

POSITIVE Okanagan

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Living Positive Resource Centre, Okanagan

Dress Down for AIDS Day will be August 26th

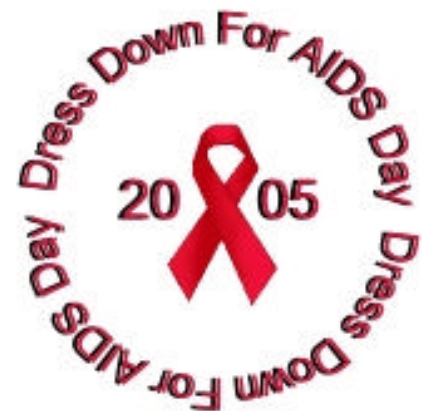
Our deepest fear is not that we are inadequate.

Our deepest fear is that we are powerful beyond measure.

—Nelson Mandela

By Shawn Hunt, AIDS Walk Coordinator

In the midst of this busy summer we've created a fundraising and awareness event that looks to be quite large. To supplement our presence at local events and festivals such as the Wakefest Festival, the Fat Cat Children's Festival, and the Kelowna Street Festival we've decided to reach out to the private sector and have something all Okanagan residents can be a part of.



Our lives teach us who we are.

—Salman Rushdie, writer

We, at the Living Positive Resource Centre, realize there are professionals who would love to come out to the *2005 Okanagan Family AIDS Walk*, but simply have too much on their plates as it is. We know that Okanagan residents are interested in improving the community they live and work in, but also find time evaporates at an incredible rate during the summer. We understand how hard it can be to find the initiative to put together a snazzy outfit every morning and still get to the office fed, watered, bright eyed and bushy tailed.

Because of all these factors, we've decided to organize the first annual *Dress Down For AIDS Day!* On this day, business executives turn a blind eye to the rampant casual 'dressing down' that will be take place on Friday, August 26th, 2005, because people will have purchased a \$5 *Dress Down For AIDS* day pin.

We've consulted the top creative minds at our disposal and have designed a pin that smacks of good taste and solid philanthropy. For all our readers who love 'people watching', we encourage you to keep your eyes peeled for comfortable looking individuals sporting these pins throughout the day at a variety of busi-

nesses in the Okanagan.

It will be a deluge of denim, a cacophony of cotton, a teaming of t-shirts, a... Well, you get the idea. If this sounds like something you wish to be included in, we'd be more than happy to assist you in implementing a *Dress Down For AIDS Day* at your workplace. We encourage you to begin by speaking to the 'powers that be' at your place of employment to arrange to have your organization participate alongside us for this exciting endeavour.

If they are as excited as you are to join us in the fight against HIV/AIDS, please don't hesitate to contact the AIDS Walk Coordinator, Shawn Hunt, by any number of mediums. This includes coming into our office at #101 – 266 Lawrence Ave, or by phoning the office at 862-2437 or 1-800-616-2437. We're always happy to receive faxes at 250-868-8662 and e-mails are welcomed as well! Please e-mail Shawn at shunt@lprc.ca.

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HIV Drug Resistance

HIV Drug Resistance – A doctor explains how it works, and ways to prevent it

By Jean-Guy Baril, M.D.

New forms of triple drug therapy for HIV have been highly effective in patients who take their medications as prescribed. However, with time, the virus can adapt—or develop resistance—to these drugs. This is the first of two articles explaining how drug resistance works—and ways to prevent it.

What is viral replication?

In HIV infection, the virus multiplies very quickly in the body. This is called “viral replication.” An HIV+ person not on drug treatment can have millions of copies of HIV virus circulating in his or her body. The HIV virus replicates, on average, several thousand times a day. More than 10 billion new viruses are therefore produced

each day in an untreated individual. This viral replication can be measured through what is known as a “viral load test,” which counts the number of HIV viruses in one millilitre (mL) of blood.

How do HIV drugs work?

The objective of triple therapy is to prevent the virus from replicating. When the virus is present in very small numbers (fewer than 50 copies per mL), its replication is no longer detectable by the viral load test. In other words, replication has become undetectable. Triple therapy usually makes the viral load undetectable in less than six months. To achieve this level of replication control, the physician must generally prescribe a combination of at least three drugs (triple therapy) that blocks the viral replication mechanism. If fewer than three drugs are prescribed, the HIV virus will not only manage to

adapt to the drugs, but it will also multiply.

