

HAPPINESS IS

No 1 Vol 14 Spring 2012

# VITAL



**Everything you need to know  
about sex**



**New Free Sexual Health App**

# Editorial

WELCOME TO THE SPRING issue of Happiness Is Vital. We have been busy these past few months here at AIDS West ,since our last edition. We have finally launched our APP "Sexual Health Guide" both on the Apple and Android platforms .We were delighted that the Minister for Health and Children, Dr James Reilly T.D. was in attendance at the launch. We discuss the APP in more detail on page 3. In March we also hosted a very successful seminar on child exploitation and the internet. It was a privilege to have Mr Jim Gamble , former chief executive of CEOP ( Child Exploitation On -line Protection Agency )

address the audience. Since Christmas we also ran a number of parenting workshops " I am a parent get me out of here" at Salerno and Kinvara schools. We were involved with SHAG weeks ( Sexual Health Awareness and Guidance ) at NUIG and in Sligo, Athlone Institutes of Technology where we ran a number of workshops and set up information stands. Funding of our newsletter has become increasingly difficult but so far we have been successful in funding the next two issues. So despite the economic gloom that is around this little island of ours, we at AIDS West are full of optimism for 2012 and we hope this shines through to all our readers.

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## IRELANDS FIRST SEXUAL HEALTH APP



THE 'SEXUAL HEALTH GUIDE', Irelands first ever sexual health App, was launched on the 7th of March at Government Buildings by the Minister for Health and Children, Dr. James Reilly TD . The App was developed by AIDS West to mark 25 years of working in the area of sexual health education and support in Ireland. It is free and available now to download on both APPLE and ANDROID platforms.

The App addresses all aspects of sexual health providing useful information on the importance of positive sexual experiences, information on STI'S and contraception plus where to go for help when required.

The free App is user friendly and employs both text and video for maximum engagement. The 'Sexual Health Guide' contains useful information for people of all ages .With the explosion in social media and internet technology we believe that the APP is a very necessary development, particularly amongst a sexually active younger generation. As much of our work is concerned with delivering sexual health programmes to young people in schools , it's great to be able to refer

them to the APP. We believe the APP technology will enable information on Sexual Health reach a wider national audience of all ages. In today's Ireland there are many who, after years in a monogamous sexual relationship, may find themselves in new relationships and need some direction and support. It's vital that the message of positive sexual health and the prevention of sexually transmitted infections is listened to and that we use technology to reinforce same.

The Team at AIDS West , who have worked hard over the last 6 months on the project, are delighted it is now in the public domain. This puts AIDS West onto a national stage. What is really important is that the Irish public , particularly those who may need advice or help, are aware of the APP's availability. We will continue to promote the APP throughout the coming months and look forward to feedback from our readers. We would particularly like to thank both ViiV Healthcare ( GSK) Ireland and Global Internet Radio Technologies for making this APP a reality. We also would like to thank the HSE for their continued support.

Aids West Hosts Seminar On

# Child Exploitation and the INTERNET



AIDS WEST were delighted to have Mr Jim Gamble, a global expert on the issues of internet child exploitation attend and discuss his work with parents in Galway at a seminar held in the Ardilaun Hotel on March 1st. It was an excellent opportunity for parents who wished to learn more about social media, the internet and how our children are using and being used by it, 'The Good, the Bad and the Ugly'.

Jim was appointed as the first Chief Executive of the Child Exploitation and Online Protection (CEOP) Agency in 2006. CEOP brings together the police, industry, government and experts from specialist charities to build what is now recognised as a world leading authority on child protection. Under his watch the agency became internationally recognised for its work in tracking down paedophiles using the web , an investigation known as Operation ORE. Jim stressed that "the internet is just another public place and it's not about technology it's about people." He encouraged parents to embrace and learn to use the technology. There is so much more GOOD than there is BAD or UGLY. Parents want their children to be able to use technology, to learn, compete for jobs etc., but they also want them to understand the risks.



Jim's address was preceded by the AIDS West educational team workshop on "The Internet and your Teenager". Lorraine, Siobhan and Neil covered the positives and negatives of the internet discussing topics such as how the social web is used for sharing information, chatting, befriending, playing games etc. Other topics included sexting, cyberbullying, pornography and drugs. The presentation included some very powerful videos which were custom made by CEOP. The AIDS

West team are CEOP accredited. The message remains constant, young people have to be encouraged to talk to their parents. The best way of making this happen is for parents to show a interest and willingness to understand social media. There was a lively question and answer session and feedback from attendees was excellent. Please contact us at AIDS West if you would like further information or check our website for links to the conference.



