BC Bus Pass Program.

Low-Cost Taxi-Cabs: If you have a disability that prevents you from using the bus, you can apply for a HandyCard that allows you to buy Taxi Saver coupons. Taxi Saver coupons let you take a regular taxi for half price. In Vancouver, call 604.453.4634 to order a HandyCard application form or to learn more about Taxi Saver coupons. Outside Vancouver: www.bctransit.com

Handy Dart: HandyDart is an affordable taxi service for people with disabilities who cannot use regular buses. You do not have to be on assistance to qualify. To apply, phone the nearest HandyDart office, and ask them to send you a registration form. Mail the completed registration form to the HandyDart office. They will mail you an identification number that you can use to book rides. Rides must be booked in advance. Contact HandyDart in Vancouver at www.translink.bc.ca or call 604.430.2692. Outside Vancouver, visit www.translink.bc.ca or call your public transit office for HandyDart listings.

Special Transportation Subsidy: A special transportation subsidy may be provided to recipients of provincial disability assistance who live in areas where the Bus Pass Program is available, but are unable to use public transportation due to their disability or because their disability would be exacerbated through use of public transportation. See your local Ministry of Social

Development office for more details and an application and see Positive Living Resource Centre, or an AIDS Vancouver case manager for more details.

BC Ferries: If you are a BC resident with a permanent disability, reduced fares are available to you and your escort (this applies to passenger fares only). To receive them, you must present a BC Ferries Disabled Status Identification (DSI) card. Visit www.bcferrries.com/fares/fareinfo.html for more information or to apply for a DSI card.

Greyhound Canada/VIA Rail: Special needs passengers may be allowed to have a necessary service animal or escort travel with them at no extra charge. A Disability Travel Card is required to access this privilege. A person with a permanent disability who needs a support person when travelling can apply for a Disability Travel Card from Easter Seals Canada. Visit <http://easterseals.ca/english/category/programs/the-disability-travel-card>. For more information: www.greyhound.ca and www.viarail.ca

Transportation to medical appointments

Medical Transportation: The Ministry of Social Development will provide assistance with the least expensive appropriate mode of transportation to or from a medical practitioner's office or specialist (i.e. HIV) to receive a Medicare-covered benefit when there are no other resources available to draw on. See Positive Living Resource Centre, or an AIDS Vancouver case manager for more details.

Health Connections: A regional travel assistance program that offers subsidized transportation options to help defray costs for rural residents who must travel to obtain non-emergency medical care outside their home communities. See www.bctransit.com/health_connections for information, schedules, and fares.

Hope Air/Commercial Air: Hope Air is a national registered charity that helps Canadians in financial need fly to necessary medical treatment. It arranges free flights to recognized health facilities for medical treatment unavailable in a patient's home community. For more information: www.hopeair.org

Fuel rebates

Federal Excise Gasoline Tax Refund Program:

Refunds a portion of the federal excise tax on gasoline bought for use by eligible persons or organizations. Individuals must be certified by a medical practitioner as suffering from a permanent mobility impairment that renders the use of public transportation hazardous. For more information or to apply: www.servicecanada.gc.ca/en/goc/gasoline_tax_refund.shtml

Provincial Fuel Tax Rebate: If you meet the provincial Ministry of Small Business and Revenue's definition of disability, you may be eligible for a vehicle fuel tax rebate of up to \$500 per year. For information or to apply, visit www.sbr.gov.bc.ca or call 1.800.663.7867. Once you are approved, you will be issued a Motor Fuel Tax claim number. Bring this number to your Autoplan broker to receive a 25 percent discount. For more information: www.icbc.com

SPARC BC parking permit

SPARC BC issues and administers parking permits for people with disabilities in many municipalities across British Columbia, including Vancouver, Metro Vancouver, and Victoria. For more information or to apply: www.sparc.bc.ca/parking_permit



Dealing with debt

Managing your health is difficult enough without the added stress that comes with debt. If you have excessive debt, the best thing to do is deal with it so you can get on with your life. There are a number of options available to you:

Contact your creditors: Talk to your creditors first and see if you can negotiate a payment plan for the amount owed. It may help to explain your situation and reassure your creditors that you want to co-operate with them and pay your overdue bills.

Debt consolidation loan: Combine or consolidate your debts into one bank loan. You make one monthly payment to your bank. Use this option only if you can control your spending. Many people just run up their

credit cards again after consolidating their debts into one loan and end up in a worse position than before.

Credit counselling services: These organizations can work out a lower payment plan with your creditors for you. Be aware that they do charge fees for their services, usually deducted from your payments. Under this option it will take years to pay off your debts.

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

Debts are forgiven on compassionate and financial hardship grounds. You must prove what your total income is and what you spend each month, and prove to the company that by paying your debt you will endure hardship.

Declaring bankruptcy

Bankruptcy is a last-resort solution to major debt problems. To declare bankruptcy, you should hire a trustee in bankruptcy to help you through the process. There are two ways a person can go into bankruptcy. The first and most common way is to voluntarily go into bankruptcy, called "an assignment in bankruptcy." The second way is for creditors to ask the court to make an order that a person is bankrupt.

To declare bankruptcy you must be at least \$1,000 in debt and unable to pay your bills as they are due. The average cost of bankruptcy is around \$1,500, but many companies will take monthly payments. In the vast majority of cases the cost of a bankruptcy is regulated by the government and is less than \$200 a month for each of nine months. After six years, your record of bankruptcy will be removed from your credit report.

The following debts are not covered by bankruptcy:

- ➔ fines
- ➔ alimony
- ➔ maintenance payments
- ➔ awards of damage, money owed on stolen items
- ➔ student loans if bankruptcy is filed within 10 years of the loan

Basic steps in applying for bankruptcy:

- ➔ set up a free, confidential consultation with a trustee
- ➔ sign the bankruptcy documents
- ➔ the trustee notifies creditors
- ➔ send budget, pay stubs, and payments to the trustee each month
- ➔ attend two financial counselling sessions
- ➔ the trustee recommends “absolute discharge”

For those people who have not been bankrupt before, an automatic discharge will take place after nine months if your discharge has not been opposed by the creditors, Superintendent of Bankruptcy, or trustee, and you have received counselling.

Contact the Positive Living BC Access and Assistance Services Resource Hub for one-to-one advice:
604.893.2223



PLANNING for the future

The basic rule about health care is that as long as you are capable, you have the right to make your own decisions. Before anyone gives you health-care treatment, you must give your consent. Every patient has the right to be provided with sufficient and clearly understandable information about his or her diagnosis and the diagnostic and therapeutic options (including risks, benefits, nature, and purpose of the options) that can reasonably be made available.

You also have the right to refuse treatment and to leave the hospital. If you choose to leave the hospital against medical advice, you will be asked to sign a form acknowledging it is your decision. If you need to return to the hospital, you will have to be patient, because you may have to re-enter the hospital through the emergency room.

Health care without your consent can be given in case of emergencies because your life is in serious danger and you are unconscious or impaired by drugs, and no one is immediately available to make a decision for you.

In non-emergency health situations, a Representation Agreement is the best way to control who makes decisions for you when you aren't able. The agreement appoints a representative to act on your behalf and can include instructions for a number of health-care issues including resuscitation orders and No CPR orders.

