

HAPPINESS IS

No 1 Vol 19 Summer 2017

VITAL



Editorial

WELCOME TO THE SUMMER 2017 edition of 'Happiness Is Vital', the only newsletter of its kind in Ireland dedicated to discussing issues related to HIV and sexual health. Irish AIDS Day fell on Thursday 15th June, so this newsletter has a particular focus on Irish AIDS Day.

The 2016 data from the Health Service Executive Health Protection Surveillance Centre (HSPC) indicates that HIV diagnoses in Ireland are at a record high, with new HIV diagnoses in Ireland exceeding 500 for the first time in many years – that's an average of 10 new diagnoses each week in Ireland. Provisional figures from the HSPC show more new HIV diagnoses were reported in 2016 than in any previous year. The final total showed an approximate 6% increase over 2015 figures, which had previously been the highest on record. Once again we have to ask ourselves; what are we doing to help stem these alarming figures? We firmly believe that here at AIDS West, we are doing our very best to help address the issue. In January 2017 we launched a free community based confidential Rapid HIV Testing service in Galway City Centre. This continues at the Teach Solais LGBT+ Resource Centre on Merchants Road on the last Tuesday of each month. We are, however, looking to expand this service to offer testing in additional community based locations and at different times.

We have looked to respond to the growing phenomenon of Chemsex, 'a little-discussed public health issue in the gay community'. In 2016 we screened a ChemSex documentary as a part of Galway City Council Social Inclusion Week. We are now looking to offer professional training to GPs, nurses, and other health professionals in Ireland. We are delighted that Dave Stuart has agreed to facilitate this training day. Dave is the manager of ChemSex support services at the 56 Dean Street Clinic in Soho, London and has been instrumental in placing ChemSex issues firmly on international Public Health agendas across Europe. Please make a note of the provisional date



– Friday 10th November 2017 in Galway City Centre. More details will be available soon on our website www.aidswest.ie, on facebook and twitter, in press and social media and on www.activelink.ie.

There needs to be an informed and thorough discussion around all HIV prevention strategies, but in particular with regard to PrEP (Pre-exposure Prophylaxis). Dr Patrick Mallon, UCD School of Medicine, recently stated, in an article in The Irish Times, that the European Medicines Agency state that adding PrEP to existing prevention strategies (such as increased testing and use of condoms) resulted in a further 85 per cent reduction in HIV transmission. PrEP has been available for general use in the USA for several years and is increasingly being introduced by other governments in Europe.

Our sexual health education teams continue to be responsive to the needs of young people in Galway and the West of Ireland. The recently developed West of Ireland Sex Education Resource (WISER) website can be found at www.bewiser.ie. In addition to our relationships and sexuality education programmes they have also developed specialist programmes focusing on Consent, Porn, Social Media, Body & Self Image and Transgender Identity. The excellent team work closely each year with the WISER Youth Advisory Board to further the development of these programmes.

As mentioned earlier, June 15th was Irish AIDS Day, an occasion when we reflect on the story of HIV in Ireland. For many it is a day to remember loved ones. For others it will be another day living with HIV while facing the stigma that is still associated with HIV. AIDS West were visible on the day on the streets of Galway looking to raise awareness regarding the alarming rise in new HIV diagnoses. I would like to say a big thanks to the people of Galway as the support and kind words we received on the day were very encouraging.

In this edition of Happiness Is Vital we have an excellent mix of interesting and thought provoking articles. AIDS West Support Co-ordinator, Ger Coy examines the rising numbers of new HIV and other STI notifications in Ireland and encourages the public to access the free testing facilities that are available across Ireland. We are delighted to feature an article on AMACH! LGBT Galway and the Teach Solais LGBT+ Resource Centre. AIDS West are working in partnership with them to offer a free community based Rapid HIV testing service. Grace O'Shea examines the term 'snowflake' and what it means to have 'snowflake status'. Alice Duggan takes a historical journey with the Irish Women's Liberation Movement and reminds us that 'looking to the past can help us to keep moving forward'. 'Ask Lorraine' discusses the supports that might be needed for a transgender student in school. Neil Wilson looks back at the history of beer from a global perspective, Dr Shay Keating revisits Hepatitis C, and Hayley Mulligan examines family and family law within the context of the new Children and Family Relationships Act.

Contents

- 2 Editorial by Joe Mc Donagh
- 3 Challenging Times - Gerry Coy
- 4 Medical Matters - Dr. Shay Keating
- 5 What's in the news
- 6 Ask Lorraine
- 7 Relatives we have no name for - Hayley Mulligan
- 8 Teach Solais LGBT+ Resource Centre - John Corcoran
- 9 Teach Solais LGBT+ Resource Centre - John Corcoran
- 10 IRISH AIDS DAY PHOTOS
- 12 Gay men, masculinity and sex - James Ravenhill
- 13 Generation Snowflake - Grace O'Shea
- 14 "The Train" puts reproductive rights centre-stage - Alice Duggan
- 15 High Times - Neil Wilson
- 16 Irish Sex Research: Porn, Power and Feminist Politics: Learning Curves in SexualityStudies - Caroline West
- 17 Irish Sex Research: Emergence and Regression: A brief history of our knowledge and awareness of child sexual abuse - Joe Mooney
- 18 Quiz
- 19 Useful Services

2017 marks a special anniversary for AIDS West. In 1987 Western AIDS Action Alliance (now AIDS West) was set up by Dr Evelyn Stevens and Dr Angela Savage, in response to the spread of AIDS /HIV. AIDS West has now been working with and supporting people living with HIV for over 30 years. Our achievements reflect the vision and commitment of our dedicated founders Evelyn and Angela, and our board of management, staff and volunteers past and present. We plan to reflect more on the history and work of AIDS West over the past 30 years in our next edition of Happiness Is Vital, which is due to be published after World AIDS Day on 1 December. We also plan to mark this anniversary by hosting a conference on World AIDS Day that will focus on HIV and Ageing – please keep an eye on our website (www.aidswest.ie) and follow us on facebook and twitter for more details on the conference.

A very sincere 'thank you' to GSK and MSD as the sponsors of this edition of the newsletter – your ongoing support is very much appreciated. As always feedback on any aspect of this newsletter is always welcome. If you would like to contribute to the next edition of the newsletter, please get in contact with me at 091566266 or drop an email to joemcd@aidswest.ie.

Take care and have an enjoyable summer
Joe McDonagh
Manager – AIDS West

Challenging Times

What a long strange trip it's been!

Ger Coy

LAST YEAR WAS a bad year with record numbers of people being diagnosed in Ireland with HIV. New figures from the Health Protection Surveillance Centre show that 512 new cases were diagnosed. Of these 77% were male and 23% female.

More than half of the new cases were born in other countries, but came here in recent years. Up to May this year there has been over 180 new cases. Figures have been rising since 2011 and last year were the highest since records began. So what is happening? With education on the increase, more testing and lots of condoms available, why are figures so high?