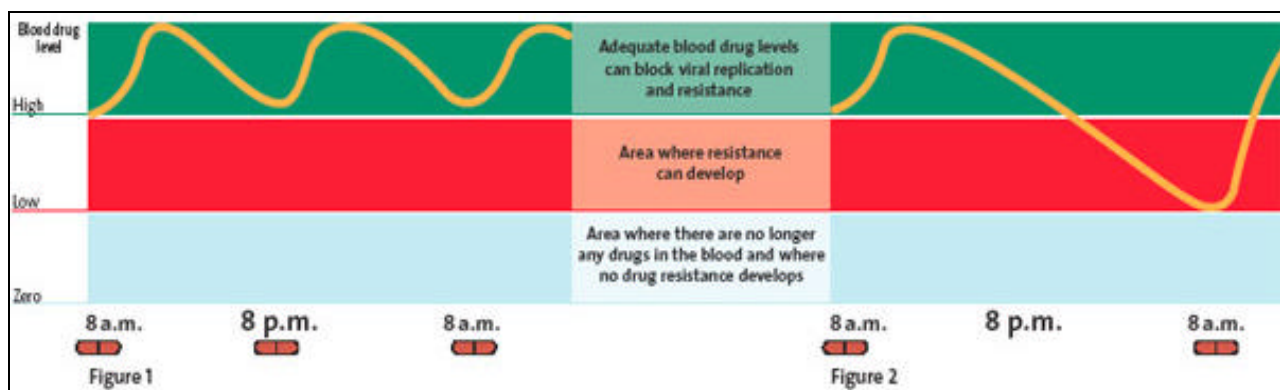
What is resistance?

Resistance occurs when the virus manages to multiply even when drug levels in the blood are normally considered sufficient to block viral replication. This means that the virus has adapted to the drugs and the viral load becomes detectable again, despite the triple therapy.

How does the virus adapt to drugs?

When a drug is effective, the virus inside cells is “dormant” and does not replicate, or replicates very little. However, when the blood drug levels are too low, the virus starts to multiply again at a rate of millions or even billions of copies a day. When it replicates, the virus makes mistakes, or “genetic mutation” occurs (i.e.

(Continued on page 4)



The squiggly line represents the blood drug level after dosing. The drugs is to be taken every 12 hours. In this example, a dose is taken at 8 a.m. and 8 p.m.

In the example on the right side, the second dose, scheduled for 8 p.m., was missed and taken the next morning. In the meantime, the blood drug level has fallen too low to block viral replication, thus allowing the virus to adapt to the drug.



Nikki Maier, Editor
Copy editor: Donna Hill

Recently, I had a conversation with a reader who told me the newsletter should incorporate more treatment info for those living with HIV/AIDS and/or hepatitis C. Not only will I continue to add as much treatment info as I can (space permitting), but I also challenge anyone with ideas for the newsletter to submit an article or letter. It's nice to hear feedback about the work we do at the Centre and to hear from a member. From time to time, you have to wonder who reads what and if you're reaching the audience—so do keep the feedback coming! It helps to know as I sit in front of my computer working on articles, going through submissions, and doing 'lay-out' that we are somehow connected—albeit through the pages of this very newsletter. There was a charge

that we focus too much on Living Positive administration matters, but I must point out that the newsletter is our number one way of communicating the activities of the Centre to you, the members, and also to our community.

Should you wonder where to get the latest treatment info, there are other resources including *Living Positive* published by BCPWA, and *CATIE info exchange*. Also, another resource is the online 'eMedical Library' link on the Interior Health Authority's webpage. Go to www.interiorhealth.ca and find the link to the eMedical Library on the left sidebar. You need your BC Carecard to access the site.

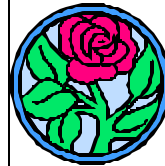
I look forward to seeing your letters and articles.

This newsletter is the official publication of the Living Positive Resource Centre, Okanagan. It is published four to six times a year. The materials in this newsletter are meant to be consistent with LPRC purposes which are: a) to promote awareness of HIV/AIDS, b) to develop and provide educational resources, c) to support those infected with or affected by HIV/AIDS. Even so, the opinions and comments within this newsletter are those of the authors and do not necessarily reflect LPRC policy. The newsletter does not endorse the use of any particular treatment or therapy. The Board, staff and volunteers of LPRC do not accept the risk of, nor responsibility for, any damages, costs, or consequences of any kind which may arise or result from the use of information featured in this newsletter. Persons using the information provided through this newsletter do so by their own decision and hold the society's board, staff and volunteers harmless. Submissions for publication may be sent to our office at any time; publication deadline is three weeks prior to publication date. Submissions will be returned if a request is made in writing and an address is provided. Reprinting and distributing this newsletter is openly encouraged.