If you do not have a previously appointed representative, then the health-care provider can appoint a temporary substitute decision maker (TSDM). This person can be a spouse, adult child, parent, or sibling.

Power of attorney

A power of attorney is a legal document that gives another person the power to make financial and legal decisions for you. It can be general or relate to a specific task (like selling real estate property) or for a specific time period (when you are on holidays). Although it's a good idea to seek advice from a lawyer, you do not need a lawyer in order to set up a power of attorney, and the person you choose as your representative does not have to be a lawyer. Power of attorney ends at death.

Often, a power of attorney includes a clause on an enduring power of attorney. The enduring power of attorney allows your representative to continue to be involved in your financial and legal affairs should you become mentally incompetent.

Representation agreements

A representation agreement is a document that allows someone to speak for you on health and personal care and financial and legal matters. The person to whom you are giving power over your finances and health care is called your representative. The two types of represen-

tation agreements are standard and non-standard. They are governed by the Representation Agreement Act.

Standard power agreement (Section 7): A standard power agreement provides authority for routine management of financial affairs and support services. Your representative cannot purchase or dispose of real estate, for example, or use or renew your credit card, or guarantee a loan. The limited power agreement does not allow your representative to refuse life-supporting care.

The standard power agreement does not require a lawyer, but legal advice is always recommended. Two people must witness your signing of the agreement and sign the agreement. The representative must also sign.

You must also appoint a monitor unless your representative is your spouse, a trust company, or a group of two or more people who must act together to exercise the powers of the agreement. The monitor is a safeguard who ensures your wishes are carried out and your representative acts honestly and fulfills his or her obligations. The monitor must complete a monitor's certificate.

Non-standard agreement (Section 9): This agreement gives the representative greater authority to act on your behalf. Under this type of agreement you could include the power to make temporary arrangements for minor children or allow your representative to make decisions about refusing life support. If you wish to make this type of agreement, you must consult a lawyer.

Insuring your financial future

Since the prognosis for HIV-positive people has changed dramatically over the past few decades, the path of their existence is changing as well. People are moving forward with their lives by buying homes, going back to work,

Resources

Positive Living BC Access and Assistance Resource Hub: 604.893.2223

The Nidus Personal Planning Resource Centre & Registry provides detailed information on representation agreements: www.nidus.ca • 604.408.7414

Canadian Bar Association for more about Power of Attorney and Representation Agreements: www.cba.org/bc/public_media/wills/180.aspx

The **BC government** has information about incapacity planning and forms at: www.ag.gov.bc.ca/incapacity-planning

The **Public Guardian and Trustee of British Columbia** has detailed information on powers of attorney, representation agreements and court orders appointing a committee to look after the affairs of a person who is mentally incapable: www.trustee.bc.ca • 604.660.4444

getting married, having families, and going on vacations. Chronic illness or not, most people partaking in these activities require some form of financial protection.

Life insurance

There are a few important points that you should remember about life insurance if you are HIV-positive:

- If you already have it, you can keep it! Do not stop paying your premiums.
- If you don't have it, you're probably not going to get enough of it in today's insurance market in Canada.
- If you have a "Term Policy," you may be able to convert it with no further medical questions (consult your insurance agent or read your policy).
- If you purposely lie on your insurance application (fraudulent misrepresentation), you risk severe penalties.

While there are no adequate life insurance solutions available at present in Canada, you may still be eligible for Group Life Insurance (through your employer or association) without ever having to answer a medical questionnaire.

Credit protection insurance

When faced with a new mortgage, personal loan, or car loan, you will also be faced with the question of whether you want Life and Disability Insurance on the loan (proceeds payable to the loaning institution). Remember the following:

- The insurance is optional. Do not be coerced into buying it if you are not eligible.
- You may be eligible for some of the coverage without answering medical questions. In this case you will be subject to the pre-existing condition period, but you are still eligible for the coverage.
- Falsely answering questions is, again, fraudulent misrepresentation, and you risk severe consequences.

Travel insurance

You may face unexpected health problems while travelling. Before you travel, make sure that you have adequate insurance protection since provincial health plans generally don't provide enough coverage.

- If you have HIV, most companies will deem you eligible for this insurance provided that your health is

stable for the 90-days prior to your date of departure (i.e. no medication changes, stable CD4/viral loads).

- If you fail to take your medication (medication holiday) or do not act in accordance with your doctor's orders (prudent person clause), you risk nullifying your coverage and your claim could be declined.
- Most travel insurance has a 90-day stable condition clause meaning that for 90 days prior to purchasing insurance, your health has been stable (e.g. no heart attacks).

The topic of insurance is vast and can be difficult to navigate without proper guidance and someone to translate the jargon. The best solution is to talk to a professional in the industry, a financial planner, or the Positive Living BC Access and Assistance Resource Hub, where you will find many resources to put you on the right track.

Wills

Everyone should have a will. It is a document that allows you to leave instructions on how to distribute all your property. Proper planning also allows you to save on taxes and probate fees, and name guardians for your minor children. This document comes into effect only upon your death.

Every province has different legislation overseeing estates and wills. Once you have written a will, you are absolutely free to revoke it, change it, or dispose of anything you mention in the will at any time. If you have children or own property, you will need to consult a lawyer. It is also advisable to seek legal advice when changing your will in any way.

A will should do three basic things:

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

A properly drafted will must reflect your intentions as accurately and clearly as possible. In British Columbia, a legally binding will does not require anything special from a lawyer, but you must meet certain requirements for your will to be a valid document.

When you draft the will, you must be of sound mind and understand what you are doing. You must be 19 years or older in British Columbia (exceptions do apply). A will must be typed or handwritten.

You must sign the will in the presence of two witnesses, who are both present at the same time. And they in turn must witness your signature at the same time in your presence. Witnesses cannot be beneficiaries of your will. Nor can a witness' spouse be a beneficiary. All witnesses must be 19 years or older.

Without a will, your estate will be divided up in accordance with BC's Estate Administration Act. This may result not only in unintended beneficiaries, but also additional, unnecessary, tax burdens. The law gives first preference to your spouse, and then to your children. The government views common-law or same-sex couples as spouses if they have lived together for at least 12 months before one partner dies.

Funeral Planning

The Canada Pension Plan has a one time only death benefit for people who would have been eligible for CPP retirement monies. The benefit is equal to six months of what the deceased would have collected if they had lived.

If you are eligible for disability benefits, you may also be able to receive assistance for costs relating to burial, cremation, and other funerary costs from the Ministry of

Social Development if the estate, the spouse, and the person do not have the resources available to pay. The amount paid under this section is a debt due to the government and may be recovered by it from the deceased's estate.

Any of the following costs may be paid if the person died in British Columbia:

- ➔ transporting a deceased person's body within British Columbia
- ➔ preparing a deceased person's body for burial or cremation
- ➔ using the facilities of a funeral provider
- ➔ certificates, permits, and registration
- ➔ cremation, burial plot, urn, and funeral coach

Burial of an Aboriginal person has some special requirements that include funeral providers' services fees, casket, a percentage of provider's fee, and transportation to reserve.



