

HAPPINESS IS

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# VITAL





## in this Issue

WELCOME TO the Summer edition of Happiness is Vital. Find us on facebook and follow us on twitter @aidswest for interesting and inspirational news, videos and information.

In this issue we revisit AIDS West events over the past few months including our highly successful seminar on 'Coping With Adversity' with inspirational speakers Joan Freeman, John Lonergan and Ophelia Haanyama Orum. We look back on our parenting seminar and announce plans for an exciting seminar on 'Parenting and the Internet' with full details to be announced soon.

We feature poetry from Gerry Galvin and both 'Medical Matters' and 'Dear Lorraine' examine issues and concerns affecting readers and as always we take a look at the latest medical advancements and news stories relating to HIV from around the world.

Please check our website for details of upcoming events. I hope you enjoy this issue and those long lazy days of Summer in the West of Ireland. Keep well, keep safe and above all, for all of us, happiness, each and every day is indeed vital.

**Tracey Ferguson**

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# SPEAKERS INSPIRE AND BRING HOPE TO AIDS WEST SEMINAR

THE ARDILAUN HOTEL was the venue for this ambitious conference run by AIDS West to mark Irish AIDS Day. It was an inspirational event, a time for the attendees to reflect on the challenges that life holds and to help them respond to same in a positive manner. We were blessed with truly remarkable speakers. As Gaybo used to say "there was something for everyone in the audience".

Evelyn Stephens our founder introduced Michael D. Higgins whose opening address set the tone for the meeting. Michael D. has been a great public servant and campaigner for the marginalised over a lifetime in politics and was at his eloquent best. He reflected on

some of his own experiences working with those most in need.

Joan Freeman, Director and Founder of Pieta House spoke about her own life, her involvement with suicide prevention and the need for challenging the stigma associated with suicide and self-harm. She outlined the hope and support that Pieta House gives to it's clients and families every day.

John Lonergan, author and former Governor of Mountjoy Prison, spoke of working with prisoners as an education in the reality of life. Stigma comes in all forms and he asked what greater stigma there is for a person trying to get back into society after

having served a prison sentence. John argued that to see a person who has hit rock bottom come back and flourish in society through the help/support of a friend, partner, family member or often a prison officer, is nothing short of a miracle.

In summation, Kate Mulkerrins, acting chairperson of AIDS West said how delighted we were to be able to bring these inspiring and renowned speakers to the people of Galway. Kate reminded us all of our need to occasionally reflect on our lives. She hoped the conference would give hope and encouragement to all those who participated, particularly those who were living with the stigma of HIV Infection.



## Parenting seminar tackles tough topics *120 parents get facts and advice on sensitive issues*

AIDS WEST held a very successful public seminar on Monday, 21st of March at The Ardilaun Hotel. Over 120 parents attended the evening called 'I'm A Parent...Get Me Out Of Here'. The Seminar, which was free and open to all, covered difficult issues affecting parents including drugs, alcohol, sexuality and relationships.

The focus of the seminar was to bring parents up to speed with all the facts and to provide them with the tools they need to talk about these sensitive topics. Many parents feel that they don't have the necessary skills to tackle these issues with young adults. In our fast-changing real and cyber worlds, it is more important than ever for parents to be fully informed on these issues. The feedback on the seminar was overwhelmingly positive and appreciative.

The AIDS West education team executed a wonderful presentation. Siobhan O'Higgins informed parents that when it comes to sexual health "ignorance is not the same as innocence" and stressed the vital importance of talking to ones' children from an early age. Lorraine O'Connell talked about some sensitive issues such as sexually

transmitted infections, the most common being Chlamydia where the most recent statistics showed that almost 20 individuals a day are being infected in Ireland and it has also had a 300 % increase over the past 10 years in infection rates.

Neil Wilson imparted a shocking revelation that 80% of young teenagers between the ages of 13 and 16 years have taken alcohol and 33% have experimented with illegal drugs. The link between the use of alcohol / drugs and risky sexual behaviour was clearly evident from the many recent surveys carried out with young people.