LPRC's Board of Directors
Donna Hill, President
Lorri Gasser, Vice-president
Wayne Ross, Treasurer
John Langston, Secretary
Sheila Kerr
Martin Russell
Josephine Stebbings
Daryle Roberts, Executive Director

It is with deep regret and much sadness that I bring the bad news of the death of Sharon Grant this past Tuesday in Vernon General Hospital. Sharon will be remembered as a friend and advocate dedicated towards improving the quality of life for individuals living with or affected by Hepatitis C. Sharon was a pillar in her Community and will always be remembered with a smile and much laughter and love.

Submitted by Lisa Mortell, HepKOP, Hepatitis Kelowna Outreach Program



Living Positive Membership

For a small fee, you can support Living Positive Resource Centre, Okanagan by becoming a member. Membership entitles you to vote on issues that affect the agency, and the fee helps cover the cost of this newsletter. Please take the time to fill out this membership application and drop it off at our office or mail it to:

**Living Positive, 101-266 Lawrence Ave,
Kelowna, BC V1Y 6L3**



Living Positive Membership Application

Members must agree to uphold the aims of the Society and maintain confidentiality.

Name: _____ E-mail address: _____

Mailing address: _____ Postal code: _____

(Check here to receive Positive Okanagan by e-mail only)

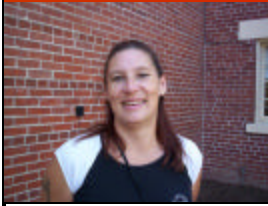
Fee : \$12 (individual); \$25 (organization); \$100 (lifetime); Free (client)

Make cheques payable to **Living Positive Resource Centre**

LPRC's office is located at:
**101—266 Lawrence Ave,
Kelowna BC V1Y 6L3**

Phone: (250) 862-AIDS (2437)
1-800-616-AIDS (2437)
Fax: (250) 868-8662

www.livingpositive.ca



Darlene Woods

"I have a zoo. Three cats, a turtle and a pit-bull —that constitutes a zoo."

Volunteer Profile:

By Nikki Maier

Darlene Woods has been volunteering at the Living Positive Resource Centre since 2004. Her caring nature is very evident through her love of not only helping people, but also animals. "I have a zoo. Three cats, a turtle and a pitbull that constitutes a zoo." She says, "I picked this place for my practicum because I have family members that passed away from HIV/AIDS."

Darlene explains, "I work at events. I've done lots of crafts and kid stuff. We painted rocks

last year at the AIDS Walk and at the *Fat Cat Children's Festival* we played with glitter. At *Fat Cat* there was a lot of kids and we must have passed out about 200 temporary tattoos [that had] little 'Ogopogos' on them."

Darlene says, "I think there's a need for education towards HIV and Hepatitis C awareness, and I believe it's a good place to put in some time and help out other people, because I think at some point every one is going to know somebody that's going to be affected by these diseases." Darlene's plans are to volunteer for the Speakers' Bureau at LPRC especially for places like Crossroads Treatment Centre.

RICHARD'S RANT

You guys read (at least I hope you do) my column. I don't know about you but I'm tired, stressed, angry, and sometimes full of self-pity when things are not going my way! It's so easy to become self-centered when you don't keep working on your own mental health.

Sometimes three or four serious life problems will happen all at once. That's when you wonder if all the work is worth the effort. You might feel you are about ready to bust at that point. That's when I take out my Christian readings (which when I'm depressed I don't bother to take out.)

"How are you today?" The nice lady asked me. "Too early to tell," I snap.

But, thank god, this article tells me that I still care about the work to be done because this is bothering me. Done.

Write to: richards.rant@telus.net

HIV Drug Resistance, continued from page 2

changes take place in the virus structure). Some of these mutations allow the virus to adapt to the drugs. Through natural selection, the better-adapted viruses (those that can reproduce in the presence of drugs) will quickly replace the viruses that are sensitive to the drugs (those that cannot replicate in the presence of drugs). The better-adapted viruses are said to have become resistant to the drugs.

How can we prevent the development of resistant viruses?