Filing your will

You should file your will with the Vital Statistics Agency. Contact the following offices for more information:

Victoria • 818 Fort Street • **250.952.2681**

Vancouver • 605 Robson Street – Room 250 • **604.660.2937**

Kelowna • 1475 Ellis Street • **250.712.7562**

Prince George • 433 Queensway • **250.565.7105**



For more information or to obtain a **representation agreement**, please contact Positive Living BC's Access and Assistance Services Department at 604.893.2223 or the Representation Agreement Resource Centre at www.rarc.ca, 604.408.7414.



Nidus eRegistry

The Nidus eRegistry is a centralized online registry for legal documents like wills, powers of attorney, or representation agreements. When you register, you choose which organizations are authorized to look up your records. This might include hospitals, banks, and government services. The Law Society's Juricert Program will pre-authorize designated individuals within these organizations.

Nidus charges \$25 to set up an individual's record and to register information about one document, and \$10 to register information about each additional document for the same individual. To register, contact the Nidus eRegistry and Resource Centre at 604.408.7414, toll free 1.877.267.5552, or email info@nidus.ca



Address



E-mail



Telephone



Web site

Positive Living Society of British Columbia



1107 Seymour Street,
Vancouver, BC V6B 5S8



604.893.2200 • 1.800.994.2437



www.positivelivingbc.org

The Positive Living Society exists to enable persons living with AIDS and HIV disease to empower themselves through mutual support and collective action. From our personal struggles and challenges come our courage and strength. The following is a list of Positive Living Society programs and services:

Positive Living BC Access and Assistance Resource Hub

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



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



604.893.2223 • 1.800.994.2437



www.positivelivingbc.org



advdesk@positivelivingbc.org

Positive Living BC Average Joes Café

Weekly afternoon coffee social for HIV-positive gay men. Friday afternoons, 3-6pm.



The Junction, 1138 Davie Street,
Vancouver, BC V6E 1N1



604.646.5323



support@positivelivingbc.org

Positive Living BC Average Joes Social Group

An evening social activity for HIV-positive gay men. A supportive alternative to the bar/club scene. Wednesday evenings, 8-11pm.



Numbers Cabaret Nightclub,
1042 Davie Street, Vancouver, BC V6E 1M3



604.893.2200



support@positivelivingbc.org

Positive Living BC Complementary Health Fund (CHF)

The CHF reimburses members for the cost of services and products for HIV/AIDS-related symptoms not funded by other sources. Download an application at www.positivelivingbc.org/chf or contact us for details.



604.893.2245 • 1.800.994.2437



chfteam@positivelivingbc.org

Positive Living BC Complimentary Tickets Program

Free tickets for Positive Living Society members for entertainment and community events.



604.893.2285



comptix@positivelivingbc.org

Positive Living BC Health and Wellness Services

A variety of services are available to improve health and wellness: acupuncture, massage therapy, naturopathy, nutrition, dentistry, dental hygiene, Tai Chi, Thai yoga massage, Reiki, yoga. Visit www.positivelivingbc.org/services for a complete listing of services.



Health Promotion Department,
1107 Seymour Street Vancouver, BC V6B 5S8




604.646.5311



clinic@positivelivingbc.org

Positive Living BC HIV Care Physician Registry


A resource designed to connect HIV-positive individuals with HIV-experienced physicians throughout the province. The physicians listed in the registry have self-identified as HIV care experienced and are currently accepting new patients.


 604.646.5311

 clinic@positivelivingbc.org

Positive Living BC iCafe

Staffed by volunteers who are able to help you make the most of your computer experience. Basic instruction in Word, Excel, and PowerPoint is available on request.

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

 604.893.2236

 support@positivelivingbc.org

Positive Living BC Income Tax Preparation Assistance


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


 604.893.2200

 support@positivelivingbc.org

Positive Living BC JANE

A monthly gathering of women wishing to meet other positive women outside an agency or institutional setting to exchange information on health and wellness resources, family, personal issues, or current events.


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


 604.893.2259

 support@positivelivingbc.org

Positive Living BC Lounge

A private and confidential lounge for Positive Living Society members. Complimentary coffee, juice, snacks, daily newspapers, and periodicals.


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

 604.893.2200

 support@positivelivingbc.org

Positive Living BC Member Retreats


Three-night/four-day retreats for HIV-positive people offer recreation, diversity, peer support, and tools for well-being. Connect with other HIV-positive individuals at beautiful rustic retreat centres. Free of charge for Positive Living Society members.

 604.893.2213

 healingretreats@positivelivingbc.org

Positive Living BC Newly Diagnosed Peer Counselling


One-on-one support for individuals dealing with the news of an HIV diagnosis. Trained staff are available to answer your questions while providing empathy, support, and referrals in a safe and confidential space.

 604.908.7710

 navigators@positivelivingbc.org

Positive Living BC Ou+doorsmen


Ou+doorsmen is a monthly social group for gay HIV Poz guys who enjoy being active. Activities include paint ball, hiking, cycling, curling, kayaking, socializing, and more.

 604.893.2258

 support@positivelivingbc.org

Positive Living BC Peer Navigation Services


From emotional support to basic treatment information, Peer Navigators support you in gaining knowledge and developing HIV self-management strategies. Trained and educated on health issues, HIV/AIDS sexually transmitted infections (STIs), self-care, disease progression, and safer sex, Peer Navigators can help you navigate the sometimes complex terrain of HIV.

 604.908.7710

 navigators@positivelivingbc.org

Positive Living BC Polli and Esther's Closet


Positive Living BC Society members can get free clothing, household goods, bedding, small appliances, and more at our peer-run store. Open Monday to Thursday 11am–3pm. Please, drop off donated items during those hours.


 604.646.5324

 support@positivelivingbc.org

Positive Living BC Positive Talk Discussion Group

A peer-facilitated, topic-orientated drop-in discussion group for both long-term survivors and the newly diagnosed. Wednesday evenings, 7-9pm. Out-of-townners welcome.


 Members Lounge, 1107 Seymour Street,
Vancouver, BC V6B 5S8

 604.902.7710

 navigators@positivelivingbc.org

Positive Living BC Prison Outreach Program (POP)


POP provides support, counselling, and information to HIV-positive inmates in BC prisons.

 604.525.8646
Confidential phone line (Provincial)

 1.877.900.2437 (Federal)

Positive Living BC Suits – Gay Men's Networking Group


A monthly dinner group for HIV-positive working professional gay men to meet with peers. Suits breaks down isolation by offering supportive social networking for those who balance work and HIV. The group meets at various Vancouver restaurants the last Monday of each month.


 604.893.2258

 support@positivelivingbc.org

Boys 'R' Us

A drop-in centre for male and transgendered sex trade workers in Vancouver, particularly the downtown south area. Open 7-9pm, Tuesday to Thursday. Provides support for the prevention of HIV and for exiting the sex trade. Offers a safe and confidential place for connecting with others, including social activities such as dinners and movies. A joint program of Vancouver Coastal Health Authority, Positive Living BC Society and HUSTLE: Men on the Move (HIM).