There are lots of suggestions. Among the main ones are that HIV is now a chronic condition so people just learn to live with it. That of course takes no account of the fact that stigma and discrimination still loom large in our land. With new medication, many people are on either one or just a couple of tablets daily, which is light compared to 10-15 years ago

when many were on 15-20 tablets and were often encountering bad side effects. In a study published in the Lancet HIV Journal, it states: Projections suggest that life expectancy of a 20-year-old who started treatment from 2008 onwards and had a low viral load after a year of treatment may approach that of the general population (about 78 years old). Another suggestion is that The Swiss Report (which detailed research that suggested that if certain parameters were met, it was safe to

have sex with a non-infected partner) has led, in certain quarters, to the belief that having sex, without condoms, is not an issue anymore.

In an article in the Irish Times (12/5/2017) by Conor Gallagher, he states



that there are concerns that a growing ambivalence about the disease is putting people at risk, leading to many young men who are fearless in the face of infection. Among the reasons given in the article, for the rise, are increases in unprotected sex in the gay community spurred on by online dating apps such as Grindr and the use of recreational drugs during sex.

Dr Des Crowley, an addiction specialist at the Mountjoy Square Treatment Centre

stated "I think there is definitely a scene which I suppose internationally would be described as the chem sex scene. It's the association of the use of chemical drugs with multiple sexual partners, group sex and unsafe sex. Then I suppose within another sub-group of that is people who are choosing to have less safe sex. My own view is that people don't really see HIV as being as serious a disease as previously."

Andrew Leavitt (Act Up) however states, in the article, that it was overly simplistic to attribute the rise in HIV cases to ambivalence about the issue.

"Condom use isn't necessarily the best proxy for what kind of risks people are taking. A lot of people understand that treatments which help people live longer also prevent transmission.

"There isn't one single factor we can point to for increased HIV diagnoses," Andrew said. "The idea that treatment is making people care less also ignores the fact the HIV is really heavily stigmatised, particularly in the gay community."

The fact remains that figures are rising. Allied to this, cases of Syphilis and Gonorrhoea are beginning to rise also. In England the Independent reported on 6th June that rates of Syphilis are at the highest level since 1949. The answer to this must be a more informed public and greater testing facilities all over the country. Free testing is available to most people ... get tested now.

Discuss with *Dr Shay* Hepatitis C revisited

FIRST IDENTIFIED IN 1989, 3.3% of the world population is believed to have been infected with the hepatitis C virus (HCV). In Northern Europe and Ireland approximately 1% are estimated to be HCV positive. The majority of these cases to date have been in people who inject drugs. This happens with sharing needles or other drug-using paraphernalia (e.g. spoons, filters) and there is a potential risk from snorting heroin or cocaine from shared snorting apparatus. Sexual transmission risk appears to be low at <1%. The number of new cases of HCV reported in Ireland in 2016 was 650, a slight decrease from 678 in 2015. Of those cases 71% are estimated to be from intravenous drug use and needle sharing. In 2016, 26 cases of HCV infections were attributable to men who have sex with men (MSM) and this appears to be increasing. The risk seems to be particularly high in those who are co-infected with HIV. Vertical transmission or mother to baby is low at 5%. Other risks of HCV infection are following a needlestick injury whether occupational or nonoccupational and rarely from body piercing, tattooing, electrolysis & acupuncture where contaminated or unsterile equipment is used. Following exposure to the virus, the majority of those infected usually have no symptoms. Approximately 1 in 3 will clear the virus from the body spontaneously while 2 in 3 will go on to chronic infection with possible liver cirrhosis and liver cancer. Furthermore, cirrhosis as a consequence of HCV infection is the leading indication for liver transplantation in the developed world.

Progression to cirrhosis may be accelerated by alcohol abuse or co-infection with HIV, hepatitis A or hepatitis B. diagnosis of HCV is by blood testing for the viral

antigen or antibody. This can be confirmed by a Polymerase Chain Reaction (PCR) Test. In addition, there are 6 major types of HCV named genotype 1-6. As will be explained later, the genotype one has been infected with may guide treatment offered and response achieved. In Ireland, Northern Europe and North America, genotypes 1 and 3 are the commonest seen. Liver function tests can be a good indication of disease activity or progression. In the past, the gold standard to grade liver disease was the liver biopsy. This is an invasive test and is not without risk. The non-invasive fibroscan has for the most part replaced biopsy in disease staging. It measures the degree of elasticity of the liver. The more damaged the liver the less elastic it becomes and so the higher the fibroscan reading. When diagnosed with HCV, the broader health and social care needs should be addressed to optimise social support, as well as specific medical treatments. Clients should be referred to a specialist, hepatologist/infectious disease (ID) consultant for appropriate confirmatory testing and further management. Advice on minimising the risk of transmission to others needs to be offered and the need to stop or reduce alcohol intake to slow disease progression should be re-enforced. Further virological testing for hepatitis A and B and HIV should be offered. Where appropriate, immunisation against hepatitis A and B should be arranged if required.

Twenty years ago, three times a week injections with interferon were the only treatment available for HCV. Duration was for 48 weeks and patients experienced severe side-effects, all for a possible 6% cure rate. In 2000, another form of interferon termed pegylated interferon was recommended in combination with



the anti-viral ribavirin. Cure rates improved, 50% for genotype 1 and 70% for genotype 3.

In 2011, the first batch of drugs designed to target the HCV virus at different sites in its replication were licenced called directly acting antivirals (DAAs). They greatly improved clinical outcomes used with pegylated interferon and ribavirin but were even more toxic and intolerable to the patient. In 2014 however the second generation of these DAAs came to market and this year it was announced that Hepatitis C was now a curable disease with 12 weeks of combination DAAs.

This is a very exciting time in modern medicine. We can theoretically eradicate a virus which affects 30,000 – 50,000 of the Irish population. To date, those most in need of treatment have been offered the DDAs, that is those with advanced liver disease, cirrhosis. Treatment will soon be offered to all who seek it. The most important thing now is to test for HCV and know your HCV status.

*Doctor Shay Keating M.D.
Harold's Cross Surgery
254 Harold's Cross Road
Dublin 6W
Phone 087-2345551*

Shay is a Private Practitioner and a Medical Officer with the Drug Treatment Centre in Dublin and has a special interest in positive sexual health.

HIV STATS IRELAND

Recent statistics from the Health protection surveillance centre report 217 new diagnoses of HIV in Ireland this year.

HEALTH PROTECTION SURVEILLANCE CENTRE

Six members of the group that advises the White House on HIV and Aids have quit their posts - claiming that the Trump administration does not care about the issue.

In a letter of resignation that was published on a US news site, the experts claimed the government had no meaningful policy on tackling Aids, failed to listen to advice from those working in the field, and actually promoted legislation that harmed individuals living with the disease.