Discuss with *Dr Shay*



# CHLAMYDIA: *Ireland's most common STI*

CHLAMYDIA IS THE MOST common bacterial STI seen in Irish sexual health clinics, to the end of September 2011 there were 4133 cases of chlamydia reported in Ireland. It is most common in young adults.

Chlamydia can be transmitted during vaginal, anal or oral sex. It can also be passed from mother to baby before during or shortly after birth. Infants who become infected around birth frequently develop conjunctivitis and pneumonia, which untreated can result in chronic pulmonary disease including asthma. Chlamydia is often known as a 'silent' disease because many infected persons have no symptoms. If symptoms do occur, they usually appear within 1 to 3 weeks after exposure.

In women chlamydia initially infects the urethra (urine canal) and the cervix. Women with symptoms might have an abnormal vaginal discharge or a burning sensation when urinating. If the infection spreads from the cervix to the fallopian tubes (the tubes that carry the egg to the uterus), some women may have no

symptoms while others may complain of lower abdominal pain, low back pain, fever, pain during intercourse or bleeding between menstrual periods. This is termed pelvic inflammatory disease (PID) and occurs in 10-15% of women with untreated chlamydial infection.

Men with signs and symptoms of chlamydia might have a discharge from the penis. The discharge is usually clear or greyish. Men may describe a burning sensation on urinating and have burning or an itch at the opening of the penis (meatus). Pain or swelling of the testicles from the infection (orchitis) may rarely occur.

Men or women who have receptive anal sex may get rectal chlamydia which can cause rectal pain, discharge or bleeding. Chlamydia is also found in the throats of men and women who have had oral sex with an infected partner. This may rarely cause a sore throat or pain when swallowing solids particularly.

Chlamydia is diagnosed by taking a swab from the cervix, throat, rectum or by testing a urine sample in men where

appropriate. The first few millilitres of urine should be provided (first void urine) and men should not urinate for at least 2 hours before providing the sample. The result should be available from the laboratory within a week. Chlamydia can be treated with antibiotics.

All sex partners should be tested and treated even if they have no symptoms. All persons with symptomatic chlamydia should be re-tested at 4 weeks to ensure cure and should abstain from unprotected sex until given the 'all clear'. Chlamydia is best prevented by consistent and correct latex male condom use. Untreated chlamydia may make a person with HIV more infectious because untreated sexually transmitted infections can increase viral load in genital fluids. Having chlamydia can also make it more likely that an HIV-negative person will be infected with HIV if they are exposed to the virus.

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

## CHINESE GOVERNMENT STEPS UP AIDS RESPONSE

THE CHINESE GOVERNMENT have this week stepped up their response to the AIDS epidemic by planning to decrease AIDS-related mortalities by 30% and new HIV infections by 25% by 2015. The new AIDS Action Plan outlines "specific targets for AIDS public education, high-risk group intervention, HIV tests and treatment." China's response to the AIDS epidemic had originally been characterised by denial and inaction, however in recent years the government have woken up to the realities of HIV and AIDS. This was particularly evident in 2009, when China reported that AIDS had become the country's leading cause of death among infectious diseases for the first time ever, surpassing both tuberculosis and rabies. According to the Chinese government, there are currently 780,000 people living with HIV and AIDS in the country.

The plan focuses on preventing HIV transmission through sexual intercourse, the leading cause of HIV transmission in China, and has emphasised condom use. The government states that condoms and condom vending machines be made available in public places and hotels, hoping to reach a condom-using ratio of 90% for at-risk groups.

Partly because of the national failure to educate Chinese citizens about AIDS in the 1980s and 1990s, stigma and discrimination towards those living with HIV in China is still a major problem. Stigma, fear and discrimination constitute a vicious circle which fuels a hidden epidemic, presenting serious obstacles to the design and implementation of effective HIV prevention programmes. The plan will also work to promote a better understanding of HIV and AIDS in China, particularly among public officials and youth.

Global HIV and AIDS news

## UK POLICY CHANGE FREE HIV TREATMENT FOR ALL

The UK Department of Health has taken the decision to provide HIV treatment free of charge to all those that require it in England through the National Health Service (NHS). This will include access to free treatment for non-UK citizens and asylum seekers who have been in the UK for at least six months. Currently, free HIV treatment is available for legal UK residents only, and other individuals requiring it must pay. It is anticipated that the new regulations will come into force in October 2012.