Over the past twelve months the AIDS West Team have presented a number of similar seminars in conjunction with Schools/Parent committees throughout Galway, Mayo and Roscommon. This is vital work and the team welcome working with any parent organisations who would be interested in availing of this seminar. One parent noted on the evaluation form that the seminar was "The best two hours I have spent for some time". For more information on future seminars or to request one in your area, please contact our office directly at (091) 522266.

### The Internet and your Kids *Vital information for parents at Galway seminar*

DO YOU KNOW the difference between tweets and twitter? how to poke your friends? or create an avatar ? The language may all be new but the age-old problem of how to help young people to navigate their way into adult life remains. The digital age and the all-encompassing worldwide web

present an astonishing variety of new ways in which we can interact with each other. Perhaps we could imagine the web as a kind of city. Most of the time we can enjoy the public spaces and amenities but the 'shadier' back alleys and corners open up a whole other world of possibilities.

Here at AIDS West we have put together a new interactive seminar to be launched this Autumn. Our aim is to help parents to understand this new world and how to help their children enjoy its benefits, whilst trying to avoid some of the pitfalls of our digital existence. Contact our office for further details at (091) 566266.

# Discuss with *Dr Shay*



## Herpes simplex

Herpes simplex (HSV) was first reported over 2,000 years ago, but was not identified as a virus until the 1940s. There are two types, HSV type 1 (HSV1) and HSV type 2 (HSV2).

- HSV 1 is usually associated with infection of the mouth, throat, face, eye and nervous system.
- HSV2 is usually sexually transmitted and causes anogenital infection.

Each strain however may cause infection in all areas as cross infection of HSV1 and HSV2 may occur from oral-genital contact. This means that one can get genital HSV in the mouth and oral HSV in the genital area. HSV can also affect the hands (called a whitlow) but more seriously can affect the eyes or invade the central nervous system (encephalitis). Furthermore, patients with immature or suppressed immune systems such as infants, transplant patients or patients with advanced HIV disease or pregnant women are prone to severe complications from HSV.

HSV 1, Orofacial (mouth and face) is readily identified by its clinical appearance, usually multiple, round ulcers filled with straw-coloured fluid. It can be mistaken inside the mouth for common mouth ulcers or outside the mouth for impetigo, a bacterial infection of the skin. Genital HSV may be more difficult to diagnose as many do not have the classical blistering rash. It may also be mistaken for other genital conditions including fungal infections of the chancre (ulcer) of primary

syphilis. Tests can be done to aid identification: viral culture or search for viral genetic material (PCR) from the rash or antibody tests in the blood. HSV is contracted through direct contact with an ulcer or body fluid from an infected person. The virus travels through tiny breaks on the skin or mucous membranes in the mouth or genital area. Asymptomatic shedding may also occur, where the infected person shows no visible signs of the disease but is still infectious. Such asymptomatic shedding is commoner in HSV2 and in the first 12 months of the infection. Barrier methods of contraception such as condoms reduce but do not eliminate transmission risk. Primary (first time) genital HSV1 and HSV2 are characterised by 'systemic' symptoms, fever, headache and malaise. These symptoms are usually worse within the first few days of the appearance of the rash and gradually recede in 3-4 days. Pain in the genitals or when passing urine, itching, discharge from the vagina or urethra reach a maximum at day 7-11 of the infection. Swollen glands in the genital area may also occur and can take several weeks to resolve.

In an attempt to kill the virus, the body makes antibodies to HSV1 or HSV2. These antibodies do not kill the virus however and it travels to the base of the nerves in the where it remains latent (dormant) and has lifelong 'residency'. During this latency period, no virus is produced and the patient is well and symptom free. Most patients however experience recurrences or the ulcer. In the lead up to the ulceration, the patient may

experience tingling in the area, itching and pain in the skin. During these recurrences, the ulcers are usually less painful and heal faster than the primary infection but for others they may still be quite debilitating. The recurrences are commoner in HSV 2 than HSV1 and are believed to be triggered by local trauma, menstruation, ultra-violet light and sunlight.