“We have dedicated our lives to combating this disease and no longer feel we can do so effectively within the confines of an advisory body to a president who simply does not care,” wrote Scott Schoettes, project director at Lambda Legal, a New York-based LGBTQ-rights group and a member of the advisory panel.

independent.co.uk

SCIENTISTS HAIL 'PROMISING CURE' FOR HIV AFTER STUDY IN MICE

A “promising cure” for HIV and AIDS has been discovered, according to scientists who managed to almost entirely eliminate the devastating immune disease from infected mice.

The researchers said they had demonstrated the “feasibility and efficiency” of removing the HIV-1 provirus using a gene-editing technique called Crispr.

They admitted there were still some practical problems to be overcome, but suggested their work was a “significant step” towards carrying out clinical trials of the technique on humans

independent.co.uk

TAKING PREP HAS A PROFOUND IMPACT ON GAY MEN'S SEXUAL

HEALTH AND WELLBEING

Men who have sex with men (MSM) in Seattle who had recently begun to take pre-exposure prophylaxis (PrEP) described profound impacts on their sexual health and wellbeing that go beyond PrEP's primary function of preventing HIV infection, according to a qualitative study recently published in the International Journal of Sexual Health.

“By lowering HIV risk and offering an alternative form of protection for MSM with low or inconsistent condom use, PrEP helped participants assuage feelings of anxiety and shame surrounding their sexuality, and facilitated greater sexual satisfaction, intimacy, and self-efficacy,” Shane Collins and colleagues say. However, it also exposed users to PrEP stigma. Both positive and negative impacts are likely to be key to PrEP's acceptability, demand and patterns of use.

It's important to note that 'sexual health' is not defined simply by the absence of disease. “Sexual health is a state of physical, mental and social well-being in relation to sexuality,” according to the World Health Organisation. Clinicians and practitioners wishing to promote gay men's sexual health should consider the full range of impacts that PrEP may have, the authors suggest.

aidsmap.com

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 us in confidence on 091-566266.



Dear Lorraine,

I am secondary school teacher in a co-ed school and recently one of my pupils came out as transgender, I feel I need to give them as much support as possible, but don't know exactly what our school needs to do or where to go for help. I would appreciate any advice you could give.

Mairead

DEAR MAIREAD,

Trans people are becoming increasingly visible in Irish society and there is a growing awareness of issues related to gender identity. As a consequence of this more young people are finding the courage to come out and socially transition (self declare their preferred gender) while in schools. For many young trans people, an early transition can dramatically improve their quality of life. The opportunity to live an authentic life is critical to young people's mental health and wellbeing.

In January 2016, GLEN and the Department of Education and Skills published 'Being LGBT in School' (www.glen.ie), a resource for post-primary schools to prevent homophobic and transphobic bullying and support LGBT students. This document provides practical guidance for schools in relation to trans students and was done in consultation with the Transgender Equality Network of Ireland (TENI). The document acknowledges that some schools may find the process of supporting a trans student challenging and outlines the key areas for which the trans student will need support specific to trans issues. The document advocates appropriate staff training as well as educating students on gender identity and expression. It explains the importance of having a transition plan, and how to tailor those transition plans for both co-educational and single sex schools. While this resource provides viable suggestions that are based on good practice, comprehensive guidelines should be developed. The following recommendations were published by TENI and are based on international good practice:

Preferred Name and Pronoun: Trans students should be addressed by school staff by the name and pronoun corresponding to their gender identity. This would acknowledge and affirm a

young trans person's identity and also support their mental health and wellbeing.

School Uniforms and Dress Codes: Schools should respect a student's identity and choice of uniform. Where possible, uniforms should be gender neutral and be presented as a dress code for all students rather than listing the items of clothing for girls or boys. This would eliminate any distress for trans students, especially those who do not wish to publicly declare themselves as trans.

Gender Segregated Facilities: Students should be allowed to use the bathroom or locker room according to their gender identity. Where this is not possible, reasonable efforts should be made to accommodate the student in a dignified way. Schools should also explore the possibility of gender-neutral facilities.

Sports and Physical Education: Trans students should be provided the same opportunities to participate in sports and physical education as all other students. In schools where students are separated by gender for the purpose of P.E., trans students should be allowed to join the group according to their gender identity. When competing in inter-schools tournaments or with external sporting bodies, negotiations on an individual basis may be necessary.

Extra-Curricular Activities: Trans students should be encouraged to participate in extra-curricular activities. Where students are separated by gender in school activities (i.e. overnight field trips), trans students should be permitted to participate in accordance with their gender identity.

School Curriculum: The school curriculum should include clear explanations of trans identities. The SPHE syllabus should be revised and the teaching of it should not be an optional module. The curriculum should encourage the

challenging of traditional gender stereotyping and age-appropriate discussions on LGBT experiences. **Staff Training:** Schools should make reasonable efforts to educate their staff on trans issues and show leadership in how to create a safe environment for trans students. School counsellors should be knowledgeable about trans issues before they attempt to offer counselling.

Trans Policies: The Department of Education and Skills should develop and distribute clear guidelines that address the needs of trans students and support them in their daily lives. This should include good practice in relation to gender segregated facilities, sports participation, extra-curricular activities, etc. Schools should also create and enforce non-discrimination and anti-bullying/harassment policies that explicitly protect gender identity and gender expression.

Transition Plan: Trans students may choose to transition in schools. A transition plan should be developed in conjunction with the school and the key people in the student's life, including their family. The plan should include the date of transition, how the other students will be informed, name and pronoun use and toilet and changing room arrangements.

As part of the WISER school programme AIDS West have developed a workshop on gender identity and gender stereotyping, we would be delighted to deliver it in your school. You can contact the office: 091566266 or email me directly: lorraine@aidswest.ie for booking or further information.

References: *Being LGBT in School* (2016) GLEN and The Department of Education & Skills. *Transforming the Classroom* (2016) Transgender Equality Network of Ireland

All the best,

Lorraine

Hayley Mulligan Relatives We Have No Names For

On return from the World Congress on Family Law and Children's Rights, which was held in Dublin this year, I came away full of hope that we are finally moving to a place where different family forms are recognised and protected by law. Although families have always come in different shapes and sizes the "ideal" of the 'nuclear family' (consisting of a man, a woman, and their genetically related children) has occupied the highest position in the hierarchy of protections offered to families in law. Thankfully Ireland has made some inroads in offering protection to 'alternative' family forms under the new Children and Family Relationships Act 2015. Under the Act unmarried, cohabiting fathers now have similar rights to a husband in a traditional marriage arrangement – a much needed protection. In same-sex relationships, where donor gametes are used to create a child, the second parent will now be recognised as a co-parent in law. Children who are conceived through donor assisted reproduction will also be able to access identifying information, upon the age of maturity, about their genetic origins. Persons other than the parents will be able to seek guardianship of a child - under Irish law this is a significant status which is the

gateway for care/custody/access to a child. The Act (once all provisions are commenced) will recognise all different types of relationships between adults and children, especially those living outside of nuclear families such as step families, children of same-sex relationships, children of cohabitants, persons using assisted reproductive technologies (ART), and foster families. These welcomed developments of family law now recognise relatives we have no 'official' terms for. For instance, what is your step-child's child? Your step grandchild? What is your donor father's other offspring to you? Your genetic sibling, sibling or legal stranger? Trying to squeeze these 'new' familial relationships into the cramped and narrow confines of the language of the traditional family is confusing and arguably unnecessary. Instead of trying this exhausting linguistics exercise might I suggest that we draw on the Brehon concept of kin-group, known as *Na Fine* (pronounced finna), to describe all the many relationships which form the important social bonds of our society. Thus, relationships are not defined by status but by connection (be it biological, social, or psychological) as members of *Na Fine*.