Resistance usually results from viral replication in the presence of drugs. You must

therefore not give viral replication any chance to take place. If there is no replication, genetic mutations are not possible and the virus cannot develop resistance (top bar, figure 1, page 2).

If there are no drugs in the blood, resistance does not usually develop, since the virus does not have to adapt to them (bottom bar, figure 1, page 2). The virus can, however, multiply very quickly in the absence of drugs and lead to a weakened immune system and disease progression.

When the virus multiplies in the presence of low drug levels, it can adapt and develop resistance (middle bar, figure 1, page 2). We'll look at this in more detail in Part 2, as well as ways to counter resistance.

CLIENT SUPPORT PLUS

By Buffy Mills

The Living Positive Resource Centre believes in empowering clients and fully supports an empowerment model of service delivery. An important aspect of empowerment is promoting and supporting our client's sense of self-efficacy. Self-efficacy is an individual's estimate or personal judgment of his or her own ability to succeed in reaching a specific goal. Self-efficacy is felt to be an essential aspect of personal health and growth, which can be influenced by one's personal judgment and estimate of success and by the success of others in similar circumstances. The benefits

of adopting this model in dealing with health issues is that it builds self-esteem, self respect, self-confidence and overall sense of well-being. The easiest route to empowerment and self-efficacy is being informed about one's personal health issues, treatment, and new research findings. Here are ten good reasons to be informed about your personal health and treatment issues:

- 1) Knowing information about one's personal health issues makes communicating with your doctor easier.
- 2) Generates important questions and also answers regard-

(Continued on page 6)

CLIENTS' NOTICE BOARD

NATUROPATHIC HEALTH CARE



Dr. Janice Potter, a Naturopathic Physician, offers her services by appointment. Free to our clients. Call 862-2437 for a referral.

MASSAGE THERAPY



Free half hour sessions
Tuesday afternoons with Kristi Maguire, RMT.

CLIENT SUPPORT

Kelowna

To meet with a client support worker **call 862-2437**.

South Okanagan & Similkameen: call **1-800-616-2437** to book an appointment.

Vernon & North Okanagan:

Call Theresa McDonald of North Okanagan Youth & Family Services Society at **545-3572**.

MOVING?

Change your address and stay in the loop.

Phone: 862-2437; **Write:** 101-266 Lawrence Avenue, Kelowna, BC, V1Y 6L3; or, **E-mail:** educator@lprc.ca to change your address.

When you change your address we save the cost of postage on returned mail. Each mail-out we average a loss of about \$5-10 in postage due to returned newsletters. Help us and keep your subscription current! (Web versions of the newsletter are also available.)
www.livingpositive.ca

CLIENT SERVICE HOURS

9:00 a.m. to 4:00 p.m.
Monday to Thursday

CHIROPRACTIC CARE

Dr. Derek Ginter visits LPRC on Thursday mornings. Call 862-2437 to arrange for your free session.



REIKI & HEALING TOUCH

Enjoy the relaxing and balancing benefits of a quiet hour with Toshie. Call 862-2437 to book your free Tuesday session.

COUNSELLING

Registered clients can access free counselling by John Langston, M.Ed., R.C.C.. Call Client Support at 862-2437.





(250) 862-2481

www.oaas.ca

Red Road HIV/AIDS Network holds local training workshop

By Brian Mairs, OAAS Program Coordinator

The Red Road HIV/AIDS Network held their quarterly skills building workshop at the Capri Hotel in Kelowna at the end of July. These workshops are designed to increase the knowledge of people living with HIV/AIDS, their close supporters, and organizations who advocate on their behalf.

For those who missed the time we had together, the final report from the Renewing Our Response HIV/AIDS Forum, (March 17/18, 2005 at Tsleil-Waututh Nation, North Vancouver) was presented, and Gerry Oleman took us through his presentation on rebuilding families based on his work with the Indian Residential School Project. Oleman and Wayne Christian (Community Health Associates) presented a workshop on

"Health and Healing". It was great to see the consistency in the messages they presented.

Linda Stump (Aboriginal Liaison Worker, Kamloops Regional Correctional Centre) discussed the increased need for harm reduction policy and procedures in the penal system, so that we can reduce/eliminate the spread of HIV in prisons.

Red Road also launched their fourth issue of the glossy magazine *Bloodlines* with an issue dedicated to youth. If you have not seen *Bloodlines* yet, the interview with "Silent Angel", a 13-year-old Aboriginal boy who is HIV+ is worth getting a copy. We have a few copies in the office and can get more on request.