The decision to make HIV treatment free for all has been taken on the grounds that the overall cost of treating HIV and AIDS will be reduced by ensuring those that need it are able to access treatment as early as possible and maintain adherence, subsequently reducing the risk of new HIV infections and the number of people requiring treatment for opportunistic infections.

This represents a positive development for public health in the UK and a significant achievement for HIV and AIDS advocates who have been pushing for this change.

Global HIV and AIDS news

## LA PORN INDUSTRY 'SHUTS DOWN' OVER HIV FEARS

PORN FILM PRODUCTIONS across the US have been shut down after an adult film performer tested positive for HIV. The actor received a preliminary positive result for HIV, the virus that causes Aids, at a clinic outside California. Further tests are needed to confirm whether the performer is HIV positive. If the case is confirmed, hundreds of other performers could then have to be tested. That means those who had sex with the actor and their sexual partners will all need to undergo HIV tests. The Los Angeles-based Free Speech Coalition which is a trade association for the adult entertainment industry called for the production companies to stop filming. It issued a statement which said: "The industry has had a successful system of health and safety self-regulation since 1998." Diane Duke, executive director of the trade group, said she believed porn productions had largely been shut down nationally. A number of other porn stars have been infected with HIV over the years. In 2010, Derrick Burts tested positive for HIV which led to a similar temporary shutdown of porn productions. California law and workplace safety regulations say that condoms should be used by porn stars exchanging bodily fluids through sex, but the industry has largely ignored those rules. Porn companies have resisted efforts to force the use of condoms as they argue productions would go underground or outside the United States, increasing health risks.

(BBC)

## OSLO DECLARATION ON HIV CRIMINALISATION

ON THE 13TH OF FEBRUARY 2012 a group of 20 organisations and individuals convened in Oslo to sign a declaration against the unjust prosecution and criminalisation of people living with HIV. The meeting took place on the eve of the High Level Policy Consultation on the Criminalisation of HIV Non-disclosure Exposure and Transmission, where UNAIDS Executive Director, Michel Sidibé, made a speech advocating "laws must support dignity, not discrimination, for people living with HIV."

Globally, there are a mounting number of cases of people being persecuted for HIV non-disclosure, potential exposure and non-intentional transmission. The declaration states that this is a negative public health strategy and seriously impacts upon human rights. It "provides a roadmap for policymakers and criminal justice system actors to ensure a linked, cohesive, evidence-informed approach to produce a restrained, proportionate and appropriate use of the criminal law, if any," regarding cases of 'criminal' HIV transmission. The criminalisation of those living with HIV has negative implications, including the prosecution of people unaware of their status, potential stigmatisation of HIV, and misapplication of the law, resulting in a disincentive to HIV testing. Criminalisation of people living with HIV for reckless or accidental transmission may therefore be counterproductive.

UNAIDS

# 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 have been recently diagnosed with Bacterial Vaginosis, I'm in a monogamous relationship with my boyfriend for the last four years and we were using condoms up until two years ago. We both got tested and found out we did not have any sexually transmitted infection before we stopped using protection. I'm now wondering is this contagious and could I have passed anything on to my boyfriend or did I get it from him?

Stephenie .

DEAR STEPHENIE,

Bacterial Vaginosis (BV) is a vaginal condition that can produce vaginal discharge and results from an overgrowth of normal bacteria in the vagina. It is not dangerous, but it can cause disturbing symptoms. Some women may experience an unpleasant fishy odour with vaginal discharge. The discharge is usually thin and greyish white and is often more noticeable after sexual intercourse. Any woman with an unusual discharge should be tested so that more serious infections such as Chlamydia and Gonorrhoea can be excluded.

Although bacterial vaginosis is not considered to be a contagious condition, the role of transmissibility of bacteria among individuals is not fully understood. Since having multiple or new sexual partners increases a woman's risk of developing bacterial vaginosis, it suggests

that the spread of bacteria among individuals may alter the balance of bacteria in the vagina and potentially predispose it to bacterial vaginosis. Bacterial vaginosis is relatively common among women with female partners, where the condition may be triggered by the insertion of fingers or shared sex toys.