Teach Solais LGBT+ Resource Centre

John Corcoran

AMACH! is a volunteer run organisation which represents and advocates on behalf of the LGBT community in Galway city and county. They aim to reflect equally the diversity within the lesbian, gay, bisexual and transgender community by encouraging positive participation and actively advocating for a solid and safe support structure for the LGBT community in Galway. It is an organisation that was formed from the community, by the community and is a part of the community and one which provides awareness, educational and training events and workshops and endeavours to support and promote a socially inclusive society. Following a community meeting held in July 2009, attended by over 300 people from the LGBT community in Galway, AMACH! Was officially launched by Senator David Norris in July 2010. A priority for AMACH! is to ensure the establishment of a sustainable, visible, accessible, and dedicated LGBT resource space to address isolation by providing an alcohol-free venue for social networking and other vital supports. They have recently acquired a rented space on Merchant's Road and I called in to chat to some of the board members of AMACH! about this welcome development.

"I suppose this is the most exciting time for us. We have a space, it's ready - we're opening it shortly to the public for drop-in centres and several different groups are currently using it: the LGBT helpline are using it every Friday and we also have a number of different peer support groups who are currently meeting here. The next stage is opening it up for various types of events, both educational and health promotion, but also for social events - fun times as well." Maria Molloy is the Chairperson of AMACH! and has a background in medical science. After a period of social justice activism in college she joined the board of AMACH! and started advocating for the LGBT community, something which is close to her heart. Because of her background in medical science Maria is passionate about health promotion in the LGBT community and has arranged for free HIV testing at the centre with AIDS West once a month. The long term goal is to establish full STI screenings and "get the word out about safer sex practices because the instances of STIs are going up, particularly in the LGBT community."

Vivienne Ivers, Liaison Officer for AMACH!, is also passionate about improving the lives and experiences of the LGBT community. She recently completed a Masters in Health Promotion with a thesis on Mental Health and Social Exclusion of LGB People in the Context of the Marriage Referendum. It was not a straightforward path to such an achievement: "I would have been quite a typical troubled young gay as a teen and fell into a bad scene - alcohol, drugs, no leaving cert, and then would have come back to college in my later years. Now the idea is to help other people who are maybe going through that kind of thing, to put knowledge into action."

John Corcoran grew up in Galway and remembers when the only place to socialise was the pub so "the idea of the centre - a place to relax, get a cup of tea or coffee, get information about what's going on, maybe use the centre as a conduit for getting help that some people might need" is something that has always interested him. After being "roped in" to AMACH! by Nuala Ward (a seemingly common experience among board members), John has been instrumental in getting them to where they are today.



Sitting as we are in the somewhat renovated space of Teach Solais, I'm interested to find out how they got here and what the future holds for the centre. "It's been a long struggle with a lot of hurdles along the way to get where we are today" John tells me. "There's been a lot of background work going on trying to get funding, which has been a major problem ... eventually we were put into the City Development Plan and things really started to move in 2015 when we got funding from the City Council". The struggle is far from over and, with rent and bills to pay, fundraising will remain an issue for Teach Solais in the future. Precarious as it is to rely on government grants, it will be crucial that the centre can meet its own ends through workshops, classes and events. However, with such a central and accessible building in a city that is sorely lacking in amenable spaces, one can imagine a lot of interest from other cultural and community groups. Indeed, the board are keen to point out that the centre is open and welcoming to everyone and not exclusively for LGBT people. "We're not going to break down any of the inherent discrimination in society if we just keep it to ourselves" says Vivienne, "so that's the idea, to kind of spread it out among the community and say 'there's nothing wrong with us, come and socialise with us!'"

Integration and community are central to the work of AMACH! and the vision of Teach Solais and Vivienne is confident about the effect such a centre will have in Galway. "I think not only will it give a safe space for the LGBT community but it will also help promote relationships with groups such as An Áit Eile that will raise awareness so we can integrate into the wider community and not just be an insular standalone community - 'the other' or 'that



minority'. We'll just happen to be an LGBT resource centre but open to the wider community and that way we're promoting the health of the wider community." There is understandable concern among the LGBT community that since the YES vote, people might assume that everything is fine, job done, but as Maria points out "the stigma still is there, particularly for people in rural areas - the whole notion of 'coming out' is still such a scary one for a lot of people - the perception that maybe their family will disown them, that they will get bullied in school - this is still occurring in every town and every village in Ireland. So it's trying to get at those people as well and say 'you are equal, you are a treasured member of this society as well and it's OK to be who you are.'"

So what does the future hold for Teach Solais? Apart from plans for board game nights, book clubs, classes, workshops, gigs and events the board are keen to get feedback from the community and, as much as possible, allow the community to lead the way. "It's a learning experience for us" says John, "we're just starting off and it has to be led by the community - there is a management group being put together from the community. AMACH! will handle the heavy stuff like finances but the management group will ideally take over some of the day-to-day duties."

Teach Solais is also the perfect space to continue the work that AMACH! has been doing up to now, work that may go largely unnoticed by the public but is vital to many in the LGBT community. One such initiative is the LGBT Interagency Working Group which was formed in 2011 and consists of AMACH! and agencies such as the HSE, city and county councils, Galway Rural Development, Galway City Partnership and VECs, An Garda Síochána, Mental Health Ireland and Jigsaw. This group will be using the centre as a way



of getting their services out to people in the LGBT community who might not generally be inclined to go directly to them. Members of AMACH! are also involved in Connecting For Life which is the national suicide prevention strategy and shOUT! who are a support group for LGBT people under 18. In general AMACH! will continue to promote health and wellbeing through regular fun activities and build on their relationships with other groups such as local community record label Citog Records who recently organised a fundraising gig for Teach Solais and of whom the board speak highly. "It was an incredible night, such an amount of great talented bands and such a great buzz" Maria gushes, keen to dispel the stereotype of "that awful music that goes with gay bars" and pressing the point that people with good music taste "do exist within the LGBT community!"

