

HAPPINESS IS

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# VITAL



## A BRAVE STAND

THE HISTORY OF AIDS WEST

MARIA JOYCE





## from the *Editor*

WELCOME to the summer edition of *Happiness is Vital*. Ever since the first case of HIV was reported in the Mater Hospital in 1982, the figures have been increasing in Ireland year on year so that they have now reached over 5000. Here at AIDS West we have always felt that Irish AIDS Day needs to be marked in a special way to remind people that HIV is not something that happens just in the developing world. This year was no exception and we were delighted to launch the history of AIDS West called “A Brave Stand” by Maria Joyce. It charts the history of the organisation from those early days, when an HIV positive diagnosis was a death sentence, to where it is today, supporting HIV positive people to live long and fulfilling lives.

The establishment of any organisation, never mind one dealing with such a controversial subject, requires considerable commitment, determination and faith on the part of the founders. To then sustain the organisation on a voluntary basis without compromising service delivery creates an even bigger challenge. Yet that is exactly what Dr Evelyn Stevens and Dr Angela Savage did in setting up Western AIDS Action Alliance, the forerunner of AIDS West in May 1987. From day one the organisation depended hugely on the dedication of its volunteers and could not have functioned without them. This publication is one way of paying tribute to the founders and the volunteers for the brave stand that they took back then. It is also a way of acknowledging the past and present staff and the financial commitment of the funders that have brought AIDS West from those early, difficult days to what it has

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become – the leading support HIV organisation in the west of Ireland.

The launch and so much more are packed into this issue: articles on which to reflect, to enjoy or to smile at; something to while away an hour or two over the long lazy days of summer.

*Keep well, keep hopeful,*  
Geraldine Mills

# A Brave Stand

WHEN THE IDEA of the history of AIDS West was suggested by Pauline Staunton, one of our longstanding board members, the greatest stumbling block was to find the time to research it adequately and make it a reality. When Maria Joyce offered her services to take on the project we were delighted. After almost two years of trojan work we were able to mark this year’s Irish AIDS Day with the publication of *A Brave Stand* by Maria Joyce. The book was launched in Galway City Museum with Mayor Declan McDonnell in attendance. Due to an emergency meeting of the Dáil, Michael D. Higgins was unable to launch the book but it was very fitting that John Kilmartin, Vice President of Regulatory Affairs at Medtronic did the honours. Not only is Medtronic hugely supportive of our work but as it happens, one of John’s lecturers when he was at university was Dr Evelyn Stevens, and he later went on to work with a company in Dublin who were developing HIV testing kits. It was an honour for us that the founders of the organisation, Dr Evelyn Stevens and Dr Angela Savage were both there



to see their story in print. We were delighted that Keith Finnegan, chairperson of AIDS West’s board of directors spoke on behalf of the organisation. There was a fantastic attendance with many volunteers there from those early days as well as past staff members, managers and members of the board. Many of Maria’s family and friends were there to celebrate the big occasion with her.

A huge thank you to all those who brought this project to fruition: To Maria for her commitment to the project, to Medtronic for their financial support; to Dominic Ó

Ceallaigh, for his initial research. To Ronan Joyce for his stunning cover; to Paul McGinley and Alan Hayes for their close reading of the text. Our gratitude to Castle Print, Brendán and staff at the City Museum and to Martin and his staff of Café Corribean for the wonderful food. Most importantly, our gratitude to all those who have supported the organisation in any way over the years. While everyone couldn’t be named in the book, we hope they know that without them AIDS West could not have survived and would not be what it is today.

# Peer Support

ON ANY OF THE occasions that I have been fortunate enough to meet with other people living with HIV, the one resounding and repeated call I hear (and make) is the need for a way for people in our situation to be able to connect with each other. I do get valuable, wonderful support from people in my life who are aware of my status – my wife, my family, close friends, the medical team at the clinic. It is vital however, to be able to share emotions and thoughts with someone who directly experiences what I go through, or have gone through, or will sometime in the future go through. Living with HIV can often be lonely and isolating. It's an aspect of my life that is very large but it's not something I feel comfortable disclosing to people.