There is no treatment currently available to eradicate the virus but many cases of HSV infection are mild and do not need treatment. For the minority with a severe or prolonged occurrence, especially if it's the first episode, if there is a high frequency of attack or if the patient is immunocompromised, antiviral medications may be prescribed. Those with frequent or severe recurrences, may choose to take antiviral medication daily termed 'suppressive' therapy to prevent recurrences or during each attack for three days.

Patients infected with HSV may feel stigmatised by the infection and may very occasionally need psychological support. The reality is however, that the vast majority of the world's population are carriers of HSV1, HSV2 or both and most people have no symptoms at all. Using emotive and anxiety provoking terminology such as 'attacks' and 'outbreaks' may fuel such stigma and should be avoided. HSV infection in pregnancy or in the immunocompromised is very serious and merits expert attention.

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

# Take your medicine!

AN HIV-POSITIVE PERSON who takes anti-retroviral drugs after diagnosis, rather than when their health declines, can cut the risk of spreading the virus to uninfected partners by 96%, according to a study. The United States National Institutes of Health sampled 1,763 couples in which one partner was infected by HIV.

It was abandoned four years early as the trial was so successful. The World Health Organization said it was a "crucial development". The study began in 2005 at 13 sites across Africa, Asia and the Americas. HIV-positive patients were split into two groups. In one, individuals were immediately given a course of anti-retroviral drugs.

The other group only received the treatment when their white blood cell count fell.

Both were given counselling on safe sex practices, free condoms and treatment for sexually transmitted infections.

Among those immediately starting anti-retroviral therapy there was only one case of transmission between partners. In the other group there were 27 HIV transmissions.

'Renewed commitment' "This breakthrough is a serious game changer and will drive the prevention revolution forward. It makes HIV treatment a new priority prevention option," said Michel Sidibe, executive director of the Joint United Nations Programme on HIV/Aids (UNAIDS). But he warned that it would cost more than ten billion dollars to provide drugs to the ten million people worldwide who are currently not receiving medication for HIV.

The World Health Organization says sexual transmission accounts for 80% of all new HIV infections. Its director general, Dr Margaret Chan, described the announcement as a "crucial development". She added: "The findings from this study will further strengthen and support the new guidance that WHO is releasing in July to help people living with HIV protect their partners." The value of anti-retrovirals, in preventing transmission, had been speculated for some time after observational studies, but researchers say this is the first time it has been proven in clinical trials. Keith Alcorn, from the NAM, an HIV/AIDS charity, said: "This study resoundingly confirms what lots of smaller studies have been telling us for several years. "International donors cannot ignore the evidence any longer: HIV treatment is a very powerful form of HIV prevention, and could have a major effect on the HIV epidemic in the worst-affected countries.

"What we need now is a renewed commitment to HIV treatment, and studies to show how to get the maximum benefit out of this breakthrough at country level."

BBC

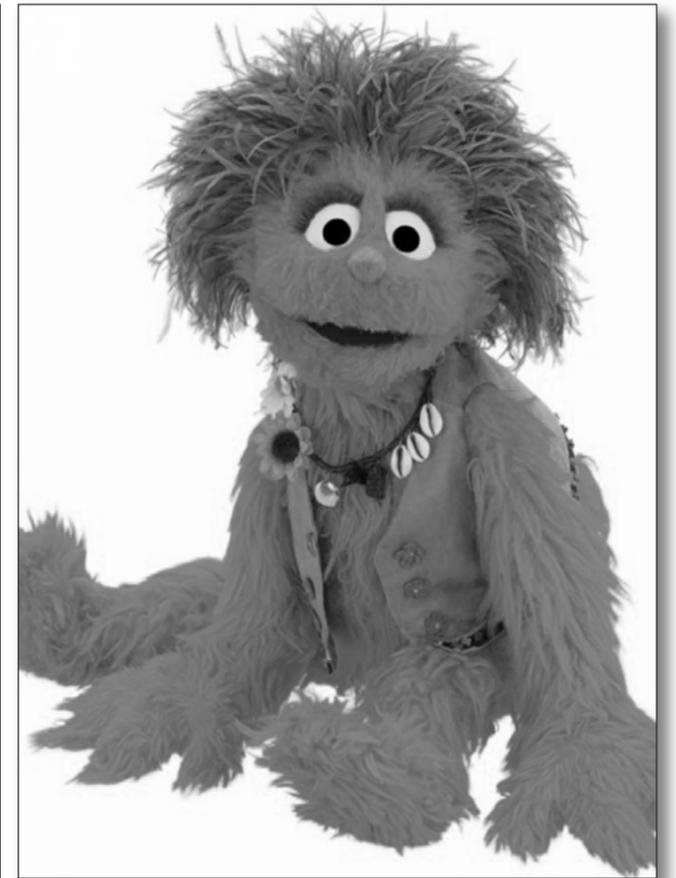
## How do you get to Sesame Square?