 1292 Hornby Street,
Vancouver, BC V6Z 1W2

 604.633.4200


 support@positivelivingbc.org

PROVINCIAL AND NATIONAL RESOURCES

BC Centre for Disease Control (BCCDC)

BCCDC supports a comprehensive program of communicable disease and environmental health prevention and control throughout the province.

 655 West 12th Avenue,
Vancouver, BC V5Z 4R4


 604.707.2400


 www.bccdc.ca

 admininfo@bccdc.ca

BC Coalition of People with Disabilities

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

 204-456 West Broadway,
Vancouver, BC V5Y 1R3

 604.875.0188

 www.bccpd.bc.ca

 adap@bccpd.bc.ca

BC Housing Corporation

Role is to assist British Columbians in greatest need of affordable and appropriate housing by providing options along the continuum. The housing continuum extends from emergency shelter and housing for the homeless through to affordable rental housing and homeownership.

✉ 601-4555 Kingsway, Burnaby, BC V5H 4V8

☎ 604.433.2218 • 1.800.257.7756

🌐 www.bchousing.org

💻 tenantinquiries@bchousing.org

Canadian AIDS Society (CAS)

A national coalition of over 120 community-based AIDS organizations across Canada dedicated to strengthening the response to HIV/AIDS across all sectors of society and to enriching the lives of people and communities living with HIV/AIDS.

✉ 190 O'Connor Street, Suite 800,
Ottawa, ON K2P 2R3

☎ 613.230.3580 • 1.800.499.1986

🌐 www.cdnaids.ca

💻 casinfo@cdnaids.ca

Canadian AIDS Treatment Information Exchange (CATIE)

A source for up-to-date, unbiased information about HIV and hepatitis C. Connects people living with HIV or hepatitis C, at-risk communities, health-care providers and community organizations with the knowledge, resources, and expertise to reduce transmission and improve quality of life.

✉ 555 Richmond Street West, Suite 505,
Toronto, ON M5V 3B1

☎ 416.203.7122 • 1.800.263.1638

🌐 www.catie.ca

💻 info@catie.ca

Canadian HIV/AIDS Legal Network

Promotes the human rights of people living with and vulnerable to HIV/AIDS through research, legal and policy analysis, education, advocacy, and community mobilization.

✉ 1240 Bay Street, Suite 600,
Toronto, ON M5R 2A7

☎ 416.595.1666

🌐 www.aidslaw.ca

💻 info@aidslaw.ca

Canadian HIV Trials Network

Working in partnership with the international and national pharmaceutical industry, people living with HIV/AIDS, researchers, and physicians, the Canadian HIV Trials Network is a partnership committed to developing treatments, vaccines, and a cure for HIV disease and AIDS through the conducting of scientifically sound and ethical clinical trials.

✉ National Centre, 620-1081 Burrard Street,
Vancouver, BC V6Z 1Y6

☎ 604.806.8327

🌐 www.hivnet.ubc.ca

💻 ctninfo@hivnet.ubc.ca

Canadian Mental Health Association

Locate a mental health unit in your area.

✉ 1200-1111 Melville Street,
Vancouver, BC V6E 3V6


☎ 604.688.3234 • 1.800.555.8222


🌐 www.cmha.bc.ca


💻 info@cmha.bc.ca


Chee Mamuk Aboriginal Program

A provincial Aboriginal program that provides innovative and culturally appropriate sexually transmitted infection (STI) and HIV education, resources, and wise practice models. Services are grounded in community, tradition, and science in order to build capacity in Aboriginal communities to prevent the spread of HIV and STIs.

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

 604.707.5605

 www.bccdc.ca

 cheemamuk@bccdc.ca

Community Based Research Centre Society (CBRC)

A non-profit charitable organization committed to strengthening gay men's health and HIV prevention efforts using participatory research and knowledge transfer and exchange (KTE) strategies to engage gay men and other MSM.

 234-970 Burrard Street,
Vancouver, BC V6Z 2R4

 604.568.7478

 www.cbrc.net

 info@cbrc.net

Co-operative Housing Federation of BC

A co-operative association whose members are housing co-ops and related organizations in British Columbia. Contact to learn about and locate co-ops in BC.

 200-5550 Fraser Street,
Vancouver, BC V5W 2Z4


 604.879.5111


 www.chf.bc.ca


 info@chf.bc.ca


Healing Our Spirit – BC Aboriginal HIV/AIDS Society

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

 137 East 4th Avenue, Vancouver, BC V5T 1G4


 604.879.8884 • 1.866.745.8884


 www.healingourspirit.org

 info@healingourspirit.org

John Ruedy Immunodeficiency Clinic (IDC)


Offers primary care for HIV positive adults; inter-professional team includes doctors, nurses, social workers, pharmacists, dietician, and addictions counsellor; other services include peer navigation, mental health specialists, other specialist physicians, support groups, and more.


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


 604.806.8060

Legal Services Society of BC

Provides innovative and collaborative legal aid services that enable people with low incomes to effectively address their issues within the justice system.


 Various legal clinics around BC.
Contact for more info.


 604.408.2127 • 1.866.577.2525


 www.legalaid.bc.ca


Living Through Loss Counselling Society of BC

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

 206-1651 Commercial Drive,
Vancouver, BC V5L 3Y3

 604.873.5013 • crisis line 604.872.3311

 www.ltlc.bc.ca

 ltlc@shaw.ca

McLaren Housing Society

Provides safe, affordable subsidized housing, apartments, and portable housing subsidies to men, women, and families who live with HIV/AIDS.

 200-649 Helmcken Street,
Vancouver, BC V6B 5R1

 604.669.4090

 www.mclarenhousing.org

 info@mclarenhousing.org

Oak Tree Clinic

Provides specialized HIV/AIDS outpatient care for infected women, pregnant women, partners, children and youth, and support services for affected families.

✉ B432-4500 Oak Street,
Vancouver, BC V6H 3N1

☎ 604.875.2212

🌐 www.bcwomens.ca/Services/HealthServices/OakTreeClinic/default.htm

Pacific AIDS Network (PAN)

PAN is a vibrant, pro-active, member-based coalition that provides a network to support the abilities and efforts of its member organizations to respond to HIV and HCV co-infection in British Columbia. Facilitates communication and the sharing of best practices and provides professional/workforce development and leadership development training to members and people living with HIV/AIDS (PHAs) from throughout BC. Provides face-to-face networking opportunities, opportunities for mutual support; education, skills development, and community-based research; and undertakes collective action to influence public perceptions and policies affecting PHAs and persons co-infected with HCV.

✉ P.O. Box 3102, Vancouver Main,
Vancouver, BC V6B 3X6

☎ 250.881.5663 • 604.688.6233

🌐 www.pacificaidnetwork.org

✉ evin@pacificaidnetwork.org

Positive Women's Network (PWN)

Provides safe access to education and prevention and supports women in making informed choices about HIV and health in communities throughout British Columbia.

✉ 614-1033 Davie Street,
Vancouver, BC V6E 1M7

☎ 604.692.3000 • 1.866.692.3001

🌐 www.pwn.bc.ca

✉ pwn@pwn.bc.ca

Red Road HIV/AIDS Network

A collaborative network supporting Aboriginal HIV/AIDS service providers, Aboriginal persons with HIV/AIDS, and individuals and families with culturally inclusive resources, information, advocacy, leadership, and political education.