With this in mind, myself and a number of other HIV positive people have set up a weekly meeting in order to create a safe and

confidential place to share experiences and support one another. The group is in its early stages but so far we have over a dozen members from all backgrounds, ages and varying lengths of time being diagnosed. We arrange everything by and for ourselves. Our aim is to provide one another with a network of support and friendship. We strongly adhere to basic ground rules of absolute confidentiality and mutual respect. In the future we hope to have themed discussions at our meetings, for example: sharing ideas on how to disclose one's status to family and friends, or coping with medication. We also hope to invite guest speakers who would have expertise or experience in various areas related to HIV.

I think that peer support for people with HIV can be difficult to achieve. It does need more than merely collecting people living

with the virus into one room and seeing what happens. It's necessary for members to have enough common needs for it work well and so far it does. We all are benefitting from the sense of belonging and the feeling of security in being able to chat about having HIV without being judged in some way. It's a lot of fun too meeting new people. We laugh often. If you would like to come to a meeting, I can be contacted through the Infectious Disease Clinic and am willing to either meet or chat over the phone to give more details.

**Fergal**

**For clients who prefer to work on a one-to-one basis with other HIV Positive clients, AIDS West continues to provide confidential peer-to-peer support. This and other services can be accessed by calling Gerry at 091566266 or e-mailing [gerry@aidswest.ie](mailto:gerry@aidswest.ie).**

## *With Swing and Grace*

AIDS West never does anything by half so Irish AIDS Day continued with a fundraising concert in the great venue upstairs in Munroe's of Dominick Street, featuring The Black Magic Big Band with special guest appearance, Julie Feeney. It was the best value concert in town for a long time. For a mere €10 the audience not only got the great sound of the Black Magic Big Band and a mesmerising performance from award-winning Julie Feeney, but there was food courtesy of Munroe's, some fantastic raffle prizes and a wonderful display of Swing on the dance floor. The Black Magic Big Band are aptly named, magic in their music and big, not just in numbers (for there are 17 of them) but also in their generosity as they offered to perform this fundraiser for us. If you want to hear them again, they play regularly in Busker Browne's in Cross Street, Galway.

And Julie Feeney, who hails from Athenry, is in a class of her own. Rooted in the classical world, her unique sound straddles the pop and theatre world. Once again she amazed the



audience with her ever-popular numbers *Impossibly Beautiful* and *Grace*. We are very grateful that she took time out on the eve of her world tour to perform for us.

A great night was had by all. The concert not only highlighted the issues of HIV but the funds raised will be used to support those living with HIV and to deliver educational programmes on sexual health to the public in

the west of Ireland. This couldn't have happened without the support of Fergus and all at Munroe's, Micky Belton and the Big Band, Julie Feeney, Orla Forde Wilson, the Harbour Hotel, Mc William Park Hotel, Claremorris, Athenry Golf Club, Galway Arts Festival, Harvest Off Licence, the Stage Door, Ace Printers and everyone who donated raffle prizes. We are very grateful.

# Discuss with *Dr Shay*

## PCP

*PNEUMOCYSTIS jiroveci pneumonia* (PCP), formerly known as *Pneumocystis carinii pneumonia* is a form of pneumonia caused by a yeast-like fungus. The organism is specific to humans and is commonly found in the lungs of healthy people. Most children have been exposed to the organism by age three or four years and its occurrence is worldwide. It can be a source of opportunistic infection in people with a weakened immune system: those suffering from HIV/AIDS and those on medications that affect the immune system.

Since the start of the AIDS epidemic in the early 1980s, because PCP affected the immuno-compromised, it was often the first clue to a new AIDS diagnosis. Prior to the advent of anti-HIV medications, Antiretroviral Therapy (ART), PCP was a common and rapid cause of death in persons living with AIDS and occurred in 70-80% of patients with HIV infection. In patients with the infection, current mortality rates of 10-20% for PCP are reported. In populations that do not have access to ART, PCP continues to be a major cause of death in AIDS.

Symptoms of PCP are non specific and include fever, non productive cough,

shortness of breath on exertion, weight loss and night sweats. Pneumothorax is a well recognised complication. Extrapulmonary involvement does occur but rarely. The physical examination findings are non-specific and include fever, increased heart and respiratory rates. There may be mild crackles or wheeze on listening to the chest but in 50% of cases no abnormal sounds are heard. PCP diagnosis is confirmed by characteristic appearance of the chest x-ray which shows widespread pulmonary infiltrates and an arterial oxygen level (pO<sub>2</sub>) much lower than would be expected from the symptoms. The pO<sub>2</sub> also drops dramatically with exercise. The definitive diagnosis of PCP is by identification of the causative organism at histology following bronchio-alveolar lavage (lung rinse). A lung biopsy also has characteristic findings for PCP.