THE NIGERIAN VERSION of the famous US TV show Sesame Street has just been launched. Starring a yam monster, an HIV-positive puppet and talking drums. There are no New York-style streets with tall blocks of flats punctuated with fire hydrants, but smaller houses with gardens surrounding a huge mango tree, lined with straw baskets.

This is Sesame Square, featuring Kami - a furry, golden, female muppet, and the energetic Zobi, a blue, male muppet, who drives a stationary yellow taxi. The likeable Kami is five years old, and HIV-positive, in a role that is expected to help eliminate the stigma associated with the AIDS virus. Yemisi Ilo, the executive producer of the series, notes that having a character like Kami will "help educate children in a fun and lighthearted way".

"Our reality here in Nigeria is that there are hundreds of thousands of Aids orphans," she adds. "We want all children, including those with HIV, to be able to relate with the characters." "It is by no means heavy. Kami doesn't come out saying she is HIV-positive. It's just who she is." As well as teaching children to spell and count in a fun way, the fluffy Zobi also helps educate them about malaria prevention, in a country where more than 300,000 people die every year from the disease.

Not only does Zobi have a huge role to play as the co-lead muppet, he is also the "Yam Monster". Nigeria's answer to the cookie monster in the original programme. Zobi has a huge appetite, which he tries to satisfy with the starchy tuberous root vegetable which is the nutritious staple food of many Nigerians.



Music will typically play a key role, and many local guest artists will be featured. With scenes shot around the country, the programme will help educate Nigerian children about some of the languages, dress and traditions around the country.

The producers say they will ensure that they take great care to represent all of Nigeria's many ethnic groups and promote national unity. This will be especially important in a country where outbreaks of violence between rival communities has claimed hundreds of lives this year alone. The show will be aired in English, and some distinctive characters and segments from the original Sesame Street, such as Ernie and Bert, Elmo, Big Bird, and Grover, will be featured speaking with Nigerian accents.

Sesame Square will debut on the national network, Nigerian Television Authority (NTA), reaching across the country. Ahead of its launch, the programme has attracted a great deal of attention, and not just from children. "I want my kids to watch this kind of programme, because I also watched Sesame Street when I was young and even now I'm curious to see what this new one is like," says Segun Abimbola, a banker.

Sesame Square, funded by the US government's development agency USAids, is one of more than 20 international adaptations of the original and the third version in Africa, after Alim Simsim in Egypt, and South Africa's Takalani Sesame (where Kami was first introduced).

The US-based Sesame Street is one of the most widely viewed children's programmes on television. Having been on air for more than 40 years, it is also one of the longest running. The series has been an educational tool worldwide, focusing on various issues affecting children. Sesame Workshop, the organisation behind Sesame Street, collaborated with educational consultants and organisations, including USAid, and the Nigerian Ministry of Education, to come up with a curriculum for this project.

