

HAPPINESS IS

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# VITAL



# SEX

## A USERS GUIDE





## *in this Issue*

WELCOME TO the Autumn issue of Happiness Is Vital. We at AIDS West have been busy planning some wonderful events for you over the next few months. Our major news is that we have developed a groundbreaking new APP called 'Sex: A Users Guide' which will deal with all aspects of sexuality and sexual health. Download and check out concise information and short videos featuring Lorraine, Siobhan and Neil. Available for download from the App Store from November 15th.

You won't want to miss our upcoming parenting seminars including a pilot seminar on safety and the internet. Everything you

want to know (and don't want to know) about the world wide web. It's really just a matter of weeks to World AIDS Day, so save the date for yet another wonderful concert by the always astonishing and enriching Cois Cladaigh performance in St. Nicholas' Church on December 1st.

In this issue we have added a section on 'News from other Agencies'. Feel free to send us news from your corner of the country for our Winter issue. Plus, why you should really love chocolate, skip magic mushrooms, poetry from Laurence Leech and much more.

Feel free to send your suggestions for 'Happiness Is Vital' to [tracey@aidswest.ie](mailto:tracey@aidswest.ie)

# Contents

Page 2	Editorial
	'Sex: A Users Guide'
Page 3	Chocolate Update
	Gene Therapy
Page 4	Medical Matters
Page 5	In the News
Page 6	Dear Lorraine
Page 7	Poetry with Laurie Leech
Page 8	Noteworthy
Page 9	Presidential Pride
Page 10	High Times
Page 11	Useful Services

## AIDS West Launches Groundbreaking APP

AIDS WEST have been working on an exciting project over the summer which will be launched in early November. 'SEX, A USERS GUIDE' will be the first sexual health APP of its kind in Ireland. It will be free to download from iTunes and the download will be available on our website at [aidswest.ie](http://aidswest.ie).

Although it will primarily focus on Irish issues it will have universal appeal. The APP will deal with most aspects of sexuality and sexual health and will have useful information on positive sexual experiences. It will answer frequently asked questions, have information on STI'S, contraception, where to go for help and much, much more. The information will be in a user friendly format employing both text and video.



We are very grateful to GlaxoSmithKline for their support of AIDS West in the development of the APP. Details on the launch and availability of 'Sex, A Users Guide' will be posted on our Website and Facebook in the next few weeks!

### PARENTING WORKSHOPS

FOLLOWING THE SUCCESS of our AIDS West parenting workshop "I'm a parent, get me out of here" we are planning a further series of workshops between October and December. The workshop is delivered in a supportive environment where parents can learn about drugs, alcohol and sexual health. This will provide parents with an opportunity to consider issues relating to bringing up teenagers and gives advice on how to enhance communication between themselves and their children. For more details check out [www.aidswest.ie](http://www.aidswest.ie)

### INTERNET WORKSHOP

A NEW WORKSHOP has also been developed around internet use. "The Internet: Teenagers and What Parents Need to Know". A pilot workshop is planned for Calasantus College Oranmore on the 8th of November. We hope to roll the workshop out to other interested colleges in 2012. Vital information for any parent!

## More Reasons To Love

EATING HIGH LEVELS of chocolate could reduce the risk of coronary heart disease and stroke, according to a review of recent research. Data from 114,009 patients suggested risk was cut by about a third, according to a study published on the BMJ website. But the researchers warned that excessive consumption would result in other illnesses. The British Heart Foundation said there were better ways to protect the heart. The analysis, conducted by scientists at the University of Cambridge, compared the risk to the brain and heart in groups of people who reported eating low levels of chocolate, fewer than two bars per week, with those eating high levels - more than two bars per week.

It showed that the "highest levels of chocolate consumption were associated with a 37% reduction in cardiovascular disease and a 29% reduction in stroke compared with the lowest levels". One of the researchers, Dr Oscar Franco, said chocolate was known to decrease blood pressure. He told the BBC the findings were "promising", but needed further research to confirm any protective effect.