There is no condition equivalent to bacterial vaginosis in men. It can occur in monogamous relationships and it can occur even when the woman's partners always use condoms. It seems that a sexual partner doesn't "give" a woman bacterial vaginosis, but it can occur as a result of sexual contact. However, since bacterial vaginosis also occurs in celibate women, other causative factors must also play a role in its development.

Treatment for bacterial vaginosis consists of antibiotics and I'm sure your doctor has prescribed these for you. The infection can resolve completely without complications after treatment and no special follow-up is necessary if the symptoms disappear. Continue to go for regular STI checks and if you need any further information you can ring us at 091-566266.

Regards,  
Lorraine

## SPRING is in the air , if the CAP fits quiz!

Jack Lynch ,a former Taoiseach , once famously said that the issues of condoms should be "put on the long finger". How times have changed. Nowadays talking about, demonstrating and distributing condoms is part of our everyday work at AIDS West. Take the quiz and see how much you know about condoms, johnnies, french letters, rubbers or cock socks :

- Which ancient civilization is the most likely to have developed the first condoms, made from animal bladders or intestines ?  
a) The Egyptians  
b) The Greeks c) The Aborigines
- Who invented the process of rubber vulcanization, which led to the first rubber condoms ?  
a) Dunlop b) Michelin c) Goodyear
- When was the first rubber condom manufactured ?  
a) 1855 b) 1899 c) 1909
- What did Casanova call his condoms ?  
a) His 'Italian protector' b) His 'French letter' c) His 'English riding coat'
- When was the first Durex sold (made from latex) ?  
a) 1915 b) 1932 c) 1947
- How many litres of air should a condom hold if blown up ?  
a) 5 litres b) 15 Litres c) 25 Litres
- How many condoms does the WHO estimate should be required every year ?  
a) 5 Billion b) 24 Billion c) 100 Billion
- In which year could condoms first be sold in Ireland ? (but only on prescription for family planning)  
a) 1975 b) 1980 c) 1985
- How many letters long is the Danish word for condom ?  
a) 2 b) 8 c) 30
- Which footballers face (without his permission) helps to sell a brand of Chinese condoms ?  
a) John Terry b) David Beckham c) Roy Keane

Answers: 1) A 2) C 3) A 4) C 5) B 6) C 7) B 8) B 9) C 10) B. That Danish word ? Svangerskabsrådgivning. Now that's a mouthful in any language.

# Poetry

by Hedy Gibbons Lynott

## Rendezvous

She sips green tea from a yellow bowl,  
stillness in her dark hair and porcelain skin,  
grateful for the scent of cedars  
on the warm breeze, the rustling maples  
and curl of water from stone  
to gold-flecked stone.

The temple-bells chime out  
the hazy afternoon,  
a blue-jay shimmers  
through pale bamboo.  
She pours more tea from celadon.  
Her future lies in crumbs  
of fortune cookies:  
He will, he must come. Soon.

In the brief white silence  
his body curves to her sweetness  
her held breath rises to a sky of blue-jays  
through blue of cedar, amber of maple.

## Small Hours

There must be at least one other woman  
who hears the moon chuckle  
lazy on his back,  
cradles a sleeping baby,  
traces the wake of a  
fisherman in a lilac sea,  
and thinks  
why now?  
Why  
me?



HEDY GIBBONS  
LYNOTT lives in  
Co. Galway. The  
2011 winner of Cuir

International  
Literary Prize for  
Memoir, and the  
Dromineer  
International  
Literary Prize for  
Short Fiction, her  
work has been  
broadcast by RTE1  
and Lyric FM, and  
included in a number  
of anthologies. She  
holds an MA in  
Writing from NUIG,  
and facilitates  
creative-writing  
workshops.

## When You Come

No need to bring the Barry's tea.  
Along with boilie cheese and soda bread  
our 'European Deli' stocks that too.  
Sunny mornings can give way to rain:  
real downpours – not your drifts  
of Connemara mist –  
so, rain gear would be good.

You can forget the rashers.  
But, you'll love the Arboretum  
and the early-morning whiff  
of cream-cheese Danish,  
the ebb and flow of people on the Square,  
and the way those half-capes  
down on Poplar peep  
like bloody cranesbill from a gryke.  
While, the tilt of Johnswood Stairway as  
it nose-dives into Brown  
will call to mind the multicoloured lilt  
of houses up Main Street –  
tightly scored, as on some music sheet.