The famous Can You Tell Me How to Get to Sesame Street theme song has given way to a similarly catchy Welcome to Sesame Square, enhanced with the beat of local talking drums. The name Sesame Square was coined to reflect the Nigerian setting and "it has a nice ring to it", says Ms Ilo. She says it is based on the traditional Nigerian village, where a landmark, often a huge tree, serves as the centre for meetings. It is where people gather to debate or tell stories - reflecting the strength of the oral tradition in these cultures. An oral tradition which Zobi and Kami are about to enhance.

BBC

# 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

*My Girlfriend has been diagnosed with Trichomoniasis, I have heard that men cannot get it and I'm wondering can we continue to have sex without using condoms? My girlfriend is on the pill.*

John

DEAR JOHN,

Trichomoniasis is a common sexually transmitted infection (STI) that affects both women AND men. Symptoms are more common in women. Infection is caused by a parasite. The vagina is the most common site of infection in women, and the urethra (urine canal) is the most common site of infection in men. The parasite is transmitted through sexual contact.

Men with trichomoniasis generally do not have signs or symptoms. Recognised symptoms include a transient irritation inside the penis, mild discharge, burning and discomfort after passing urine. Symptoms in women include; a frothy, yellow-green vaginal discharge that has an odour. Women may report discomfort passing water, as well as irritation and itching of the genital area. Infection may also be associated with discomfort during sexual intercourse. Symptoms usually appear in women within 5 to 28 days of exposure.

Trichomoniasis is usually diagnosed by performing laboratory tests since clinical manifestations of the disease

can vary. An antibiotic is the treatment of choice in both men and women. The surest way to avoid transmission of sexually transmitted infections is to abstain from sexual contact, or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected.

Latex male condoms, when used consistently and correctly, can reduce the risk of transmission of trichomoniasis.

Any genital symptom such as discharge or burning during urination or an unusual sore or rash should be a signal to stop having sex and to consult a doctor or local clinic immediately. A person diagnosed with trichomoniasis (or any other STI) should receive treatment and should notify all recent sex partners so that they too can see a doctor and be treated. This reduces the risk that the sex partners will develop complications from trichomoniasis and reduces the risk that the person with trichomoniasis will become re-infected. So John, I would advise you to avoid having sex until your girlfriend has completed treatment and has no symptoms and also to go and get tested yourself.

You will find a list of STI clinics towards the back page of our news-letter and our help-line number is 091566266 if you need any further information or advice.

Regards,  
Lorraine

# Poetry

with Gerry Galvin

GERRY GALVIN, born in Drumcollogher, Co. Limerick in 1942, now lives in Oughterard Co. Galway. He is a writer, chef and former restaurateur, author of two cookbooks, 'The Drimcong Food Affair' and 'Everyday Gourmet' and is a columnist with 'Organic Matters'. His book of poetry 'No Recipe' was published by Doire Press in 2010. 'Killer à la Carte', Gerry's debut novel is due from Doire Press in October 2011.

## In The Hopeful Morning

Take the path behind the garage where the finches have begun their morning newscast; turn left on to the lane inclining to a stream. You might sit for a minute on the bridge, witness to the gibbering commentary, water rushing to appointments at the lake. Trace a while the defunct Clifden railway line, a penitence of bramble and furze. Walk on between the hedgerows where the road narrows, ditches closing ranks around a quorum of blackthorn, wild rose, holly, their distinctive statements.

It will probably rain, first to the rhythm of your pulse beat, fading to soft insistence as you ponder shelter or retreat. If it's only a shower you may carry on to the glistening prosperity of fields, grazing ponies who lift their heads and gaze, attributing mystery to the day. You may think that in the clarity of field and rain and hedgerow you yourself are mystery but for the swoop of spitfiring swallows.

Rain clears in deference to sunlight, a hill invents itself in scattering clouds and you may feel a loosening, as from a drug or alcohol. You may see yourself as someone glad to be with you, bringing you to whom you wish you were.

## Barfly

His mouth says he's happy.  
What does the beard say,  
the shades, the whiskey glass  
never-empty, held tight and shaking?

Why have his eyes taken flight,  
above and beyond the top shelf,  
racing the length of the bar,  
looking for a lost exit?