The study also warns that chocolate can lead to weight gain and Type 2 diabetes. It suggested that chocolate could one day be used to protect from heart problems and stroke - if the sugar and fat content of chocolate bars was reduced. Dr Franco added: "The advice if you don't eat chocolate is not to start eating chocolate." For those who did eat



chocolate, he recommended that they should "avoid binge-eating" and eat "small amounts [of chocolate] on a regular basis".

Victoria Taylor, senior heart health dietician at the British Heart Foundation, said: "Evidence does suggest chocolate might have some heart health benefits but we need to find out why that might be. We can't start advising people to eat lots of chocolate based on this research. It didn't explore what it is about chocolate that could help and if one particular type of chocolate is better than another. If you want to reduce your heart disease risk, there are much better places to start than at the bottom of a box of chocolates."

(BBC)

## GENE THERAPY REDUCES HIV?

AN EARLY STAGE TRIAL of Sangamo BioSciences Inc's HIV treatment found that the gene therapy reduced levels of the virus and even eliminated it in one patient with a naturally occurring gene mutation.

The very small Phase 1 trial tested the SB-728-T gene therapy, which is designed to disrupt the CCR5 gene used by HIV to infect cells of the immune system.

If shown to be safe and effective, the treatment could end the need for the antiretroviral drugs now used to keep the virus that causes AIDS in check by suppressing viral replication in the blood.

Trial results presented in Chicago on Sunday at the Interscience Conference on Antimicrobial Agents and Chemotherapy show a "statistically significant relationship between estimated modification of both copies of the CCR5 gene and viral load," said Dr. Carl June, trial investigator and director of translational research at the University of

Pennsylvania's cancer research institute.

In a statement, June said the results suggest the need to increase the frequency of the modified cells in HIV-infected patients, which could lead to a "functional cure" for AIDS, but the means of achieving this have not been clarified.

Sangamo said earlier this year that a single infusion of the treatment improved immune system damage in nearly all of the subjects analyzed in the first trial of the therapy in humans.

The 10 patients in the trial were on anti-retroviral therapy when the study began. After four weeks, six of them went on a "treatment interruption," during which they stopped taking antiviral medication for 12 weeks.

Viral load decreased in three of the six subjects, with one patient's viral load reduced to undetectable levels. That patient carried a naturally occurring mutation in one copy of his CCR5 gene. Humans contain two copies

of each gene, one from the father and one from the mother, which sometimes are referred to as the alleles of a gene.

"Since one copy of his gene was already disrupted naturally, twice as many of his cells were 'biallycally' modified," Sangamo Chief Executive Officer Edward Lanphier said in a telephone interview, meaning that both members of the CCR5 gene pair were knocked out. He estimated that between 5 percent and 10 percent of HIV patients carry the genetic mutation. Around 33 million people worldwide have the human immunodeficiency virus (HIV) that causes AIDS.

Lanphier said Sangamo will move ahead with a strategy to maximize the number of cells that can be "biallycally" modified by SB-728-T. Options include targeting only the small segment of patients with mutated CCR5 genes or using "strategies that boost the amount of engraftment of modified cells." (Reuters)

# Discuss with *Dr Shay*



## *Are those who are virally suppressed on ART sexually infectious?*

THE MID 1990s was a really exciting time in HIV Medicine. For the first time since the discovery of the virus, in addition to measuring the CD4 or 'T-cell' count we could measure the amount of virus in the blood (the viral load). Furthermore, we had at our disposal, a new class of drug for treating HIV infection, protease inhibitors. Using these protease inhibitors and viral load testing we could show a decrease in the amount of virus detectable in the blood to very low levels. With a low viral load, the immune system could recover and the CD4 count could rise into the normal range again. HIV was now a chronic and treatable illness.