Would you remember  
that book of Liam O'Flaherta's,  
the one, that like the pitch and swell  
of soft air over stone, or  
low rumble of a thousand rivers  
searching for the sea, has  
undercurrents that can  
snatch a man from himself  
then, fling him up, stretched bare,  
like dulse on Tracht?

And, did I mention that  
last Fall as gold-tipped willows dipped  
and sang across the Common  
against the bright raw blue of skyscrapers,  
I gathered up those tunes of O'Flainn's, -  
scooping them like clouds out of the Bay  
before they fade like men, or turn,  
flailed as the blackened thorn, out of shape -  
so I can conjure up the air  
from Khyber Pass to Caher?

Just travel light.  
We're all fine here.  
A force eight bellows through:  
white wind  
billowing words  
birch leaves in a storm.

I wade through drifts of letters,  
nod to sleeping clocks,  
step in a pool of sunrise  
warming the kitchen floor.

Bare feet trail memories  
up the dusty stairs  
to side-step creaking boards  
that won't support my thoughts.

# Danny West *Changing Landscapes*

## A STORY ABOUT LIVING WITH HIV - 30 YEARS ON

IN OCTOBER 1985 at the age of 24 I was one of the first people in the UK to be diagnosed as being infected with HIV, the virus now known to cause the medical condition AIDS. My doctors gave me a life expectancy of 18 months.

At that time was the beginning of what appeared to be a bright social work career. I attended a routine appointment at the sexual health clinic of a leading London hospital. During my consultation the doctor suggested, to my horror, that along with the usual blood tests for syphilis and gonorrhoea I should also have, as he termed it, 'the AIDS test'. He subsequently explained that as I was gay I was likely to have the infection. This was to be the extent of my pre test counselling where upon I was advised to return in two weeks for the test result.

At this point in my life I had only just begun to hear about HIV and had never considered that I might be at risk or that I myself could possibly have the virus. I spent the following two weeks in a state of high anxiety; I shared my news with a few close friends and gathered together as much information as possible. The two weeks passed and I returned to the hospital with a friend to receive my result. My doctor sympathetically informed me that I was HIV positive and that in the absence of a cure I had 18 months to live. I left the hospital in a state of shock and returned home to an awaiting group of friends who shared my state of anxiety. I was initially unable to come to terms with this information and was not fit to work. I remember feeling completely immobilised, helpless and terrified by my new circumstances.

Eventually a close friend came to me and informed me that she had heard of an organisation called 'Body Positive' and that it was to hold a social evening at a gay venue called 'The Market Tavern' in London. I was extremely anxious on the evening of the social event and along with my supportive friend found myself in a room filled with other gay men who were also HIV positive. This event was to be a turning point in my life and it was on that evening that I met my first partner who was also living with HIV and was to die of AIDS two years later.

During my journey I have experienced many losses and many inspirational acts of strength and courage, my career and life paths have taken many unexpected turns and I have lived an unimaginable life. From the moment of my diagnosis I refused to accept an impending death sentence, I rejected the possibility that



I would die at an early age as a result of HIV and strategically set about creating a vision for my life. A life that would have purpose, meaning and impact.

Combination therapy has been a lifeline to people living with HIV. The numbers of people dying from the virus has declined dramatically and most (though not all) people living with HIV are now expected to live an almost normal life. This raises new challenges as many people like me who are living long term with HIV are confronted with the impact of HIV and the ageing process, as well as the physical, emotional and psychological impact of living with and managing a highly stigmatised complex chronic health condition into the future. There is an increasing group of older people living with HIV who face more uncertainty in the future. Many of us have been in long term unemployment, have no financial security, live in isolation, have limited support networks and face a range of complex health issues as we age with HIV. In 2006 I returned to work following a fourteen year period of living with my partner and relying on the benefits system. I enrolled onto a back to work programme and was appointed my own life coach (Andy Hilton) who enabled me to develop a business plan and I eventually set up my own coaching and training consultancy. In August 2011 I celebrated my 50th birthday and in October another anniversary, 26 years of living with HIV. A lot has happened over this time; I have learnt to remember and I have learned to value many significant dates and the faces of many loved ones who have gone on ahead of me.