As HIV disease progresses, without treatment the risk of PCP infection increases greatly when the CD4 count is less than 200cells/mm<sup>3</sup>. Acute PCP is treated with co-trimoxazole with concomitant steroids to minimise inflammation. Some patients are allergic to co-trimoxazole and alternative medications such as nebulised pentamidine, are used. It is standard practice to use oral co-



trimoxazole or nebulised pentamidine prophylaxis to help prevent the disease in people with a CD4 count of less than 200/mm<sup>3</sup>.

In the developed world where ART is available for the treatment of HIV, many on ART are virally suppressed (have undetectable amounts of HIV in the blood) and have very healthy CD4 counts. PCP is still diagnosed, however, in those who are not adherent to their ART regimes or who test positive for HIV with advanced disease. Worryingly, many in high risk groups for HIV infection such as men who have sex with men, do not test. We need to strongly encourage all who are in high risk groups for HIV acquisition to test early and to adhere to ART, once offered.

*Dr Shay Keating, Medical Officer and Occupational Health Physician with the Drug Treatment Centre, Dublin*

# US Choir sings again for AIDS West

ONCE AGAIN the University of Southern Indiana Chamber Choir and the Rowan Tree Irish Traditional Band delighted the audience when they recently performed a free concert on behalf of AIDS West at St. Nicholas' Collegiate Church. Established in 1996, the Chamber Choir has performed in the cathedrals and castles of Poland, Germany and Ireland over the past twenty years. This concert was the choir's third appearance in Galway City and each time we have been lucky enough to be the beneficiary.

Under the direction of Daniel Craig, the choir sang sacred and secular pieces and included such classics as *Si ch'io vorrei morire* by Monteverdi, *Venite Exultemus* by Sweelinck, and *Arma Lucis* by Berkey. This was followed by a suite of Traditional Irish music arranged by Mr. Craig to include *Óró Sé Do Bheatha Abhaile*, *Star of the County Down* and *Red is the Rose*. They were given a great reception and received a standing ovation for their performance. We would like to thank them for their continued support and to acknowledge how important their fundraising concerts are for us as they allow us to continue the delivery of support to our service users.



## China lifts travel ban for people living with HIV

THE GOVERNMENT OF CHINA recently decided to lift its national travel ban for people living with HIV. The news came ahead of the opening of Shanghai Expo 2010, an international fair that is expected to attract millions of visitors over the next six months.

“Every individual should have equal access to freedom of movement - regardless of HIV status”, said Michel Sidibé, UNAIDS Executive Director. “This is yet another example of China’s leadership in the AIDS response.” UNAIDS strongly opposes any laws that restrict movement based on HIV-positive status only; such restrictions are discriminatory and do not prevent HIV transmission or protect public health. Further, travel restrictions have no economic justification, as people living with HIV can lead long and productive working lives.

Fifty one countries, territories, and areas currently impose some form of travel restriction on the entry, stay and residence of people living with HIV based on their HIV status; five countries deny visas to people living with HIV for even short-term stays; and 23 countries deport individuals once their HIV- positive status is discovered.

In January 2010, the United States of America removed its long-standing HIV related entry, stay and residence restrictions. Several other countries, including Namibia and the Ukraine, have recently pledged to take steps to remove such restrictions.

UNAIDS

## NEW HOPE *for HIV Vaccine Efforts*

US RESEARCHERS SAY they are a step closer to understanding why some people have natural protection against HIV. They believe rare individuals who progress very slowly to AIDS when infected make white blood cells that are better at fighting the virus. The findings, published in *Nature*, may help international efforts to design an effective AIDS vaccine. But the research team at MIT and Harvard says any such vaccine is at least a decade away.

The findings relate to so-called “elite controllers” - a small number of people who, when exposed to HIV, progress very slowly to AIDS or never develop it at all. In the late 1990s it was discovered that these individuals - about one in 200 of those infected with HIV - carry a specific gene, known as HLA B57. Professor Arup Chakraborty and Harvard Professor Bruce Walker found this gene causes the body to make more potent killer T cells - a type of white blood cell that fights infections. This helps them to keep the HIV virus at bay, but also makes them more susceptible to autoimmune diseases, where the body’s immune system turns on itself.