✉ 61-1959 Marine Drive,
North Vancouver, BC V7P 3G1

☎ 778.340.3388

🌐 www.red-road.org

✉ info@red-road.org

Western Canadian Pediatric AIDS Society

Offers specialized recreational and support programs to children affected by HIV/AIDS. This is done through the Camp Moomba program, building a fun, enriching, and supportive community through the summer camp itself and through activities that enhance the camp experience throughout the year.

✉ 223-119 West Pender Street,
Vancouver, BC V6B 1S4

☎ 604.684.1701 • 1.888.442.5437

🌐 www.campmoomba.com

✉ info@campmoomba.com

Wings Housing Society

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

✉ 12-1041 Comox Street,
Vancouver, BC V6E 1K1

☎ 604.899.5405

🌐 www.wingshousing.org

✉ wingsinfo@shaw.ca

VANCOUVER COASTAL HEALTH REGION

AIDS Vancouver

Alleviates individual and collective vulnerability to HIV/AIDS through care and support, education, outreach, and advocacy. Provides information, referrals, short and long-term care planning and service coordination, and a grocery, library, and print resources.

✉ 1107 Seymour Street,
Vancouver, BC V6A 2S7

☎ 604.893.2201

🌐 www.aidsvancouver.org

💻 contact@aidsvancouver.org

AIDS Vancouver Confidential Helpline Support

Available by email, phone or web, the AIDS Vancouver Helpline provides anonymous and confidential information for anyone concerned about HIV and AIDS. Trained volunteers are available from 9am to 4pm, Monday to Friday.

☎ 604.696.4666

💻 helpline@aidsvancouver.org

AIDS Vancouver Resource Centre

Offers access to Internet for client and public use in the area of research related to HIV/AIDS. The space also houses a broad variety of pamphlets, fact sheets and informational materials related to sexual health, and offers information on other services available in the Vancouver area and nationally. Open Tuesday through Friday, 9am-4pm.

✉ 1107 Seymour Street,
Vancouver, BC V6B 5S8

☎ 604.893.2201

💻 resources@aidsvancouver.org

Bosley's Pet Food Mart

Free delivery of supplies to HIV-positive people in the West End area of downtown Vancouver.

✉ 1683 Davie Street, Vancouver, BC V6C 1V9

☎ 604.688.4233

🌐 www.bosleys.com

Bute Street Clinic

Provides free and confidential testing of HIV/STI/hepatitis. You can drop-in, no appointment required. Open Monday to Friday, 11am-6:30pm.

✉ QMUNITY, 1170 Bute Street,
Vancouver, BC V6E 1Z6

☎ 604.707.2796

🌐 www.qmunity.ca/adults/bute-street-clinic/

Carnegie Centre AIDS Support Group

Group meets Thursdays, 5-7pm in Lane Level Arts Room. Free dinner three times a month.

✉ 401 Main Street, Vancouver, BC V6A 2T7

☎ 604.665.2220

💻 carnegie@vancouver.ca

Dr. Peter Centre

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

✉ 1110 Comox Street, Vancouver, BC V6E 1K5

☎ 604.608.1874

🌐 www.drpeter.org

💻 info@drpeter.org

Downtown Eastside HIV-AIDS/IDU Action Plan Consumers Board

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

✉ 105-177 East Hastings Street,
Vancouver, BC V6A 1N5

☎ 604.688.6241 • 604.899.9401

🌐 www.vcn.bc.ca/hividucb

💻 cnabd@mdi.ca or hividucb@vcn.bc.ca

Friends For Life Society

Offers a variety of services and programs with a holistic approach to the health of people living with HIV and cancer. Also supports their families, friends, and caregivers.

✉ 1459 Barclay Street, Vancouver, BC V6C 1J6

☎ 604.682.5992

🌐 www.friendsforlife.ca

💻 info@friendsforlife.ca

Gilwest Clinic

HIV/AIDS and hepatitis C related services for people living and working in Richmond and surrounding communities. Offers community development and education, and works in collaboration with a diverse group of community partners.

✉ Richmond Hospital, 7000 Westminster Hwy, Richmond, BC V6X 1A2

🌐 www.vch.ca

☎ 604.233.3135

The Heart of Richmond AIDS Society

✉ 200-6411 Buswell Street, Richmond, BC V6X 2C7

☎ 604.277.5137 • Outreach: 778.883.5137

🌐 www.heartofrichmond.com

💻 contact@heartofrichmond.com

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

Provides HIV/AIDS education, outreach, health information, and advocacy for HIV-positive Latinos, immigrants, and refugee claimants. Also provides educational presentations for community groups in English or Spanish.

✉ 207-744 West Hastings Street, Vancouver, BC V6C 1A5

🌐 www.vrsa.ca

💻 bfigueroa_sos@vrsa.ca

A Loving Spoonful

A volunteer-driven society that provides free, nutritious meals to Metro Vancouver residents living with HIV/AIDS who require assistance due to medical reasons.

✉ 100-1300 Richards Street, Vancouver, BC V6B 3G6

☎ 604.682.MEAL (6325)

🌐 www.alovingspoonful.org

💻 info@alovingspoonful.org

Metro Vancouver Housing Corporation

Develops and manages rental accommodation throughout the Lower Mainland for low and moderate income families, seniors, and people with mental and/or physical disabilities. Limited subsidy programs available.

✉ 4330 Kingsway, Burnaby, BC V5H 4G8

☎ 604.432.6300

🌐 www.metrovancouver.org/SERVICES/HOUSING/Pages/default.aspx

Monday Evening Support Group at IDC

Weekly, Mondays 6:30- 8pm. Support group for people living with HIV.

✉ St. Paul's Hospital, 1081 Burrard Street, Vancouver, BC V6Z 1Y6, Immunodeficiency Clinic – 5th Floor Burrard Building.

☎ Contact facilitators: Mary Petty, Social Worker, IDC 604.806.8223; or,

☎ Glen Bradford, Positive Living BC, Coordinator of Peer Navigation Program, 604.908.7710

💻 mpetty@providencehealth.bc.ca

💻 glenb@positivelivingbc.org

Pacific Spirit Community Health Centre

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

✉ 2110 West 43rd Avenue,
Vancouver, BC V6M 2E1

☎ 604.261.6366

Pender Community Health Clinic

Specialized treatment of addiction, hepatitis C, and HIV/AIDS. Doctors, nurses, counsellors, and a dietitian.

✉ 59 West Pender Street,
Vancouver, BC V6B 1R3

☎ 604.669.9181

Pine Free Clinic

Free primary care health services for youth (under 25 years) and adults without medical insurance.

✉ 1985 West 4th Avenue,
Vancouver, BC V6J 1M7

☎ 604.736.2391

Portland Hotel Society

Promotes, develops, and maintains supportive affordable housing for adult individuals who are hard to house and at risk of homelessness due to their physical and/or mental health, behaviour, substance dependencies, and forensic history.

✉ 20 West Hastings Street,
Vancouver, BC V6B 1G6

☎ 604.683.0073

QMUNITY – BC's Queer Resource Centre

Registered clinical counsellors and social workers provide free confidential counselling by appointment.