# WHAT WE KNOW

*about the sex lives of young Irish people*

Dr. Siobhán O'Higgins, Educator at AIDS West

BEING ABLE TO MAKE any statements about the average age that Irish young people begin their sexual lives and lose their virginity has, up until spring 2012, been difficult. Previous research did not involve national surveys. Studies asked specific groups of young people about their sexual behaviours and attitudes, which gave us an idea of how some young Irish people behaved and felt about sexuality and relationships, but there were no national statistics. In 2006 we found out about the sexual behaviours and attitudes of the general Irish population, before that the topic had been seen as just too 'sensitive'. The Irish Survey of Sexual Health and Relationships (ISSHR) asked 7,668 people aged between 18 and 64 years old about their sexual lives. However researchers were not able to ask the general population of young Irish people (i.e. those under 18) about who was doing what, to whom, when, and why.

In 2010, for the first time in its 12 year history in Ireland, the Health Behaviours of School Children (HBSC) study asked school children of 15 years and older four questions about sexual activity. This marks the start of a national database on age of first sexual intercourse and safer sex activities, enabling changes in these behaviours to be tracked over time. The HBSC, conducted by the Health Promotion Research Centre in NUI Galway under Dr. Saoirse Nic Gabhainn, involved over 16,000 primary and post primary school children in 256 schools. Among those young people who were over 15 years old, 27% stated that they had had sexual intercourse. Of these 93% said that they had used a condom the last time they had sex, and 57% had used the oral contraceptive pill. This gives us a positive picture, as most young people below the age of consent (17 years old in Ireland) are not sexually active. Those who do practice safer sex with the majority using protection (condoms) and over half using both protection and contraception. This level of condom use by 15-17 year olds is above that found in most of Europe.

The ISSHR 2006 survey found that among the youngest age group (i.e. those born in the early 1980s) 22% of the under 25s reported having had sex before they were 17 years old, and the average age for first sexual intercourse was 17 for both men and women. Although the numbers of young Irish people under 17 who have lost their virginity has increased slightly since the ISSHR, it appears that the majority of sexually active Irish adolescents are aware of the necessity to do so safely.

Why is the age at which people start being sexually active (sexual debut) so important? It is not just because parents want to protect their children and give them as long and happy a childhood as possible before they enter the adult world of independence, love and sexual relationships. It

has been demonstrated by research on sexual health in other countries that those who are younger at sexual debut are more likely to suffer from sexual health problems. Most of these will stem from not using adequate protection so they are more likely to pick up an STI or have an unplanned pregnancy. **But ignorance is not the same as innocence.** Statistics tell us that in countries where comprehensive sex education begins before young people become sexually active they are more likely to delay their sexual debut, be within a long-term relationship and use protection and contraception. So the level of STIs and unplanned pregnancies among young people are much fewer than in countries where sex education has been described as 'too little, too late'.

Let us not become complacent with our new figures on the sexual activity of Irish school children. We need to continue informing young people, not only about the negative consequences of unsafe sex, but also about the importance of sexual confidence. Whenever anyone decides to become involved in any kind of sexual intimacy with a particular person, at a particular time, they do so because: they made a rational decision, not because they were drunk or that everyone else is doing it; it was within a meaningful relationship; and they used reliable protection and contraception. Then the sexual practices of Irish people, based on the World Health Organisation's holistic definition of sexual health, will have a chance to be an enriching experience.



### AIDS WEST – SUPPORT SERVICES

AIDS WEST continues to offer free Alternative Treatments to any HIV Positive person who wishes to avail of the service. Among the treatments available are Acupuncture, Holistic Massage and Aromatherapy. To discuss availability and to book a treatment contact Gerry at 091-566266.

For any new clients or for present or former clients, Gerry (Support Services Co-ordinator) is available at University College Hospital on Thursday mornings to meet and chat. Further details are available from Nicola Boyle, STI Clinic 091-525200 or Gerry at 091-566266.