As our chat comes to an end I leave the meeting with a newfound appreciation for the work that AMACH! has been doing these last seven years and the fact that Galway has such a strong LGBT community led by passionate and committed individuals like John, Maria and Vivienne. This city faces many challenges and obstacles to overcome in its ambition to become a modern European Capital of Culture but, as always, the people of Galway are its greatest resource. I think we can all take pride in the work of AMACH! and in the establishment of Teach Solais. Great cities are built on strong communities and the interaction and inclusion of all their citizens. As John says, "it's a big thing to show that you are a proactive and progressive city. We want to make Galway a fantastic city to live and work as an LGBT person. Galway is a progressive place - I've always found it a very safe place to grow up - but let's make it better."



World AIDS Day 2016



World AIDS Day 2016



"It doesn't get more manly than being f****d by a man": Gay Men, Masculinity and Sex

James Ravenhill

TO COMMUNICATE A PREFERENCE for a particular position in anal intercourse, gay men often self-label as 'top' (insertive) or 'bottom' (receptive). Men who are inclined to take either position in a given occasion of anal intercourse often self-label as 'versatile', although not all versatile men have an equal proclivity for being insertive and receptive. Gay men's sexual self-labels are steeped in gender role stereotypes: tops may identify as and are often perceived as more masculine than bottoms. Versatility in sexual positioning may offer some men the opportunity to eschew the gender role stereotypes associated with sexual self-labels. For some, versatility may reflect a desire to balance both masculinity and femininity as part of an alternative gender expression. The association between gender and sexual behaviour in anal intercourse between gay men warrants research attention, because anal intercourse – which gay men are more likely to engage in than straight people – is associated with a greater per-contact probability of HIV transmission than vaginal intercourse. As part of my PhD research – supervised by Dr Richard de Visser at University of Sussex – I interviewed 17 gay men aged 20 to 42 years to find out how beliefs about the sexual positions available in anal intercourse, and sexual behaviour, are related to beliefs about and experiences of masculinity. The results suggested that gay men's expectations and experiences of positioning in anal intercourse are at least in part associated with how they define gender and the extent to which they identify with a "normative" interpretation of masculinity. Further, gay men may distinguish between sexual positions as gendered social identities (i.e., sexual self-labels) and sexual positions as gendered behaviours.

Gay men who define masculinity in normative terms and who identified and/or wanted to be perceived as stereotypically masculine may be more likely to apply a gender stereotypic understanding of tops as masculine and bottoms as feminine, irrespective of their own sexual self-labels. Therefore, a versatile or bottom man with a strong masculine identity might self-present as a top (for example, by selecting masculinised images for his dating app profile picture) in order to maintain the appearance of masculinity and avoid the femininity associated with being a bottom. Concern for being perceived as either a top or a bottom, and using certain gendered behaviours to appear as one or the other, are predicated by the belief that tops and bottoms are discernible on the basis of gendered characteristics. For some gay men, negotiating a sexual identity may be closely tied to maintaining a particular gender identity.

On the other hand, gay men who oppose essentialist interpretations of masculinity or who are less concerned with maintaining a masculine identity may be more likely to challenge the gender role stereotypes



and seek alternative constructions of tops and bottoms. These men may experience no need to present to others a self-label of top or bottom, nor to adopt a particular self-label in response to concerns regarding their masculine identity. Self-labelling for such men is likely to be influenced by other considerations, such as pleasure, comfort and sexual anxieties associated with adopting a given position.

Many of the men I spoke to made stark distinctions between self-labels as social identities and topping and bottoming as behavioural practices: top and bottom often represented stereotyped identities rather than descriptions of people who topped or bottomed. Self-labels may not only be fluid identities, but also reflect short-term, context-dependent desires to be perceived in a particular way by others. Therefore, to focus solely on the meaning to gay men of top and bottom self-identification is to obscure the complex psychosocial implications of *doing* topping and bottoming and not only *being* a top or a bottom. For some men, the act of engaging in topping and/or bottoming may have implications for (albeit temporary) experiences of gender, irrespective of whether the gender role stereotypes are endorsed, and regardless of masculine identity. Topping may make some gay men feel dominant over other men, in part because it mirrors the vaginal intercourse that heterosexual men engage in. Bottoming may be associated with experiences of femininity (passivity; vulnerability) and also masculinity, because it demonstrates that anal penetration can be withstood; because bottoms can be physically on top and therefore control the intercourse; and because bottoms can acquire power by controlling the top's pleasure.

Beliefs about masculinity and masculine identity may be associated with sexual self-label presentation, self-label identification, position decision making and experiences during anal intercourse. Even men who are unconcerned with their own masculinity and who embody non-normative masculinities may be guided by stereotypic gender scripts in their sexual positioning behaviour. This implies that sexual health messages should encourage gay men to critique gender role stereotypes associated with positions in anal intercourse and to consider how the stereotypes are associated with their own positioning practices.

Snowflake in a Snowstorm

Grace O'Shea

'CLASSIC EXAMPLE of Generation Snowflake' – this comment, left under an Irish Times article which I wrote, detailing how it feels to be a young woman navigating rape culture, was the beginning of my hatred of the term 'snowflake'. Delicate, fragile and easy to break. I couldn't think of a less fitting description of myself.

Having a snowflake status means that I was born in the nineties (accurate), am privileged (mostly accurate), over-sensitive (I do cry a lot at the end of E.T.), whiney (I try to limit that to Monday mornings which to be fair, are horrific) and easily offended (I am offended every time Trump so much as sneezes). Enough about me though, because the term 'Generation Snowflake' means that you can now conveniently tar an entire generation with one lazy, dismissive stroke of a disparaging, condescending brush. We are narcissistic (I guess that'll be the selfies) and materialistic (perhaps we spend so much money on avocado toast and unicorn lattes to compensate for the probability that we will never be able to retire or own our own houses in an economy ruined by – which generation?!). We are also lacking a sense of humour (which is strange because we spend half our time online laughing at memes – I guess we just don't find racism, sexism, and homophobia very funny). As irritating and insulting as I find this as an individual snowflake, what really bothers me is the effect this term can have on young people as a whole, young people who are the future.

As a part of a research project I am involved in, groups of marginalised young people in three different cities have been interviewed, and asked about the political engagement of youth today. The participants, who are different genders, ages, from different backgrounds, religions and cultures, shared one very clear message; young people are often afraid to voice their opinions and issues

for fear of being mocked and rejected by older adults, dismissed as too young, too liberal and too naive. Of course, there are older adults who treat young people's opinions with respect and consider them to be valuable, and there are young people who are not afraid to speak out, particularly thanks to the platform of social media. However, maybe it is time we start realising that young people today are growing up in a rapidly changing world, and they are facing struggles that have never been faced before. I truly think great things could be achieved if we could begin to bridge the gap between generations. Terms like 'Generation



Snowflake' will only ever widen the gap, and make it harder and harder for us to understand each other.