The researchers say the study could help them develop vaccines that provoke the same response to HIV that individuals with “natural immunity” can do on their own.

Commenting on the study, Jason Warriner, clinical director at the Terrence Higgins Trust, said: “Anything that gives us greater insight into genetic defences related to HIV is useful in searching for a vaccine and, one day, a cure for this complex virus. However, these elite controllers are a tiny proportion of people and they are not immune from HIV-related illnesses.” The study is published online in the journal ‘*Nature*’.

BBC News



*Rosaleen O'Brien and Lorraine O'Connell run for AIDS West in the Flora Women's Mini-Marathon*

## The *Wavering War* on AIDS

THE GLOBAL CAMPAIGN on AIDS has racked up enormous successes over the past decade, most notably by providing drugs for millions of infected people in developing countries. Now the campaign is faltering. Donations from the United States and other wealthy countries have levelled off while the number of people infected with HIV grows by a million a year. Only \$14 billion will be available of some \$ 27 billion needed this year to fight the disease in the developing world. Donor nations cite the economic crisis and tight budgets as reasons to slow their contributions. They also believe that more lives could be saved by fighting other cheaper diseases, such as respiratory illnesses, diarrhoea, malaria and measles.

The results of those decisions can be seen in Uganda and other countries where the campaign against AIDS seems to be falling apart. Although the number of Ugandans receiving drug treatments jumped from fewer than 10,000 a decade ago to nearly 200,000 today, hundreds of thousands more Ugandans need the drugs and likely can't get them because clinics now routinely turn new patients away. That is partly because American funds have been frozen and clinics were told to stop enrolling new patients unless the government has a plan to pay for their treatment. It is also because Uganda has badly skewed its own priorities, such as negotiating to buy a squadron of fighter-bombers from Russia for \$ 300 million.

The United States which has been a leader in providing financing for the war on AIDS

has now shifted its focus to childhood diseases, keeping young mothers alive, and interrupting the transmission of HIV between mother and child. It is pushing countries to improve their medical delivery systems, manage their own AIDS programmes and contribute more of their own funds. Those are good goals. But the AIDS pandemic is still spreading. And the goal of universal access to treatment remains a distant dream.

New York Times

# Ask Lorraine

Lorraine is here to answer any of your questions in relation to sexual health. If you need a prompt reply to your query please contact our confidential helpline 091-562213



Dear Lorraine

*I am going away on holidays with my boyfriend and have just gone on the contraceptive pill. He thinks this is great because he now believes we no longer need to use condoms to prevent pregnancy. I am unsure about this and a little concerned, what advice would you give? I am 18. Chloe.*

DEAR CHLOE,

I'm glad you asked this as you need to be very sure that you are fully protecting yourself. The contraceptive pill, along with the Nuva-Ring, the Mirena, Implanon and the Depo-Provera injection are all hormonal forms of contraception. Because they prevent ovulation there is no egg present for fertilization and this in turn prevents pregnancy. You must remember however that certain antibiotics and other drugs can reduce the effectiveness of oral contraceptives so if you have diarrhoea or vomit within three hours of taking the pill this also can reduce its effectiveness.

You do not say how long you are together. Unless you are absolutely sure of one another's sexual history you need to use condoms as they are the best way to protect yourselves against sexually transmitted infections (STIs). So to give yourself the best possible protection, pack the condoms with your suntan lotion. The correct and consistent use of latex condoms during sexual intercourse can greatly reduce a person's risk of acquiring or transmitting most STIs, including HIV infection, gonorrhoea, chlamydia, trichomonas, and hepatitis B.

The STI rates for 19-29 year olds has soared in the last few years, and young adults accounted for 60% of all STI notifications, so it is very important for you to protect yourself. I would advise regular sexual health check-ups for both you and your boyfriend. Look up your nearest STI clinic, where all tests and follow-up treatments are free and confidential. If you wish to attend the Galway clinic the opening hours are on the last page of our magazine.

Hope you have a lovely holiday and take care.