Grandstand and guffaw,  
pulled punches, carry his karaoke,  
pre-recorded years ago  
before he found himself out.

We look on, moved but unmoving  
witnesses to ritual retreat,  
respectability distancing itself,  
holier-than-thou.

## Climbing

I climb that hill today,  
doubt sandwiched in my pocket  
with a map that's frayed and smudged  
by someone's hapless fingers,  
someone who was here before  
on their doomed expedition.

I have a torch, was told  
to use it only in extremis.  
I've lost my way a long time now,  
my light is dimmed already,  
the view from that hill's crest  
permanently occluded?

Desire wants isolation  
but cannot function on its own.  
How firmly instilled  
this need for never-ending tries,  
dumbshows we never get to master,  
'Good man, almost there!'

Age needs company and peace  
beyond reality's unrest,  
the three-times daily news;  
not company so much as peace  
where all the falling metaphors  
blend to a finely toned still life.

Excerpt from  
**THE GOVERNOR**  
by John Lonergan

ONE MORNING IN October 1985 I was called out of one of our weekly management meetings. A medical orderly told me that the result of a HIV blood test had arrived back at the prison and it was positive. We had our first ever HIV-positive prisoner.

Out of the blue, Benny Hogg, a short-term prisoner who was a chronic heroin addict, had requested an AIDS test. In those days nobody knew the difference between HIV and AIDS, and there was an assumption that if you had HIV, you had AIDS. Nowadays many people with HIV live normal lives, but in those days there was a lack of treatment, a lack of understanding and a total ignorance of HIV. Benny received the results of the test without any preparation or counselling. The doctor brought Benny in and said something along the lines of, 'You have HIV. I'm afraid you will get AIDS over the next year or so and you have about five years to live.'

I went to see him. Naturally he was in bits, his family was in bits, the prison was in bits and the rest of the prisoners were terrified that they would get the virus; the whole place was chaotic. The Staff Association met immediately and demanded the release of the prisoner because the staff were afraid of contracting the disease, again a fear born of ignorance. That evening Benny Hogg was let out on temporary release. Poor Benny died a few years later.

Within a couple of days, twenty more results had arrived, and fourteen or fifteen of them were positive. The amazing thing was that a few prisoners who received negative results had been using heroin for twenty years, so it wasn't inevitable that if you were a user you had the virus. The Department of Justice decided that we should segregate all prisoners with the virus. Initially, they were put down in the B basement (a floor directly underneath the B wing of the main prison) and then they were moved over to the Separation Unit and eventually as the number grew, accommodated in both the Separation Unit and the B basement.

Not long afterward, the same thing happened in the women's prison. Some of the women had gone for the test and some had received positive results. The other prisoners and the staff demanded to have them segregated too, and they were allocated a floor in the Separation Unit. The segregation policy was disastrous. It gave staff and prisoners a false sense of security because they thought if the prisoners with HIV are segregated then we are not in any danger. What people didn't realize was that hundreds of prisoners, drug users in particular, weren't tested at all. Prisoners were terrified to use the same cup or plates or



have anything to do with the prisoners with the virus. Staff members were the same. The dentist who had been coming to Mountjoy for many years withdrew his services because he felt that his association with a virus-ridden Mountjoy was going to affect his private practice. (It took two years to sort out an alternative. In 1987 the Dental Hospital came on board, and still manages the dental service to the prison). Even prisoners' families operated a form of segregation policy and when prisoners went home they were given their own cups, plates and cutlery.

In January 1986 the Department of Justice decided to transfer all the HIV-positive male prisoners to Arbour Hill Prison. But the prison couldn't manage them because it was too confined, so eventually they had to be brought back to Mountjoy and put in the Separation Unit and the B basement again. That was where they remained until the Department decided that segregation should end and what we should do was to treat all blood spillage as high risk, irrespective of whose it was. It was a simple solution and it worked. It became international practice soon afterwards.

# Interview with Ophelia

Haanyama Orum, author of 'Ophelia's Journey' and keynote speaker at the AIDS West Conference 'Coping with Adversity' talks about her life and makes some interesting universal observations.