We all grow up in different worlds. Taking Generation Snowflake as an example; we are expected to gather degree upon degree, but are still fighting tooth and nail for jobs. We must navigate an online world to excel in our professional and personal lives, which is a breeding ground for cyber-bullying, stalking, harassment. We do spend too much time binge drinking, playing with Snapchat filters and watching mind-numbing consumeristic

circuses such as Keeping Up with the Kardashians. However, we also have a lot going for us. We have freedom that was not the norm in previous generations; we can have more honest and brave conversations; I'm gay, I'm asexual, I'm not sure what I am. I'm transgender, I'm cisgender, I'm agender. I'm not OK, I need help, I'm suicidal. I have a mental illness. I'm an addict. I'm differently abled. I'm Muslim, I'm Catholic, I'm agnostic. Let's talk about consent, rape, cultural appropriation, the pay gap. We have the language and the ability to open dialogues that allow us to be ourselves (as much as we can be), which is something to be truly appreciated.

Every generation has a different set of vices, failures and achievements. As my mother often succinctly and accurately sums it all up; "If I was your age, I would probably be doing the same thing". That is the embodiment of empathy, and empathy is something that could pull people of all ages closer together. This was highlighted beautifully during the UNESCO 'Rediscovering Empathy' Conference which took place in Galway, when an adolescent activist spoke about how teenagers in one Irish town came together to help older people move out of their flooded homes. She spoke of how this simple act of reaching out lessened the tension in the community between two generations, as older people would often cross the street to avoid being in close proximity to the teenage 'troublemakers'. We can work to step into each other's shoes, understand and accept our differences rather than be fearful or resentful of them, and recognise the things that unite us. As a Sexual Health Educator, when I speak to young people, I want them to feel that their voices matter and that they have potential and opportunities and power. And most importantly, that they are so much more than snowflakes.

“The Train”

Alice Duggan

puts reproductive rights centre-stage



ON MAY 22ND 1971, forty-seven women from the Irish Women's Liberation Movement (IWLM) took the train to Belfast to buy contraceptives, the sale and importation of which were prohibited by law in the Republic at the time. The event attracted huge media attention; it raised

consciousness, exposed a hypocritical lack of law enforcement, and catalysed a conversation about fertility and reproductive rights in broader society. A bold act of defiance and courage, 'the contraceptive train' was crucial to the advancement of Irish women's control over their reproductive and sexual health.

The women had not expected that prescriptions would be required for any contraceptives, so when they could not buy the pill, they bought aspirin instead. They returned to Connolly Station in Dublin to a welcoming crowd of fellow activists, flaunting the condoms, spermicide and aspirin-in-disguise. Nothing was confiscated, nor was the aspirin recognised by the customs officers who, according to some of the women, appeared more nervous than the women themselves!

Musical theatre might not seem like the most obvious genre through which to recount this unprecedented act of feminist protest. However, *The Train*, recently produced by Rough Magic Theatre Company, depicts the events in a musical show that is sensitive to the seriousness of the protest, while also being hilarious, thought-provoking and emotive.

Nuanced portrayals of women's different responses to the 'contraceptive train' express the complexity of the issue in Irish society – from outright rejection to wholehearted support, through varying levels of ambivalence and doubt. The pervasive influence of the Catholic Church on beliefs about sexuality and reproduction is satirised to great comic effect. However, the damaging truth of this influence, and its vestiges in today's Ireland, are chillingly recognisable. This resonance with different generations of Irish people is central to the power of Rough Magic's production.

One of the characters in *The Train* remarks that Irish women seemed to have curiously high levels of "menstrual irregularities", for which they were prescribed oral contraceptives. This was considered an acceptable justification for the use of contraceptives, but a woman's right to control her body and her fertility was not.

Women's rights and real needs were denied in the name of preserving an illusory notion of "traditional Irish family values".

The Train illustrates the enormous harm caused by the State's head-in-the sand approach to women's need for legal access to contraception in the 1970s – harm to the physical and mental health and wellbeing of women, children and families. More than forty years later, the wilful ignorance and damage continues, with protracted efforts to ignore women's need for access to safe, legal abortion services in Ireland. In both cases, there is an incredible disconnect between the law and the reality of women's lives, and the lack of universal access exacerbates inequity. Currently, for women in Ireland, access to abortion services is dictated by one's ability to travel, rather than one's needs. A woman's ability to travel is influenced by a number of factors, including her economic resources, immigration status, self-efficacy and social support. This creates a situation in which the most vulnerable women have the least choice and are disproportionately disempowered.

The Train reminds us that looking to the past can help us to keep moving forward. Although some of the show's reflections of modern Ireland are dispiriting, it is ultimately an encouraging and energising call to action. "We've come this far – quite something to be where we are" is sung at different points throughout the show, and the audience is reminded that celebrating progress and resisting complacency are equally important. *The Train* has captured the energy of the beginnings of the IWLM and made it contagious, forty-six years later. It exemplifies the power of theatre and the arts to add momentum to a social movement, to strengthen a narrative of progressive change and to galvanise intergenerational solidarity in the pursuit of full reproductive rights.

The Train by Arthur Riordan & Bill Whelan, directed by Lynn Parker and produced by Rough Magic Theatre Company, ran in April at the Abbey Theatre, Dublin and the MAC, Belfast. Hopefully it will run again and be enjoyed by an even wider audience!



High Times with NEIL WILSON

What you can and can't say about beer ... probably.

THE VERY FIRST BEER may have been produced, according to some sources, over 10,000 years ago when cereals were first being farmed. It was sometime later that ancient civilisations first worked out how to attach a set of wheels to a cart. The first beer advertisement probably followed soon afterwards as the inhabitants of one village extolled the merits of their brew over their neighbour's one.

In modern times many beers have become transformed into global brands. Despite this globalisation, the world's best selling beer is called "Snow" and gains its status due to its phenomenal sales in China alone. Just one European brew enters the best-seller listings at number seven: Heineken. Founded in 1864 by Gerard Heineken in Holland, the beer that bears his name has over the years become associated with innovative advertising as it slowly expanded well beyond its Amsterdam home.

This expansion is interestingly referred to in the hit drama series 'Mad men' which follows the fortunes of a fictional Madison Avenue advertising agency during the turbulent years of the 1960's in New York. In one episode the creative team are charged with wooing the public to buy this foreign beer rather than a solidly blue-collar all-American one by attempting to market it to a new demographic. Despite Heineken executives initially resisting the strategy of marketing to upscale housewives, Don Draper (the Ad agency's creative director) recommends setting up trial displays in suburban grocery stores to demonstrate the beer's appeal to women.

Later on in the episode the Draper's host a dinner party and Don's wife Betty introduces her "trip around the world" menu. The men all chuckle when the beverage choices include "a frosty glass of beer from Holland". One executive marvels at Don, saying "you said you were the market, and you were."

It's not known how much Heineken paid for such a blatant product placement, in a series that so thoughtfully explored that very concept. They certainly fared better than Jaguar cars who had one of their cars depicted in a failed suicide attempt. The character only survived because the brand new car failed to start and be filled with exhaust fumes.