Lorraine

## Relationships & Sexuality

IT'S BEEN a busy few months, delivering our relationships and sexuality programme to eighteen new schools along with our existing ones in Galway, Mayo and Roscommon. Our evaluations have been very positive and I would also like to thank all the students involved for their enthusiasm and participation.

We have also been running 'I'm a Parent...Get Me Out of Here', a survival workshop for parents of teenagers. The aim of the workshop is to provide information and support to the parents of teenagers on sexual health, drugs, legal highs, alcohol and effective communication.

By ensuring that young people have comprehensive sexuality education, age appropriate information and open channels of communication, it is possible to equip them with the knowledge, skills and attitudes they need to make informed choices now and in the future. Evidence shows that young people who have experienced open communication with parents or a caring adult are better prepared to communicate honestly

and openly about sexuality, emotions and fears, and are less likely to engage in risky behaviour. Our workshop gives parents guidelines on how to address the various issues that may arise including how to deal with the negative consequences of sexual activity for example unplanned pregnancy and STIs.

So far we have visited Roscommon, Ballinasloe, Clifden and Carraroe. We hope

to run the workshop in Galway City in September and you may contact our office if any further information is needed. The workshop is delivered by Lorraine O'Connell and Siobhán O'Higgins, AIDS-West Education Coordinators, and Neil Wilson, AIDS West Drugs & Alcohol Education Co-ordinator. On behalf of AIDS West I would like to thank all the schools who invited us to visit them last term.



Nick Fenlon, Pauline Staunton, Orla Irwin, Rosaleen O'Brien at the launch of A Brave Stand.



## Poetry with Mary Mullen

MARY MULLEN was born in Anchorage, Alaska and moved to Galway in 1996, where she lives with her daughter Lily who was born with Down syndrome. Her poems and non-fiction have been published nationally and internationally. She was awarded an MA in Writing from NUI Galway. These poems have been taken from her recent collection *Zephyr*, published by Salmon Poetry.

### University College Hospital Galway

Born a few hours after the signing  
of the Good Friday Peace Agreement  
we lay in St. Catherine's Ward alone  
she on my stomach, leaf-weight and quiet.

While other family-shrouded babies howled  
my fingers traced her loveliness,  
my changed lips kissed and kissed her,  
riveted by her flaxen beauty.

At night, nurses rolled all newborns  
to the nursery in their clear plastic beds on wheels;  
lined them in rows like parked cars  
so us mothers could toss or sleep until the next feeding.

Every night of this sacrament my peace lily  
stretched her tiny right arm to the sky,  
gave us a John Hume-like wave. I kept score  
of the progress. Lily 15, Peace Agreement 8.

### Lilyisms 2006

I like to wallace with Mom in the kitchen.  
The Special Lipsticks athletes are brave.  
The postman brings me a pack-chig.  
Sometimes boys are ick gusting.  
And sometimes I wish I had a dumb bed  
so I could sleep up high.  
I can read Snow White and the Seven Dovers,  
my favourite one is Grumpy. Like my Mom!  
We took a walk on the Green Road,  
below us in a field I saw black cows.  
They looked like peppers waiting to be chopped.  
That was the best day I've never seen.

### I Made a Hum of It

Most days I try to make a hum of it,  
enjoy your many faces and graces.  
But some days I close my lips tight  
around my tea stained teeth  
and read a note from the teacher  
'Lily is still spitting at children, today she spat at me.'

You close your lips  
tight around the pearls  
in your nine year old smile.  
Your tongue pushes against them, and you hum  
Raindrops on roses and whiskers on kittens.  
'Mom, I made a hum of it!'

Then you smile and hum  
at the same time. You have described motherhood,  
the tricky clenching and grinning  
required to rear a helpless infant  
into the throes of third class.

The girl who eats her egg sunny side up  
each morning, dresses herself in enthusiasm and joy  
is the same girl who should come home  
with a badge for bravery  
for making sense of it all  
in a head down teacher-centred school.

# Am only saying it NOW

AKIDWA WHICH MEANS sisterhood in Swahili is the only ethnic minority-led network of African and migrant women living in Ireland. It recently launched its new publication titled 'Am Only Saying It Now' which documents the experiences of women seeking asylum in Ireland. The launch, co-organised with AIDS West, was a great success with excellent speakers from AkiDwa, Galway Refugee Support Group (GRSG) and women living in direct provision in Galway.