## Reaction to learning she was HIV Positive.

"Total shock and disbelief. I had some normal routine tests. I wasn't ill or anything. I had not been engaged in any risky behaviour or with drugs. I find myself in a consultation room and this man was sitting opposite me, telling me I was HIV positive. I went into a haze, I have no memory of how I got home from the hospital that day. I believed it was a mistake, the results must have been mixed up. I decided to get retested, I was in total denial. I went ahead with (a procedure) before the second set of tests had come back. I remember, still in shock, lying alone on the operating table with the bright lights, the smell and the silence. Suddenly the doors open and the surgical team came in, the five of them looked like astronauts in space suits. I could not see their faces because of the thick plastic visors they wore to keep off any possible drops of blood. Double latex gloves reached halfway up the sleeves of their extra thick surgical coats. That moment I became painfully aware of the stigma of my illness. I felt more like hazardous waste than a human being.

**How did you cope with the isolation?** Being an African migrant woman in Sweden, one has to get used to coping with many issues. Interestingly for me having my own room, my own bed, own cups and cutlery, people having to wear gloves to shake my hand meant that this isolation helped keep me safe from infection. I had my own toilet and I got mad if anyone else used it. I guess I had to find some positive way to cope with the stigma and that's the way I viewed the isolation. I became obsessed with avoiding infection, so when people came to visit me in my home they dried their hands with a different towel. I had tee shirts, cleaned and ironed, they had

to change into them. No bacteria was my priority. They took off their shoes before coming into my home, anything that would keep me healthy was ok by me.

**How did being HIV effect your relationship with your kids?** I told my daughter I was HIV positive when she was eight and my biggest worry was that she would tell her friends at school. We all know kids do like to talk with their friends, and she did talk about loads of things, our house, the food we eat etc. even the underwear I wore got talked about. But the one thing she never spoke to anyone about was my HIV status. In some ways I guess it was a form of discrimination for her. She never discussed it even with me, she just did not want to talk about it. Looking back that must have being very difficult for her. My son, that was totally different, he grew up with me being HIV, I was always HIV in his life as he was born after I became HIV. If I complained about having a cold and was worried about myself or that my condition might deteriorate, he would say I have a friend whose mother has a backache, she is much worse than you, to him HIV was just something you got on with.

**Has writing your book help address the stigma issue for you?** I have no idea when I

am helping someone and its not my call to do that, this book was for me. I had issues in my own life, my internal stigmas, my life in Africa, being part of a big family and being a woman in that society, integration issues, being a migrant etc. Then I went into marrying myself up and where does all that lead me, ending up being HIV positive. If someone reads the book who might have a life like mine or some similar experiences and that helps them, that's great but this book was for me. Maybe I have what one might call a positive selfishness.

That's what this book is.

**Any advice for someone who is newly diagnosed with HIV?** Do not be too hard on yourself. HIV is a chronic infection that's what it is. You have to be nice to yourself first to allow people to hold your hand and open up to you, they won't if you don't. There is a lot more help now comparatively than in the 80's. I think we should be able to embrace some discrimination because this can lead to change. Discrimination is not always negative it can create space for evaluation and to look at things differently.

**A final comment from the interview with Ophelia** "To survive this infection you have to choose life"

# High Times 8

## High Times with NEIL WILSON



### HEROIN

The Opium poppy has been cultivated by humans for over 6,000 years. The major ancient civilisations such as the Greeks, Romans and Persians all knew something of its diverse properties both positive and negative.

Opium was once called 'The Queen of Medicines' by Thomas Sydenham, who was also known as 'The English Hippocrates'. The products of the opium poppy still remain an important part of the armoury of the modern physician but its 'dual-use' in both pain relief and as a source of pleasure have given the drug a complex and surprising history.