More recently, and back in the real world, the same beer makers were rumoured to have paid the astronomical sum of 45 million dollars to make James Bond take a swig from the green bottle in the film 'Skyfall'. Darryl Collis, a director at leading product placement agency, Seesaw Media pointed out that "If you break it down into all the different countries that the company would be advertising in, anyway, it doesn't seem so much. Heineken also knows that people will be watching a Bond film for decades, so it's not as if they're paying for a one-off ad. They're paying to become known as a premium brand in the long term. It's more about shifting perceptions than shifting products."

As regulations continue to tighten around the world advertisers are likely to use ever more inventive ways to circumnavigate around the controls put in place by well-intentioned lawmakers.



India, for example, prohibits alcohol and tobacco brands from directly advertising their products. Agencies there have developed what is known as "surrogate advertising". Brewers such as 'Kingfisher' can promote their brand with the help of alternate products or brand extensions - CDs, music, mineral water, sodas, events and sports franchises.

Kingfisher, went even further by running radio ads for such products, and didn't even bother to reference them. The ads contained several suggestive descriptions for the product -- calling it a perfect blend, perfect for a road trip with friends, or a weekend getaway, each time the word 'beer' being beeped out.

As our new public health (alcohol) bill comes into law in Ireland it's worth thinking about quite how insidiously the advertising industry tries to ply its trade ... whatever the guidelines happen to be.

Porn, Power and Feminist Politics: Learning Curves in Sexuality Studies

I AM A PHD STUDENT in Dublin City University. The focus of my research is looking at the experiences of women working in the American mainstream porn industry and how these experiences are talked about by feminists discussing pornography. This involves looking at the relationship between power, sex and knowledge, which means asking questions such as: who gets to speak in this debate, what is allowed to be said and what is believed to be true, and how is research used in this debate to 'prove' a theory? My research involved travelling to the AVN awards (also known as the Oscars of the porn industry) to conduct interviews and to observe first hand this popular event in the industry. At this event, performers greet fans who come from all over America and the rest of the world, and sign autographs, pose for photos, network with industry professionals, and try to avoid the religious protesters who picketed the event. As you may have guessed, porn is a hotly contested field of discussion, and many people have very different viewpoints on it ranging from acceptance to calling for outright bans. Research in this area is relatively new compared to other academic disciplines, and has proved problematic and inconclusive in any firm answers to the question of causing harm in the real world. Who gets to speak and who is deemed an authority when talking about porn is a huge issue of concern. I noticed when doing my Masters in Sexuality Studies and looking at discussions on porn that the people who are heard the most in these discussions are generally anti-porn feminists. The voices of the performers themselves are generally missing, and if they are heard they are generally the same people who seem to function as de facto spokespeople, like Nina Hartley, and are

almost always white. The narrative of women in the industry are often dismissed as the result of internalised misogyny, brainwashing by the patriarchy, or simply outright lies to protect their future employment within the industry. The voices of men, or LGBT performers are



even more silenced, alongside those who are not white. This does not allow for a bigger picture of the experiences of people in the industry, especially when looking at issues such as working conditions, etc. There are certainly existing discourses to be challenged within academic discussions on porn, but especially in how pornography is discussed in the media. The media will most often reach for the simple answer, as we as academics in this area need to reinforce the message that there is no simple answer, no one size fits all approach. Academics need to communicate with the media (and other academics!) to remind them that there are more porn sites in the world than just Pornhub. We need to challenge questionable studies that are presented as fact in the media, and this happens a lot with porn studies. Studies that have serious methodological flaws are

presented as factual, and studies that use a tiny selection of white men as their sample are generalised to the wider population. We also don't see much discussion on the positive effects of porn, as it is always positioned as a problem in research proposals, and we also don't see much research on other forms of pornography that don't cater solely for straight Western men.

Pornography is such a vast catch all term that even defining it is perceived as problematic, and is in itself a site for bias, and we need to ensure that when we are talking about porn, we are clear about what it is exactly that we are talking about. Are we talking about porn as a concept, or porn as an existing industry, and if so, which specific industry? This is important to clarify when people are calling for porn to be banned or blamed for causing violence. If we can accept sexualities can come in many forms, then we should also be able to accept that its representations can be pluralistic also, and interpreted, consumed, and discussed in a variety of ways.

We also need to remember that as yet we don't really know how Irish people consume or really feel about pornography, due to a lack of studies in this area, and so we have to challenge research on the experiences of different demographics that is blindly applied to Irish culture, bearing in mind Ireland's specific histories of discourse around sex and pleasure. More research is needed on this, along with looking at ways to improve sex education, and how parents can discuss porn use with their children in a safe, healthy way. As a researcher, I look forward to these conversations growing and hope that my research will contribute to the further development of porn studies, especially in Ireland.

Emergence and Regression: A brief history of our knowledge and awareness of child sexual abuse.

IT IS NOW WELL APPRECIATED that Child Sexual Abuse is an issue that unfortunately affects all facets of society. We have come to think of this level of appreciation as a relatively recent phenomenon however; with the United States in the 1970s believing the problem to be relatively minor due to low reporting (Finkelhor, 1994) and Ireland only including its first reference to child sexual abuse in child protection policy in 1987. Along this timeline we have also had our growing exposure to sex abuse scandals with reports and commissions of enquiry stretched out over the last three decades or so.

However modern we feel this knowledge and awareness is, we are re-learning old lessons. Kevin Lalor notes in his research that there are references made to child sexual abuse by St. Columbanus in the 6th Century and further references in the early Irish Brehon Laws (Lalor, 1998). The Penitentials which originated in Ireland around the time of St. Columbanus prescribed penance for acts of sexual misuse of children with both the offender and in some instances the child receiving a penance (Lalor, 2001).

Bring this forward to the 19th Century and we are drawn to the early work of the famed psychoanalyst, Sigmund Freud. Freud in his early career had either established or endorsed much of what we now consider our core knowledge regarding child sexual abuse. He spoke about child sexual abuse as predominantly affecting females, occurring mainly within the home environment and creating a potential for lifelong effects. Given this history of knowledge, why isn't our society at a more advanced stage in terms of our policies, laws and societal conversation regarding child sexual abuse? Firstly, there is the specific Irish context of

our traditional inability and societal discouragement to discuss any issues relating to sex, sexuality or family life. Tom Inglis is a good source and informative read on this issue. Secondly, and more significantly but perhaps less appreciated, is that in the later part of his career Sigmund Freud abandoned his beliefs in respect of child sexual abuse as they did not



fit with his development of psychoanalysis. What this did at the time was cast our beliefs about child sexual abuse into disrepute and cast doubt over the very existence of child sexual abuse as an abusive experience (in favour of the theory of all as fantasy). Olafson et al (1993) discuss these and other issues when they chart what they call the emergence and regression of our knowledge of child sexual abuse.

This, added to a significant Irish Taboo, coincides with victims being doubted, questioned or even imprisoned, in the case of mother and baby homes; society ignoring the family by maintaining and respecting its privacy and the church, up until very recently, being able to say they were unsure of what they were dealing with albeit prescribing a very specific penance back in the 7th Century.