AkiDwa has been working with migrant women in Ireland for almost a decade, and has developed specific projects in the areas of gender-based violence, immigration and unemployment. The organisation works with migrant women of every immigration status, including women seeking asylum, protection or leave to remain; women trafficked for the purposes of sexual exploitation or forced labour; female migrant workers, spouses of migrant workers, Irish or other European citizens; international female students and women of religious orders.

Last year AkiDwa's director spoke to 121 women about their experiences of Ireland's reception and asylum system. This report reflects the women's views and experiences. The report cites

recommendations for immediate implementation such as gender guidelines in asylum and reception processes. It also suggests that a mandatory code of conduct, a comprehensive training programme and Garda vetting should be introduced promptly and fully implemented for all personnel, management, accommodation owners and government department officials working with individuals seeking asylum, protection and leave to remain in the direct provision accommodation system.

Mandatory training and capacity building should be conducted on a regular basis with key providers of State services to individuals seeking asylum, protection and leave to remain. This should also include gender-based issues and the prevention of, and response to, abuse and exploitation. An independent, transparent and confidential complaint and redress mechanism should be fully put into place for individuals seeking asylum, protection and leave to remain, and made accessible to all residents in direct provision. An independent commission of inquiry should take place to assess the mental, emotional and physical effects of long term confinement of individuals seeking asylum, protection or leave to remain in Ireland.

## The Need for More Sexual Health Education

TWO RECENT SURVEYS have highlighted the critical importance of AIDS West's sexual health programmes in schools. The findings of a survey carried out under the auspices of Dáil na nÓg, the annual youth parliament for twelve to eighteen year olds, reported that according to the pupils themselves "Schools are failing to teach sex and relationships education properly." These findings, reported in the Irish Independent on 10 May 2010, highlighted the fact that not all second level schools are delivering programmes and where they do, they may not be interesting or helpful enough. It also found that only 25% of pupils have classes in Relationships & Sexuality Education, and almost 40% felt the classes were not very helpful for teenagers who want information on such issues as AIDS, STIs and contraception.

A separate report on attitudes to sexual health published by Pfizer Healthcare and titled "The Voice of Young People" focused on young adults from eighteen to twenty years of age. Among its key findings were that "the majority perceived the formal school-based sex education to be of limited value often coming "too little too late". It found that teenagers are often uncomfortable discussing the subject of sex with their parents due to social embarrassment, a desire for privacy and differences in the social morals/values

between parents and their children. The majority reported becoming sexually active (sexual intercourse) between the ages of sixteen and seventeen years and of having had more than one sexual relationship.

The majority of parents see their role as delaying their children's engagement in sexual activity for as "long as possible" and until they (the parents) deem their children to be emotionally mature enough to "manage" a

sexual relationship. Many parents acknowledge a difficulty in discussing the issue of sex with teenagers as very often their children will disengage.

AIDS West was delighted to see that its sexual health programme was mentioned in the report. One young girl is quoted, "AIDS West came in to us and did everything. They showed us every kind of contraceptive there is... It wasn't embarrassing."



*Alan Hayes, James Joyce, and Angela Savage at the launch of A Brave Stand.*

# Scoring without getting an own goal

GETTING LUCKY might not be your top priority while dreaming of World Cup victory, a GAA win or even a flutter on the horses but when the beer's flowing and you're crammed into an adrenaline high crowd, after an emotional roller-coaster of a game, it's more likely you're going to be up for some post-match action whether you're in South Africa, Croke Park or at the Galway Races. With that in mind, Terrence Higgins Trust has brought out a guide called 'Scoring without getting an own Goal' which has all the tips you need to have fun but still avoid a red (and itchy) card.

The guide recommends that condoms are still the safest and easiest way to look after your sexual health so make sure you're the captain of a trusty stash. Keep a couple in your purse or wallet or, if you've run out, visit the pub loos or invent an excuse to nip round to the local shop for supplies. After a few drinks condoms are not the easiest or sexiest subject to bring up in conversation, particularly when you're carried away in the moment. But the happier you are talking about and handling them, the more relaxed you'll be to enjoy the next game without worrying about sexually transmitted infections or HIV.