Sydenham's pain-relief product was known as 'Laudanum' and in addition to Opium contained red wine, cloves, saffron and cinnamon. Popularised in 17th century London, it remained in production in various forms until the 1930's as a treatment for coughs, diarrhoea, dysentery and as an aid to a 'deep and refreshing sleep'. It was an important milestone in the development of what we would now recognise as commercially available medicines as the product had now become standardised. In 1898 a rival product 'Heroin' was launched by the giant Bayer chemical group, partly as a cure for coughs. Although it was later withdrawn in 1914 the name stuck and became the term used in the West for opium itself. The use of opium continues to the present day with products such as morphine and codeine that are derived directly from the poppy and others that are partially or wholly synthetically made such as Oxycodone, Fentanyl and Pethidine.

Back in the 19th century another addiction altogether drew Britain into what must be one of the oddest wars in history. In the first decade of the century (1800-1810) nearly

1,000 tons of silver had to be paid to the Chinese treasury in payment for tea, creating something of a balance of payments crisis. The East India Company began to take an interest in the opium trade that was then conducted by a shady collection of traders and pirates. The company (with the tacit support of the British government) attempted to corner the market using Indian grown opium. It didn't take long for the trade deficit to be reversed. In 1839 the Emperor's commissioner retaliated by dumping 2.6 million tons of opium (approximately one year's supply) into the ocean. Britain promptly declared war, not once but twice.

The British destroyed the Emperor's Summer palace, gaining favourable trading terms and adding Hong Kong to the empire. As domestic production increased, the value of the trade lessened but it only finally disappeared with the 'Dangerous Drugs Act of 1920'.

Whilst the trade continued, concern about 'pleasurable' use of opium or dependency stemming from an initial medicinal use, began to grow. Thomas De Quincey published 'Confessions of an English Opium Eater' in 1822. This book can easily be seen as a precursor to the sensationalist 'My Drug Hell' stories that still often appear in the tabloids. Other famous writers such as Arthur Conan Doyle, Oscar Wilde and Charles Dickens described opium dens, often situated in the most deprived districts of the London Docklands. In the opening chapter of the unfinished "Mystery of Edwin Drood" (1870) Dickens says "We found the haggard old woman blowing at a kind of pipe made of an old penny ink-bottle".

Turning to more modern times the heroin scene in Ireland was seen to dramatically explode in the early 1980's. This was seen to

be disproportionately concentrated in Dublin's inner city areas with their backdrop of sky-high levels of unemployment, poverty and deprivation. One community study found an inner city flat complex where there was 30% opiate use among 15-19 year old males (Cullen 1990). The likelihood that users would inject rather than smoke heroin (i.e., 'chasing the dragon') led to even more problems, not least being the increased transmission of the HIV virus.

Grass-root movements at that time had some initial success. CPAD (Concerned Parents against Drugs) organised mass marches. Their chants of 'Pushers Out' led to direct action with some dealers being forcefully evicted. As time went on the vigilante tactics of the movement began to be seen as somewhat disreputable. The actions of statutory authorities dramatically increased in response to heightened public concern about drug use and increased criminality. Events, such as the murder of the crime reporter Veronica Guerin in 1996, further fuelled a widespread belief that some areas of Dublin had been lost to criminal gangs that had grown rich from the veins of the users they supplied.

Despite 'droughts' of heroin over the years, not least due to the efforts of the Taliban in Afghanistan, the drug remains a highly destructive force in so many lives and communities. As Johnny Rotten, (of the band 'The Sex Pistols') said of Sid Vicious "I could take on England, but I couldn't take on one heroin user."

**Neil Wilson**

*Drugs/alcohol/sexual health co-ordinator*

## 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  
021-496 6844

### 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

Deadline for our summer issue is August 10th, 2011. Send to: info@aidswest.ie or The Editor, Happiness is Vital, AIDS West, Ozanam House, St. Augustine St. 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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# Coping With Adversity Seminar Ardilaun Hotel, Galway



*Packed room at the Ardilaun Hotel*



*Phillip Mallon, Ophelia Haanyama Orum, John Flannery*



*Evelyn Stevens, Michael D. Higgins, John Lonergan*



*AIDS West staff*



*Joan Freeman addressing the audience*

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