✉ 1170 Bute Street, Vancouver, BC V6E 1Z6

☎ 604.684.5307, ext. 100

🌐 www.qmunity.ca

Three Bridges Community Health Centre

Free health care services including primary care services (for youth under 25 years and adults living within the inner-city with complex health-care needs), addictions

counselling, child immunization clinics, parenting support and adult home care support.

✉ 1292 Hornby Street, Vancouver, BC V6Z 1W2

☎ 604.736.9844

🌐 www.vch.ca

Vancouver Area Network of Drug Users

VANDU is a group of users and former users who work to improve the lives of people who use illicit drugs through user-based peer support and education.

✉ 380 East Hastings Street,
Vancouver, BC V6A 1P4

☎ 604.683.6061

🌐 www.vandu.org

✉ vandu@vandu.org

Vancouver Coastal Health Authority (VCHA)

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

✉ 11th floor, 601 West Broadway Street,
Vancouver, BC V5Z 4C2

☎ 604.736.2033 • 1.866.884.0888

🌐 www.vch.ca

✉ feedback@vch.ca

Vancouver Native Health Society

Medical outreach and assisted health-care program with registered nurses, trained health care workers, and volunteers. Drop-in centre, social activities, free meals, and a medication dispensation program (maximally assisted therapy) for people who have difficulties taking medication regularly and on time.


✉ 449 East Hastings Street,
Vancouver, BC V6A 1P5

☎ 604.254.9949

✉ popvnhs@gmail.com

Vancouver Native Health Society Housing Subsidy Program

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


 604.254.9937


 www.vnhs.net

 popvnhs@gmail.com

YouthCO AIDS Society

A peer-run support program for HIV-positive youth (ages 15 to 29). Provides support, education, retreats, social opportunities, referrals, and skill building opportunities.

 568 Seymour Street, 2nd Floor,
Vancouver, BC V6B 3J5


 604.688.1441


 www.youthco.org

 info@youthco.org

FRASER HEALTH REGION

Fraser Health Authority


 400-13450 102nd Avenue,
Surrey, BC V3T 0H1


 604.587.4600 • 1.877.935.5669

 www.fraserhealth.ca

 feedback@fraserhealth.ca


Fraser Health blood borne pathogen nurses:


 Fraser East (Hope, Chilliwack,
Abbotsford, Mission) 604.864.3437

 Fraser South (Langley, Cloverdale,
Surrey, White Rock, Delta) 604.587.7902

 Fraser North (Tri-cities, Maple Ridge,
New Westminster) 604.777.6709


Kia-how-eya Aboriginal HIV/AIDS & Hepatitis C Outreach Program

 PO Box 280, 10688 King George Boulevard,
Surrey, BC V3T 4W8

 604.584.2008

Langley Hospice Society


 20660 - 48 Avenue, Langley, BC V3A 3L6


 604.530.1115

 www.langleyhospice.com

 info@langleyhospice.com

Lighthouse Centre – Positive Living Fraser Valley


 2712 Clearbrook Road,
Abbotsford, BC V2T 2Z1


 604.854.1101

 plfv.org

 tlc@plfv.org

The Lower Mainland Purpose Society for Youth and Families– Stride with Purpose


 40 Begbie Street, New Westminster,
BC V3M 3L9


 604.526.2522

 [www.purposesociety.org/programmes/
hiv aids.html](http://www.purposesociety.org/programmes/hiv aids.html)

Positive Health Services

Multidisciplinary team provides care to those living with HIV as well as those living with or also with Hepatitis C and interested in treatment.

 Jim Pattison Outpatient Care and Surgery
Centre, 9750 140th St., Surrey, BC V3T 0G9

 604.582.4581

Sources Community Resources Society

✉ 882 Maple Street, White Rock, BC V4B 4M2

☎ 604.531.6226

🌐 www.sourcesbc.ca

South Fraser Community Services – Positive Haven

✉ 10697-135A Street, Surrey, BC; Mailing address: PO Box 500, Surrey Main, Surrey, BC V3T 5B7

☎ 604.588.9004

🌐 southfraserservices.bc.ca

✉ director3@southfraserservices.bc.ca

Surrey North Community Health Centre

✉ 10697-135A Street, Surrey, BC V3T 4E3

☎ 604.583.5666

🌐 www.southfraserservices.bc.ca

✉ clinic@southfraserservices.bc.ca

INTERIOR HEALTH REGION

AIDS Society of Kamloops (ASK)

Dedicated to helping those in need, the mandate of ASK has broadened to include providing awareness, education, advocacy, housing, and support related to chronic illness, marginalization, and persons at risk in order to develop healthier communities.

✉ 433 Tranquille Rd, Kamloops, BC V2B 3G9

☎ 250.376.7558

🌐 www.askwellness.ca

✉ info@askwellness.ca

ANKORS – East Kootenay

✉ 46-17th Avenue South, Cranbrook, BC V1C 5A8

☎ 250.426.3383

🌐 www.ankors.bc.ca

✉ gary@ankors.bc.ca

ANKORS – West Kootenay

✉ 101 Baker Street, Nelson, BC V1L 4H1

☎ 250.505.5506

🌐 www.ankors.bc.ca

✉ information@ankors.bc.ca

Interior Health Authority

✉ 220-1815 Kirschner Road, Kelowna, BC V1Y 4N7

☎ 250.862.4200

🌐 www.interiorhealth.ca

✉ feedback@interiorhealth.ca

Living Positive Resource Centre

✉ 168 Asher Road, Kelowna, BC V1X 3H6

☎ 778.753.5830 • 1.800.616.2437

🌐 www.livingpositive.ca

✉ info@lprc.ca

North Okanagan Youth & Family Services Society

✉ 3100-32 Avenue, Vernon, BC V1T 2L9

☎ 250.545.3572

🌐 www.noyfss.org

✉ reception@noyfss.org

Okanagan Aboriginal AIDS Society

✉ 200-3717 Old Okanagan Hwy, Westbank BC; Mailing address PO Box 32038 RPO Louie Drive, Westbank, BC V2T 3G2

☎ 778.754.5595

🌐 www.aaas.ca

✉ info@aaas.ca

NORTHERN HEALTH REGION

Boys and Girls Club of Williams Lake

Delivers education on HIV/AIDS and hepatitis C and raises community awareness about persons living with HIV/AIDS and the challenges and barriers they face.