Standard viral load testing is measured as the number of copies of the viral 'genetic material' in a millilitre of blood (copies/ml). This is a good marker of how much HIV is in the body. The viral load in other fluids such as genital fluid can also be measured but would not be done routinely. Viral load tests are graded by the lowest level of HIV they can measure: how sensitive the tests are. In 1995, scientists could not measure below 10,000 copies/ml but most tests routinely used nowadays, measure as low as 40 copies/ml and some still lower. People who keep their viral loads undetectable in the blood have a very high chance of having undetectable viral load in the genital fluid too.

Current treatment of HIV relies on the CD4 count and viral load to monitor disease progression. For those on

antiretroviral therapy (ART), the viral load is an excellent measure of ongoing treatment success or failure. Regular monitoring of the viral load is essential. If the viral load is not low enough, say 500 copies/ml, there is still enough HIV reproducing for resistance to develop to the ART regime. Adherence to the ART doses and timing is essential to minimise the development of drug resistance.

Persons on ART treatment are considered 'stable' if the CD4 count is healthy and if the viral load is undetectable in the blood for a period of 6 months. Those with undetectable viral loads are deemed to be 'virally suppressed' and many who are indeed virally suppressed rightly question whether they are sexually infectious at all.

Scientific evidence gathered over the past 20 years has highlighted the role of genital ulcer diseases such as syphilis or herpes and other sexually transmitted infections (STIs) in facilitating the sexual transmission of HIV. In both sexes, these STIs boost HIV shedding in the genital tract which increases the infectiousness of HIV. The presence of STIs also increase susceptibility to HIV infection by disrupting the lining of the genitals thereby making viral entry into the blood stream easier. Furthermore, when infected with an STI, the viral load in genital fluids can increase and this can decrease again following effective treatment. Therefore, even with effective ART, the sperm viral load can be temporarily increased and the

person may be unaware of this increase.

In 2008, a Swiss group suggested that HIV-positive individuals without additional STIs and virally suppressed on ART are sexually non-infectious. They argued on epidemiological grounds quoting recent studies, that with couples where one is HIV positive and the other HIV negative, the risk of transmission is low. They did note however that STIs especially syphilis increased this risk. On biological grounds too they argued that the viral load in genital secretions during successful ART is undetectable and that where the viral load in sperm is undetectable, the risk of transmission declines towards zero.

Currently, many physicians feel that there is still not sufficient scientific evidence from controlled clinical trials to advise patients that if they are virally suppressed and do not have a concomitant STI, they are non-infectious sexually. We still advise those who are HIV-positive and virally suppressed to practice safer sex. It may be that they are indeed not infectious sexually but the decision to stop using protection has to be taken by the HIV-negative partner after appropriate education and counselling. Consistent adherence on ART is essential as is regular STI screening if the relationship is not monogamous and if there is a risk that one or other partner may have an undiagnosed STI.

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

# Statins and HIV

TREATMENT WITH STATINS significantly reduces the risk of death for patients taking virologically suppressive antiretroviral therapy, US investigators report in the online journal PLoS One. The investigators believe that statins were beneficial because of their anti-inflammatory effects. The observational study included patients who received their HIV care at Johns Hopkins University, Baltimore, between 1998 and 2009. Statin therapy reduced the risk of death by 67%. "We found that statin use was associated with a significantly decreased hazard of dying," commented the investigators.

It is now well established that HIV infection causes chronic inflammation and immune activation. These are reduced by antiretroviral therapy but still persist at higher levels than those seen in the general population.

Long-term inflammation and immune activation have been associated with an increased risk of cancer, cardiovascular disease, liver disease, and renal failure. These now are important causes of illness and death in patients with HIV. Therapy with statins has established anti-inflammatory properties and it is also known to dampen immune activation.

Because HIV-positive patients have an increased risk of inflammation-related illnesses, a team of investigators led by Dr Richard D. Moore conducted an observational study to see if treatment with statins reduced the risk of death. Recruitment was restricted to 1538 patients who achieved an undetectable viral load within six months of starting antiretroviral therapy. Most of the patients were men, 72% were black and 34% had a history of injecting drug use. A total of 238 individuals (16%) received statins. Most (69%) were taking atorvastatin, with 24% receiving pravastatin and 7% rosuvastatin. Patients who were treated with statins were older and they were also more likely to be men and to have been infected with HIV through sex with another man.