Don't be stuck on the bench while your friends enjoy all the action. If you notice anything unusual such as redness or itching this summer, get it checked out. Most sexually transmitted infections can be cured with no lasting affect to your health if they're dealt with early enough and you follow the advice of your doctor. If you're embarrassed about symptoms, or feel your worries seem too trivial to see someone about, call a sexual helpline or visit your nearest STI clinic.

Being on the pill doesn't mean you've got an open goal on STIs. The only way to protect yourself and your partner from HIV and sore and itchy post-match surprises is to wear a condom, particularly if you're with a new partner and don't know his or her sexual history. Make sure you take a decent amount of condoms with you so you're not caught short and make sure you have a brand you can trust. Always look out for the CE mark on the packet, which means they've been tested to European standards. Avoid any deep heat outside the locker room by storing condoms somewhere safe, nowhere too hot or too cold, out of direct sunlight and away from anything sharp or rough-edged. Don't forget that if it has been a while since you've scored, check that they're still in date.

There'll be some goals you and your friends will be reminiscing about for years and others you'll be keen to hastily forget. Don't let guilty flashbacks ruin your performance next season. Find out where you can go to get a fast and confidential STI and HIV test.

**Terrence Higgins Trust.**

## How to Stay Young

THROW OUT non-essential numbers. These include age, weight and height. Let the doctors worry about them. That is why you pay them.

Keep only cheerful friends. The grouches pull you down.

Keep learning. Learn more about the computer, crafts, gardening, whatever. Never let the brain idle. An idle mind is the devil's workshop. And the devil's name is Alzheimer's.

Enjoy the simple things.

Laugh often, long and loud.

The tears happen. Endure, grieve, and move on. The only person who is with us our entire life, is ourselves. Be ALIVE while you are alive.

Surround yourself with what you love, whether it's family, pets, keepsakes, music, plants, hobbies whatever. Your home is your refuge.

Cherish your health: If it is good, preserve it. If it is unstable, improve it. If it is beyond what you can improve, get help.

Don't take guilt trips. Take a trip to the shopping centre, to the next town, to a foreign country but not to where the guilt is.



*John Kilmartin, Medtronic and Leonard Silke at the launch of A Brave Stand.*

# High Times

WHEN PEOPLE brainstorm the word 'drugs' they often come up with a list of what are considered 'hard' and usually highly illegal drugs such as Heroin, Crack or Meth. What they seem to forget is that addiction and subsequent harm can just as easily set in around the use of over-the-counter medicines. A report on "Minor Tranquillisers & Sedatives Use and Misuse in the West of Ireland" published by the Western Region Drugs Task Force in 2009 cites numerous case histories of this type of misuse and the following example is taken from this report.

John is married and recovering from an addiction to Codeine. After taking it for a hangover, he found it also gave a feeling of euphoria. He preferred Nurofen Plus, which he discovered had "50% more of a [Codeine] hit" than a rival product, Solphadine.

*"A general day in my life was get up in the morning, take 14-16 tablets, around 10am take another 12, lunchtime might take another 12, and then in the evening take another 12 just before I got in the door, just to try and be in good form for everyone...I would be 'up' after 10 minutes. That lasted maybe an hour-and-a-half. Then I knew it was time to take more tablets."*

His approach was to travel to a particular town, make as many separate visits as he could to every pharmacy, buying a pack of Nurofen Plus at every visit. He would then leave a gap of six to eight weeks before visiting the same town again so as not to arouse suspicion. John recalls how he would often walk past a pharmacy he had already called into, just to see if the person who had served him was still there; if they were, that was his "cue not to go in" and risk being "barred". He also says he was careful not to ask for more than the maximum

amount the pharmacy was legally permitted to sell; again taking care to avoid detection. If possible, he would try and get all the Codeine he needed for three days in one town. He might then drive to the next town for another three days supply. He found himself making mental notes of all the places he had visited, trying to remember not to go back for a while.

*"With the amounts I was using – 21 boxes minimum a week – you couldn't go back immediately [to one chemist] again because of the shame, the embarrassment of being refused tablets because you were here before."* Though he feared being refused, he never was.

John recalls the extent to which he normalized his addiction: he "knew the cost of getting the drugs and knew the cost of getting to get them"; he often spent "thirty, forty, fifty euro" in a pharmacy buying products he didn't need, just so he could ask for Nurofen Plus "by the way".