✉ 51 South Fourth Avenue,
Williams Lake, BC V2G 1J6

☎ 250.392.5730

🌐 www.bgcwilliamslake.com

💻 prevention@noopa.org

Dze L K'ant Friendship Centre

✉ Box 2920 Smithers, BC V0J 2N0

☎ 250.847.5211

💻 healthynes@hotmail.com

Fort Nelson Aboriginal Friendship Society

✉ Box 1266, 5012-49th Avenue,
Fort Nelson, BC VOC 1R0

☎ 250.774.2993

💻 executivedirector.fna@northwestel.net

Native Health Clinic

✉ Mail: 1110-4th Avenue,
Prince George, BC V2L 3J3

✉ Street address: 365 George Street

☎ 250.564.4422

Northern Health Authority

✉ 300-299 Victoria Street,
Prince George, BC V2L 5B8

☎ 250.565.2649

🌐 www.northernhealth.ca

💻 hello@northernhealth.ca

Northern Health Authority AIDS Prevention Program and Needle Exchange

✉ 1095-3rd Avenue, Prince George, BC V2L 4S6

☎ 250.564.1727

Northern Interior Public Health Unit and Clinic

✉ 1444 Edmonton Street,
Prince George, BC V2M 6W5

☎ 250.565.7311

🌐 www.northernhealth.ca

Positive Living North Society

✉ 1563 2nd Avenue,
Prince George, BC V2L 3B8

☎ 250.562.1172 • 250.563.6113

🌐 www.positivelivingnorth.ca

💻 info@positivelivingnorth.ca

Prince George AIDS Prevention Program and Needle Exchange

✉ 1108 3rd Avenue, Prince George, BC V2L 2E5

☎ 250.564.1727

Prince George Native Friendship Centre

✉ 1600 3rd Avenue, Prince George, BC V2L 3G6

☎ 250.564.3568

🌐 www.pgnfc.com

💻 info@pgnfc.com

Prince George Urban Aboriginal Justice Society

✉ 102-1268 5th Avenue,
Prince George, BC V2L 3L2

☎ 250.562.7928

🌐 www.pguajs.ca

💻 info@pguajs.ca

Vancouver Island Health Region

AIDS Vancouver Island (AVI)

✉ 3rd Floor - Access Health Centre, 713 Johnson Street, Victoria, BC V8W 1M8

☎ 250.384.2366 • 1.800.665.2437

☎ AVI-X Harm Reduction Services:
250.896.AVIX (2849)

🌐 www.avi.org

✉ info@avi.org

AIDS Vancouver Island-Campbell River

✉ 1371 Cedar Street,
Campbell River, BC, V9W 2W6

☎ 250.830.0787 • 1.877.650.8787

🌐 www.avi.org

AIDS Vancouver Island-Courtenay/Comox

✉ 355 6th Street, Courtenay, BC V9N 1M2

☎ 250.338.7400 • 1.877.311.7400

🌐 www.avi.org

AIDS Vancouver Island-Cowichan Valley

✉ 1 Kenneth Place, Duncan, BC V9L 2Y9

☎ 250.701.3667

🌐 www.avi.org

AIDS Vancouver Island-Health Centre

✉ 216 - 55 Victoria Road, Nanaimo, BC

☎ 250.754.9111

🌐 www.avihealthcentre.org

AIDS Vancouver Island-Nanaimo

✉ 201-55 Victoria Road, Nanaimo, BC V9R 5N9

☎ 250.753.2437 • 1.888.530.AIDS (2437)

🌐 www.avi.org

AIDS Vancouver Island-Port Hardy

✉ PO Box 52, Port Hardy, BC YON 2P0

☎ 250.902.2238 • outreach 250.949.0432

🌐 www.avi.org

Harris House Health Clinic

✉ 375 Franklin Street, Nanaimo, BC V9R 2X5

☎ 250.753.6759

✉ smclean@narsf.org

Legal AID-Campbell River

✉ 101-500 South Dogwood Street,
Campbell River, BC V9W 6R4

☎ 250.287.9521

Native Friendship Centre Health Centre and HIV/AIDS Clinic

✉ 927 Haliburton Street,
Nanaimo, BC V9R 6N4

☎ 250.753.6578

🌐 www.tillicumhaus.ca

Society of Living Illicit Drug Users (SOLID)

Provides support, education, and advocacy to better the lives of people who use drugs, and challenges personal and systemic injustice by promoting practical harm reduction strategies in communities and individual lives.

✉ 857 Caledonia Avenue,
Victoria, BC V8T 1E6

☎ 250.298.9497


🌐 solidvictoria.org

✉ solidinfo@shawbiz.ca

Vancouver Island Persons Living with HIV/AIDS Society (VPWAS)

Peer-based HIV/AIDS organization on Vancouver Island offering compassionate peer support and information to all persons living with HIV/AIDS.


 101-1139 Yates Street, Victoria, BC V8V 3N2


 250.382.7927 • 1.877.382.7927

 www.vpwas.org

 support@vpwas.org


Vancouver Island Regional Health Authority


 1952 Bay Street, Victoria, BC V8R 1J8

 250.370.8699 • 1.877.370.8699

 www.viha.ca

Victoria AIDS Resource & Community Service Society

 1284F Gladstone Avenue,
Victoria, BC V8T 1G6


 250.388.6220

 www.varcs.org

 info@varcs.org

Wings Housing Society-Vancouver Island

Vancouver Island office takes applications, but Wings's main office in Vancouver administers the subsidies. Leave a message for the local Wings representative at the Vancouver Island Persons Living with HIV/AIDS Society.

 250.382.7927

Glossary

Abscess: A localized collection of pus in any part of the body, caused by an infection.

Adherence: The degree to which a patient sticks to a schedule for taking medicines.

AIDS: Acquired Immune Deficiency Syndrome. A collection of specific illnesses and conditions that occur when the body's immune system has been damaged by HIV.

Anabolic: any constructive metabolic process that converts substances into other components such as new body tissue.

Antibiotic: An agent that kills or inhibits the growth of microorganisms.

Antibody: Protein substance produced by the immune system in response to a foreign antigen.

Antioxidant: A vitamin, mineral or drug which may reduce the activity of free radicals in the body.

Antiretroviral: A substance (or drug) that acts against retroviruses such as HIV.

Antiviral: A substance (or drug) that acts against viruses.

Bilirubin: A chemical released by the liver as a result of damage caused by infection or drugs. Levels are assessed in the diagnosis of liver problems.

Candidiasis: A disease caused by the fungi of the candida family such as *Candida albicans*. Commonly known as thrush.

Cardiovascular: Relating to the heart and blood vessels.

CD4: one of the PROTEIN structures on the surface of a human cell that allows HIV to attach, enter, and thus infect the cell.

CD8: Another type of white blood cell/lymphocyte. CD8 cells can detect and destroy cells infected with foreign bodies.

Cervix: The 'neck' of the womb at the top of the vagina.

Cholesterol: A waxy substance, mostly made by the body, and used to produce steroid hormones. High levels can be associated with atherosclerosis.

Chronic: A long-term condition.

Clinical Trial: A study done to test an experimental drug or procedure in human beings to see whether it is safe and effective, as well as to determine its proper dose.

CMV: Cytomegalovirus, a virus that can cause blindness in people with advanced HIV disease.

Coinfection: Having more than one infection at a time.

Control Group: the group of participants in a CLINICAL TRIAL that receives a standard treatment and/or a PLACEBO. Those receiving the experimental treatment are compared to the control arm.

Cross Resistance: The mechanism by which HIV that has developed resistance to one drug may also be resistant to other, similar drugs.

Cryptosporidiosis: Infection with the gut parasite *Cryptosporidium parvum* and other species, causing severe diarrhea.

Dementia: Changes in mental function, coordination, and personality resulting from direct effects of HIV infection in the brain.