So, where are we now? We now view child

sexual abuse as a phenomenon that affects all levels of society, we tend to view it as occurring predominantly within the individual's smaller social sphere, perpetrated by people known to the individual but not predominantly family members (Leventhal, 1998). In fact, about a quarter (25.8%) of perpetrators identified in the SAVI Report were themselves children under the age of 17 (McGee et al, 2002). This phenomenon is now also well established in the international literature. We also know that, despite our history, a small proportion of offenders are clergy.

Two issues which we are also aware of, but perhaps have paid less attention to, are the facts that most individuals who experience child sexual abuse do not disclose until adulthood. Leading to questions about how open and facilitating our society is and how far we have come to remove the taboos surrounding sex, sexuality, abuse and family. The other issue, and one of Dr. Freud's initial contentions, is the life-long effects of child sexual abuse with an experience potentially leading to substance misuse, mental health issues, lower labour market and educational attainment and relationship breakdown in later life. Some of those affected manage to overcome such obstacles but both issues need to be fully embraced by our laws and policies especially with an international move to recognise child sexual abuse as a public health concern.

Ultimately, we need to continue the conversation about sexual abuse in Ireland, we need to further our research efforts and, considering all the above, one would hope that it is not possible for us to forget again! *This piece forms part of a wider study regarding adult's experiences of disclosing childhood sexual abuse to social work services in Ireland.*

'Don't leave me this way' ...THE QUIZ

- When was the 'Leaving Cert' for post-primary education introduced?
a) 1904 b) 1924 c) 1944
- When did Ireland leave the British Commonwealth?
a) 1924 b) 1939 c) 1949
- Who wrote the song "leaving on a jet plane" in the 1960's?
a) John Denver b) Peter, Paul and Mary c) Bob Dylan
- Who left the band 'Genesis' to pursue a solo career in 1975?
a) Phil Collins b) Peter Gabriel c) Tony Banks
- Which Shakespeare play includes the famous stage direction 'Exit, pursued by a bear'?
a) A Midsummer night's dream b) The Tempest c) The Winter's tale.
- Linda Wolfe is in the Guinness book of world records for leaving the most marriages. How many times has she been married?
a) 23 b) 34 c) 100
- Which country's inhabitants have left their homeland to form communities of at least 1,000 expats in more countries than any other?
a) The Irish b) The British c) The French
- Who starred in the 1995 film 'Leaving Las Vegas'?
a) Ben Sanderson b) Nicolas Cage c) Brad Pitt
- On the topic of leaving, who said: "Don't cry because it's over. Smile because it happened."
a) Dr. Seuss b) Oscar Wilde c) Mahatma Gandhi
- According to SeekingArrangement.com what is the most common reason a woman would cite for leaving a relationship?
a) "This is going way too fast for me." b) "I'm just not ready for a commitment yet," c) "You don't earn enough money"

Answers:
1) B 2) C 3) A 4) B 5) C 6) A 7) C 8) B 9) A 10) B
How did you score?
1-3 Completely left out
4-6 Make your mind up!
7-9 In for the long haul
10 Are you still there?

Contact AIDS WEST at Ozanam House Galway

AIDS WEST SUPPORT SERVICE offers to anyone concerned about their sexual health and HIV in particular . . .

- Free/Confidential counselling and information
- Support to individuals (and their families) living with HIV
- Buddying programme for people living with HIV (PLHIV)
 - Alternative treatment therapies for PLHIV
 - Confidential helpline

AIDS WEST OFFERS A WIDE VARIETY OF SEXUAL HEALTH EDUCATION PROGRAMMES

Schools Programmes

Secondary Schools*	Senior Cycle	Positive Sexual Health
Secondary Schools*	Junior Cycle	Negotiating Relationships
Primary School*	6th Class	Basic Facts of Life
Secondary Schools**	Senior Cycle	Risky Behaviour

* These programmes provide the students with age appropriate knowledge about positive sexual health. Topics include puberty, relationships, gender roles, contraception and both the positive/negative consequences of sexual behaviour. Duration 3x 1.5 hours sessions

** This programme focuses on how misuse of alcohol and drugs can lead to various risky behaviour

Parenting Seminar: "I am a parent get me out of here!"
Provides information and advice to parents on how to support their teenager through the minefield that is Sexual Health Education, Drugs, Alcohol, Social Media and related risky behaviour. Duration -2 hours

Much Much more ...

- "Risky Behaviour and You - A guide to negotiating student life around Sex, Drugs and Alcohol." Third Level College Workshop -Duration - 1 hour.
- Sexual health programmes tailored to meet needs of Professional groups , Youth groups , Youth Workers and at Risk groups.

CONTACT US

t: 091 566266

e: info@aidswest.ie

w: www.aidswest.ie

f: facebook.com/aidswest

APP

For iTunes:

<http://itunes.apple.com/ie/app/sexual-health-guide>

For Android:

<https://market.android.com.grabradioworld.sexualhealthguide>

The STI Clinic Opening Hours

Monday Afternoon

14.00-15.30 New Patients' Clinic *By Appointment Only*
16.00-17.45 STI Review & Treatment Clinic *By Appointment Only*

Tuesday Morning

Results (telephone) *Telephone at time advised*
Attendance for Results *By Appointment Only*

Wednesday Morning

'Walk In' STI Clinic* *Doors Open at 8.50am*

Wednesday Afternoon

14.00-17.00 STI Review & Treatment Clinic *By Appointment Only*

Friday Morning

'Walk In' Clinic* *Doors Open at 8.50am*

Friday Afternoon

Results (telephone) *Telephone at time advised*
Attendance for Results *By Appointment Only*

The clinic is located in a self-contained building to the left of the main hospital. As you enter the grounds of the hospital, take the first left, then follow signs for Genito-urinary Medical Clinic, Infectious Diseases and hepatology – in front of maternity services.

Tel: 091-525200.

* This clinic is based on a 'first come, first served' basis with a maximum quota that can be seen at any one time.

AIDS West offer Free Confidential Rapid HIV Testing on the last Tuesday of each month at: Teach Solais Centre, Merchants Road, Galway from: 5:00pm - 8:00pm

USEFUL SERVICES

AIDS WEST
(091) 566266

STI Clinic Galway
(091)525200

STI Clinic Portlinculla
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 Limerick
Hospital, Dooradoyle 061-482382

G.U.I.D.E Clinic Dublin
St. James' Hospital 01-4162315/2316

STI Clinic Letterkenny
Letterkenny, Co. Donegal 074-9123715

GOSHH Limerick
Redwood Place, 18 Davis Street, Limerick (061) 314354

Sexual Health Centre
16 Peters' Street, Cork, 021-4276676

HIV Ireland
70 Eccles Street, Dublin 7, 01-873 3799

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

GET TESTED!



This issue of
Happiness is Vital
is supported by



GILEAD
Advancing Therapeutics.
Improving Lives.



GlaxoSmithKline