Maria Laboucan (Okanagan Métis Child and Family Services) and Sonja Mountain (Ki-

Low-Na Friendship Society) made a presentation on their new Aboriginal Outreach and Homelessness program in Kelowna, which was very well received by all those in attendance.

Overall, the two days were jam packed with information and provided a chance to meet with people from around the province who share similar concerns with respect to education and the prevention of HIV. The next quarterly skills building workshop will take place at the same time as the Annual General Meeting in November.

Anybody interested in joining the Red Road Network can call toll-free 1-866-913-3332 for more information.

Mairs is the Treasurer on the Red Road HIV/AIDS Network Council.

In other news:
Due to changes in the way our programs are funded, we find it necessary to charge a fee for service for any and all activities we undertake "on reserve". The rates we charge are listed on our web page <http://www.oaas.ca> under "Fee Structure".

Client Support Plus, continued from page 5

(Continued from page 5)

ing your health.

- 3) Promotes a feeling of being in control of your health.
- 4) Promotes a feeling of not being alone.
- 5) Allows for more personalization of treatment plans.
- 6) Allows for early detection and explanations for side effects or symptoms.
- 7) Allows one to make informed decisions (i.e. medications).

8) Allows for better management of health issues (i.e. pain).

9) Researching about your personal health issues generates knowledge that can lead to better quality of life.

10) Finally, understanding your health condition and being involved in your treatment decision leads to a longer life.

Studies have shown that elderly or terminally ill people who maintain control over their health and actively involve themselves in their treatment plans and decisions live longer, more comfortable lives.

The new face of HIV

Increasingly, the disease is striking young straight women having unprotected sex

By *Danylo Hawaleshka*

Kaitlin Morrison lost her virginity at 13 and, she says, "it was downhill from there." At 14, she left her parents' home in Port McNeill, B.C., on the northeast coast of Vancouver Island. She was a "party girl" and a "real rebel," she says, heavy into drugs (never needles, though). Now 23, Morrison recalls how narcotics like cocaine and ecstasy could blunt her judgment, so the sex wasn't always safe. After fleeing an abusive relationship in Calgary, at 19 she returned to Vancouver Island, settling in Port Hardy. She was HIV-free: she'd had herself tested. Then she met "a nice, clean-cut guy" with a good job. They had casual sex. He didn't always wear a condom. "Three days after my 20th birthday," recalls Morrison, "I was diagnosed."

As Ottawa works to develop a new strategy against AIDS, far too many Canadians still think HIV is the bane of gay men and injection-drug users. But the reality is much different, says Barbara Clow, executive director of the Atlantic Centre of Excellence for Women's Health in Halifax. Awareness programs from the early 1990s have actually decreased infection rates among gays and addicts. In contrast, HIV spread by heterosexual contact has risen sharply in Canada, jumping from 11 per cent of new adult cases before 1998 to 33 per cent in 2003.

Part of this new reality is that women—young women in particular—now represent 25 per cent of all new HIV patients, says Clow. That's double the rate from the period before 1997. And roughly two-thirds of these women contracted the virus through unprotected sex with a man.

In a sense, Canada's experience—admittedly in a much smaller way—mirrors that of sub-Saharan Africa, where the disease started off killing men but is now devastating the female population. Today, a startling 57 per cent of adults in sub-Saharan Africa living with HIV or AIDS is female—that's 13.1 million women. In Canada, of about 56,500 people who have tested positive for HIV so far, 14 per cent, or nearly 8,000, are adult females. But the trend line for young, straight women has risen dramatically: before 1994, Canadian females 15 to 29 represented 9.8 per cent of all AIDS diagnoses in their age group; in 2003 the proportion was 41 per cent.

Activists like Clow argue the pattern is evidence Ottawa has already waited too long to come up with an AIDS strategy that targets young women for help. The Public Health Agency of Canada is updating its HIV/AIDS strategy. The release date has been pushed back to sometime this summer, and the agency won't say whether its plan will take direct steps to try to curb the steep rise of HIV in females.

"A lack of knowledge is exactly what's going to feed this epidemic."