DNA: Deoxyribonucleic acid, the material in the nucleus of a cell where genetic information is stored.

Double Blind: A clinical trial where neither the researchers nor the participants know which assigned treatment an individual participant in the trial is taking until after the end of the trial.

Enzyme: A protein that speeds up a chemical reaction.

Epidemiology: The study of diseases within a population.

Expanded Access Scheme: A program that allows access to an experimental drug, outside clinical trials, for people in particular need.

First Line Therapy: The regimen used when starting treatment for the first time.

Fusion Inhibitor: Anti HIV drug targeting the point where HIV locks onto an immune cell.

Genotype: The genetic make up of an organism.

Glutathione: A natural chemical used by the body to work against oxidative stress.

HAART: Highly Active Antiretroviral Therapy, a term used to describe anti HIV combination therapy with three or more drugs.

Helper Cell: An alternative name of CD4 T cells.

Hepatitis: Inflammation or infection of the liver.

Herpes Simplex: A viral infection which may cause sores around the mouth or genitals. Commonly referred to as a “cold sore.”

HIV: Human Immunodeficiency Virus, the virus which causes AIDS.

Homeopathy: A therapy which aims to treat illness using tiny quantities of the substance that caused the illness, or of a substance that causes similar symptoms.

Hormone: A chemical which stimulates or suppresses cell and tissue activity.

Human Papilloma Virus (HPV): A group of wart causing viruses which are also responsible for cancer of the cervix and some anal cancers.

Hypersensitivity: an abnormally exaggerated immune response to an agent, such as a drug or an antigen.

Hypertension: Raised blood pressure.

Immunosuppression: A reduction in the ability of the immune system to fight infections or tumours.

Informed Consent: the acknowledgement that an individual understands and agrees with the purpose, procedures, risks and requirements before participating in an experiment or beginning a therapy.

Insulin: A hormone produced by the pancreas that tends to lower blood sugar levels.

Integrase: HIV enzyme that the virus uses to insert its genetic material into that of an infected cell.

Interferon: A type of anti-viral protein that stimulates the immune system.

Intravenous: Injection into a vein.

Jaundice: A yellowing of the skin and whites of the eyes associated with liver or gall bladder problems.

Kaposi's Sarcoma: an AIDS defining illness consisting of individual cancerous lesions caused by an overgrowth of blood vessels.

Lactic Acidosis: High blood levels of lactic acid, a substance involved in metabolism. Lactic acidosis is a rare side effect of nucleoside analogues.

Lesion: a disturbed area of tissue - a wound, ulcer, injury, nodule or tumour on the skin or elsewhere. Often refers to Kaposi's sarcoma, which can cause skin lesions.

Lipid: A general term for fats.

Lipoatrophy: Loss of body fat.

Lipodystrophy: A disruption to the way the body produces, uses and distributes fat.

Liver: An organ involved in digestion of food and excretion of waste products from the body.

Lymphocyte: A type of white blood cell.

Lymphoma: A type of tumour affecting the lymph nodes.

Lymph Nodes: Special areas in the body where white blood cells and other important immune cells are found. Also known as glands.

MAI/MAC (Mycobacterium avium intracellulare): Micro organisms related to TB which can cause disease in people with advanced HIV disease.

Malabsorption: Failure of the gut to absorb food, resulting in weight loss, diarrhea and decreased effectiveness of drugs taken orally.

Meningitis: Inflammation of the outer layers of the brain.

Obstetric: Relating to antenatal care.

Opportunistic Infection: Specific infections which cause disease in someone with a damaged immune system.

Palliative: To do with relieving rather than curing symptoms.

PAP Smear: A specimen of cells from the cervix, usually obtained in scrapings from the opening, which may be examined by microscope to look for abnormalities.

Pathogen: Any micro-organism that causes disease. There are four main types: bacteria, fungi, protozoa and viruses.

PCP: Pneumocystis carinii pneumonia, a rare form of pneumonia, which is an AIDS defining illness.

Primary Infection: The first few months after HIV infection. This initial infection precedes seroconversion and is sometimes characterized by fever, sore throat, headache, skin rash and swollen glands.

Prognosis: The likely outcome of a disease, and the risk of disease progression.

Prophylaxis: Taking a drug to prevent an illness.

Protease: An enzyme that HIV uses to break up large proteins into smaller ones from which new HIV particles can be made.

Protease Inhibitor: Family of antiretrovirals which target the protease enzyme. Includes fosamprenavir, indinavir, lopinavir, ritonavir, saquinavir, nelfinavir and atazanavir.

Protein: An extremely complex natural substance that forms the structure of most animal and plant cells, enzymes, hormones and immunoglobulins.

Randomization: The process of selecting by chance the treatment that a clinical trial participant will receive.

Regimen: A drug or treatment combination and the way it is taken.

Replication: The process of viral reproduction.

Resistance: A drug resistant HIV strain is one which is less susceptible to the effects of one or more anti-HIV drugs because of its genotype.

Retinitis: Damage to the retina, the light sensitive surface at the back of the eye.

Retrovirus: Family of viruses to which HIV belongs, that are distinguished by their use of RNA.

Reverse Transcriptase: A retroviral enzyme which converts genetic material from RNA into DNA, an essential step in the life cycle of HIV.

RNA: Ribonucleic acid, the form in which HIV stores its genetic material.

Seroconversion: The time at which a person's antibody status to a specific antigen changes from negative to positive.

Seronegative: Negative antibody result in a blood test.

Seropositive: Positive antibody result in a blood test.

Serodiscordant: a unique relationship where one partner is HIV-positive and the other is HIV-negative

Serum: Clear, non-cellular portion of the blood, containing antibodies and other proteins and chemicals.

Shingles: Condition involving painful blisters on the skin. Shingles are caused by a reactivated infection of the Varicella Zoster Virus (chicken pox virus).

Symptomatic: Having symptoms.

Syndrome: A group of symptoms and diseases that are characteristic of a specific condition.

Systemic: Acting throughout the body rather than locally.

T Cell: A type of immune system cell which is damaged in the course of HIV infection. CD4 and CD8 cells are both sub types of T cells.

Thrush: A fungal infection of the mouth, throat or genitals, marked by white patches. Also called candidiasis.

Toxicity: The extent or ways in which a drug is poisonous to the body.

Toxin: A poisonous substance.

Toxoplasmosis: A disease due to infection with the protozoa *Toxoplasma gondii*, usually causing inflammation of the brain.

Triglycerides: The basic building blocks from which fats are formed.

Tuberculosis: *Mycobacterium tuberculosis*. A highly communicable disease, primarily affecting the lungs.

Undetectable Viral Load: A level of viral load that is too low to be picked up by the particular viral load test being used.

Vaccine: A substance that contains antigenic components from an infectious organism. By stimulating an immune response (but not disease), it protects against subsequent infection by that organism.

Viral Load: Measurement of the amount of virus in a sample of blood.

Virologic Response: The effect of treatment on viral load.

Virus: A sub microscopic infectious germ which can only reproduce within the living cells of the organism it infects.

Vulva: The external female genitals.

Wild Type Virus: HIV that has not been exposed to anti HIV drugs before.

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**From our personal struggles and
challenges come our courage and strength.**