# High Times 10 *High Times with* NEIL WILSON

## TRYPTAMINES AND PHENETHYLAMINES

"HAS DR SHULGIN KILLED 100 British Teenagers?" (*The Daily Mail*) The screaming headline refers, in the usual balanced style of the Mail, to the work of the 'Godfather of Ecstasy' as he is sometimes called or more correctly Alexander "Sasha" Theodore Shulgin. Shulgin did not actually invent MDMA (the active compound of ecstasy), it was patented in Germany as far back as 1912, but he did 're-discover' it in the 1970's. This and a number of other psychoactive substances have made the transition from mountain farm to the streets. Shulgin, now in his late 80's, was born of Russian parents in California. After a time in the US navy during WWII he took a PH.D in biochemistry at the University of California, Berkeley. Moving into the commercial world he became the senior research chemist at the Dow Chemical Company. His work on the product 'Zectran', the first biodegradable pesticide, made millions for Dow. In return for this they gave him a great deal of freedom to work on whatever projects he chose. As Shulgin began to get more interested in experiencing a range of psychedelic experiences (such as Mescaline obtained from Mexican cacti) the company became more and more uncomfortable. He eventually left in the mid-sixties to pursue his own independent research. He set about rebuilding his parents hillside farm nestling in a stunning valley near San Francisco. Although he began with self-experiments he soon enlisted a small group of friends who he sometimes referred to as his L.A.B (Large Animal Bioassay) with whom he shared his discoveries. They helped to document the effects of any new substance Shulgin brought along, eventually comparing each one to the

'Shulgin scale'. The four point scale provided a vocabulary for describing psychedelic experiences with the top of the scale being a 'Plus 4' or ++++. Such an experience could be described as 'a state of bliss, a participation mystique, a connectedness with both the interior and exterior universe'. In 1979 Alex was introduced to his future wife Ann. She was a trained psychologist and held that some of the substances he was researching could be used in a therapeutic way. She became his 'partner in chem' two years later. Their collaboration led to the creation of their seminal work 'PiHKAL'. The acronym that stands for 'Phenethylamines I Have Known and Loved'. It may not have much of a snappy title, but its effect was profound in creating what some saw as a 'drug cookbook' with over 200 drugs being detailed. This led to a raid from the DEA (Drug Enforcement Authority) who said that they had found copies of the book in clandestine labs that had been raided. This happened despite the fact Alex had run seminars for agents and had even received several awards from them. Their DEA license to experiment on illegal substances and their life savings evaporated in paying off the fines for 'irregularities'. These events didn't stop the couple bringing out a sequel with the equally snappily titled 'TiHKAL' or 'Tryptamines I have known and loved'. This book contained a detailed synthesis manual of 55 further compounds with their chemical structures and dosage recommendations. Rather unusually both books contained an initial section that semi-fictionalised the couples relationship. PiHKAL was thus subtitled 'A Chemical love story' and



TiHKAL was subtitled 'The continuation'. Alex and Ann continue to travel the world despite failing health to put forward their beliefs that all drugs should be legalised as "every person should have the license to explore the nature of his soul." Their idealism remained undimmed. When asked about the motivation for his work in one interview he replied that "It's curiosity" that led him into his particular research field, adding "Why have these things been revered for centuries? Why are they seen as being a conduit to contacting the spiritual world?" What history will make of the Shulgins is uncertain. Whilst newspapers may scream and shout, commentators such as Timothy Leary see PiHKAL and TiHKAL as akin to Darwin's 'On the Origin of Species'. A more balanced view may be that the work of the Shulgins is similar to that of the scientists working on the first atomic bomb. They believed it would help end all war, but at the same time realised the technology had all those possibilities for evil and doing destructive things. Another way of summing up the debate here is in the naming of MDMA. Shulgin is still insistent it should be called 'Empathy', but as Shulgin himself comments the drug dealers know their market better than he.

**Neil Wilson**  
*Drugs/alcohol/sexual health co-ordinator*

## USEFUL SERVICES

**AIDS WEST**  
(091) 566266

**STI Clinic Galway**  
091-525200

**STI Clinic Portiuncula**  
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 4922795 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.  
E-mail: info@aidswest.ie Website: www.aidswest.ie

## The STI Clinic Opening Hours

**MONDAY**  
2 - 5.45pm By Appointment Only

**WEDNESDAY**  
**Walk In Clinic\***  
9am (Doors Open at 8.50am)  
2pm (Doors open at 1.50pm)

**FRIDAY**  
9-10am By Appointment Only  
10am Walk-In Clinic\*

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 Genitourinary Medicine 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

# 091-566266

Contributions to the newsletter welcomed.  
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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At the launch of the Aids West App were Keith Finnegan, ( chairman AIDS West ), Minister for Health Dr James Reilly and John Flannery



An Taoiseach, ENDA Kenny meets AIDS West members at the launch.



John, Siobhan and Lorraine with Hilary Lemass of ViiV on way to launch.



Seminar On Child Exploitation

John Flannery, Jim Gamble, Neil Wilson, Gerry Goy



Niamh volunteer at the Health Fair NUIG



AIDS West at Health Fair Athlone IT

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