Past experience doesn't bode well. In December, Ottawa pledged \$105 million in foreign aid to help protect African and other women from the disease. But changing priorities on the home front have left some groups here frustrated. Carrie McCormack, executive director of Kali Shiva AIDS Services in Winnipeg, recalls that, in 1999, Ottawa gave \$24,000 to her support group for HIV-positive women. At the time, they had 13 patients. The annual funding climbed to \$35,000 in 2000, but it hasn't budged since, even though the facility now serves 85 women. (Ninety per cent of the clients are Aboriginal, a group disproportionately burdened by the disease.) Instead of addressing the problem, says McCormack, Ottawa is cutting her grant by 11 per cent next year. Her reaction? "I don't think you can print that kind of language."

Poverty, ignorance and social pressure all contribute to the problem that is AIDS. And, despite the warnings, too many teenagers continue to have sex without condoms. Meantime, young women like Morrison have all too quietly become the new face of this deadly disease. Today, she works for AIDS Vancouver Island, running a needle-exchange program and sharing her experiences with teens. She is stunned by how many kids still think HIV/AIDS can be cured. "It makes me sick," says Morrison. "A lack of knowledge is exactly what's going to feed this epidemic." That, and ignoring the fact that young heterosexual women are increasingly at risk.

Reprinted with permission. Article originally published in Maclean's Magazine: May 26, 2005.

"An Evening of Showstoppers"
Hosted by the Kelowna Actors Studio

Friday, September 16th, 2005
Kelowna Community Theatre
Doors open at 6:00 PM

**Tickets \$19 ~ available at Kelowna Actors Studio
in person at 1379 Ellis Street ~ by phone 862-2867
Online at [www.kelownaactorsstudio.com/
boxoffice.htm](http://www.kelownaactorsstudio.com/boxoffice.htm)**

Featuring crowd-pleasing favorites
from their most popular shows!!

**Fiddler on the Roof ~ Kiss Me Kate ~ My Fair Lady
Joseph & The Amazing Technicolor Dreamcoat
Annie ~ Guys & Dolls and from their
popular Forever Broadway production....**

Les Misérables ~ Chicago ~ Carousel ~ Rent
Produced by Nathan Flavel ~ Directed by Randy Leslie
Cast: Nathan Flavel ~ Randy Leslie ~ Gwen Plitt ~
Ashleigh Somerville ~ Deanna Jackson

With guest appearances by the Annie kids, Fiddler cast,
Brian Harms, and more!

All proceeds from this event support the 2005 Okanagan
Family AIDS Walk.

Also featuring a **Silent Auction!!** Prizes are getaway vaca-
tions, dining packages, amazing gift baskets, & fabulous art-
work by local artists!

BCPWA presents local workshops

Title: Preventing and Treating HIV and Hep C
Where: Kelowna **When:** Sept. 14th, 9 a.m. – 12 p.
m. **Location:** the North Room at the Kelowna Pub-
lic Library (1380 Ellis St.).

Title: Preventing and Treating HIV and Hep C
Where: Penticton **When:** Sept. 15th, 9 a.m. – 12 p.
m. **Location:** The Penticton Community Centre
(325 Power St.).



**WIN
DINNER
FOR TWO
AT THE
KEG!**

Join us at Orchard Park Mall all day on **Satur-
day, September 10th** near the Starbucks kiosk.
Meet the AIDS Walk "Celebrity Walkers"! Bring
your pledge forms and the money you have col-
lected to enter the Sept. 10th draw to win dinner
for two at the Keg!

Living Positive Resource Centre
announces AGM

On September 12, 2005, LPRC will hold its Annual
General Meeting at the Kelowna Chamber of Com-
merce at 7 p.m. Location: 544 Harvey, Boardroom.
Phone 862-2437 for more information.

Canadian Liver Foundation Workshops	9 p.m.	ease Management and Latest Treatments: Wendy Turnbull	Joel Whitehead	Programs: Lylla Lawson	-Living with Chronic Illness:
Cost: Free!	Dates & Topics: Sept. 15		-Naturopathic Ap- proaches to Liver Disease Treatment and Health: Dr. Christine Craig	-Pain and Fatigue Management, En- ergy Conserva- tion, Exercise and Physical Wellness:	Psychological Management: Dr. Heather McEachern
Venue: Kelowna Public Library- 1380 Ellis Street, North Room	-Liver Disease, Treatments and Liver Health Maintenance: Speaker TBA	September 22 -Traditional Chi- nese Medicine/ Acupuncture and Liver Health: Dr.	September 29 -Finances: Federal Income Assistance	Speaker TBA	-Maximize Your Nutrition: Tristan Smith
Times: 7 p.m. –	-Hepatitis C: Dis-			Oct. 6th	