He remembers the night before he left for a short holiday to a country where he knew there were restrictions on sales of over-the-

-counter medicines. Satisfied that he had brought enough beforehand to last the whole trip, but worried that all could be lost if his luggage went astray, and conscious that the presence of so many packs of the one painkiller in his hand luggage would prompt questions if he was searched, he and his wife spent an hour pushing the tablets from their blister packs into large jars.

Eventually his wife gave him an ultimatum, which prompted him to get help. Over several months he reduced to between 12 and 14 tablets a day and then he "jumped". He says the withdrawal symptoms were severe and included sweats, anxiety, and an inability to sleep.

John believes Codeine should be prescription only: "I would go through a wall to get my Codeine. I would go anywhere. I would cancel anything. Whether it was family or business. Because I had to have it. I would have done crime to get it in the end, no problem. Codeine is that strong."

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*Julie Feeney begins her performance in Munroe's*

# USEFUL SERVICES

## AIDS WEST

Sexual Health Helpline 091-562213

## STI Clinic Galway

091-525200

## STI Clinic Portlincula

Hospital, Ballinasloe 09096-48372

## STI Clinic Mayo

General Hospital, Castlebar, Co Mayo 09490-21733

## STI Clinic Sligo

Regional Hospital, The Mall, Sligo 071-9170473

## STI Clinic Cork

021 4966131 Appointment only

Infectious Diseases Clinical Nurses Specialists

Cork University Hospital

087 236124/0876996272

## STI Clinic Limerick

Limerick Regional Hospital, Dooradoyle 061-482382

## G.U.I.D.E. Clinic Dublin

St. James' Hospital 01-4162315/2316

## Infectious Disease Clinic

Beaumont Hospital 01-8093006

## Open Heart House

Contact James or Paul at 01-8305000

## AIDS Help Northwest

Letterkenny, Co Donegal 074-9125500

## Red Ribbon Project

9 Cecil Street, Limerick. Helpline: 061-316661

## Sexual Health Centre

16 Peters' Street, Cork, 021-4276676

## Dublin AIDS Alliance

53 Parnell Square West, Dublin 1. 01-8733799

## ACET

14 Lower O'Connell St, Dublin 1. 01-8787700

dublin@acet.ie www.acet.ie

## STI Clinic Waterford, Clonmel, Carlow

Tel: 051-842646 for all appointments.

## The HIV Support Centre

The Warehouse, 3rd Floor, 7 James' Street South,

Belfast BT28DN. Tel: 02890249268

info@thehivsupportcentre.org.uk

*If you would like your organisation to be included in our list of useful services please phone, email, or contact us at the address below.*

AIDS WEST is a voluntary organisation based in Ozanam House, St Augustine Street, Galway, providing support for people affected by HIV/AIDS and other sexually transmitted infections, and offering education / prevention services throughout the HSE West area (Counties Galway, Mayo and Roscommon). The organisation can be contacted in confidence by phoning; 091-566266 (Office); 091-562213 (Helpline). E-mail: info@aidswest.ie Website: www.aidswest.ie

## The STI Clinic Opening Hours

DAY	CLINIC	TIME
Mon afternoon	Walk-in Clinic	Doors open 13.50 No appt needed
Mon afternoon	STI review and Treatment clinic	By appt only
Weds morning	Walk-in Clinic	Doors open 8.50
Weds afternoon	Walk-in Clinic	Doors open 13.50
Fri morning	STI screening and treatment clinic	By appt only

Walk-in clinic operates on a 'first come first served basis', with a maximum quota that can be seen at any one time. The clinic is located in a self-contained building to left of main hospital. As you enter grounds of the hospital, take first left, follow signs for Genito-urinary Medicine Clinic, Infectious Diseases and hepatology- in front of maternity services. Tel 091-525200

## AIDS WEST HELPLINE 091-562213

*AIDS attacks the body, prejudice attacks the spirit.  
One is caused by a virus, the other ignorance.  
Both kill.*

New Zealand AIDS Foundation

Deadlines for all your articles, poems or photos for the next issue is 5th August 2010. Send to: The Editor, Happiness is Vital, AIDS West, Ozanam House, St. Augustine Street, Galway.

The opinions expressed in this newsletter do not necessarily express the views or policies of AIDS West.

We reserve the right to edit where necessary.

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## AIDS West Concert in Monroe's



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