The majority of statin users (51%) were already taking the drug when they started antiretroviral therapy and the median duration of statin treatment was 745 days. There were 85 deaths, seven of which were in statin users.

Statistical analysis that controlled for both HIV-related and non-HIV-related prognostic factors showed that statin therapy reduced the risk of death by a highly significant 67% (relative hazard, 0.33, 95% CI, 0.14-0.76,  $p = 0.009$ ). "We found that patients who maintained virologic suppression on effective HAART [highly active antiretroviral therapy] appeared to derive an additional benefit from the use of statins," write the authors.

Another factor associated with an increased risk of death was a low haemoglobin level ( $p = 0.0003$ ).

"Anemia is a reasonable measure of chronic inflammation when more specific inflammatory biomarkers are not routinely measured in clinical practice," note the investigators. They add, "anemia has been shown to be associated with survival in HIV-infected persons. The strong association between anemia and survival in our patients whose viral loads were suppressed suggests an independent association between ongoing inflammation and mortality." Inflammation related diseases were important causes of death in the cohort, with cancers, non-HIV-related infections and liver failure especially prominent.

The small number of deaths meant that the investigators were unable to say if therapy with any particular statin was especially beneficial. Nor do the authors regard their findings as definitive, cautioning: "It is certainly possible that statins were used selectively in patients with a better survival prognosis and that there are unmeasured confounders that would explain the association we found."

Nevertheless, they conclude that statin therapy reduced the risk of death for patients who were taking HIV therapy and had an undetectable viral load. They therefore call for further research, writing: "if additional observational data support this finding, a randomized clinical trial would be warranted to confirm this association."

(NAMS)



THE LIFETIME BAN on blood donations by homosexual and bisexual men will be lifted in England, Scotland and Wales. Ministers have agreed to let men who have not had sex with another man in the past 12 months to donate from November. The restrictions were put in place in the 1980s to prevent the risk of HIV contamination.

However, the latest medical evidence presented to a government panel argued the ban could no longer be justified. Ministers in the three countries accepted the argument and said they would be relaxing the rules. Northern Ireland is expected to make a decision soon. The National Blood Service screens all donations for HIV and other infections. However, there is a "window period" after infection during which it is impossible to detect the virus.

In the UK, a lifetime ban was introduced in the early 1980s as a response to the Aids epidemic and the lack of adequate HIV tests. "The ban had been questioned both on equality and medical grounds.

The British Government's Advisory Committee on the Safety of Blood, Tissues and Organs has been reviewing the policy. Committee member Prof Deirdre Kelly said the safety of the blood supply is "absolutely essential" and that any restrictions "must be based on the latest scientific evidence". She said there had been advances in the testing of donated blood which had significantly reduced the chance of errors and had reduced the size of the "window period".

She said the data showed that "the risk from a 12-month deferral was equivalent to permanent deferral" so "the evidence does not support the maintenance of a permanent ban". Other at-risk groups, such as people who have been sexually active in high-risk countries, are already banned from donating for a year. The findings were accepted by health ministers and a one-year ban will come into force in England, Scotland and Wales on 7 November. Several other countries have already come to similar verdicts. South Africa has introduced a six-month gap between sex and donation. It is a year in Australia, Sweden and Japan. Research published at the end of last year suggested there was no significant increase in the risk of HIV infection after the change in the rules in Australia.

Dr Lorna Williamson, medical and research director of NHS Blood and Transplant, said: "The change does not alter the estimated risk, therefore patients needing a transfusion can be sure blood is safe."

She said enforcing the one-year rule would be "based on trust" when men register to donate blood.

The gay rights group Stonewall said the move was a "step in the right direction". However, its chief executive Ben Summerskill said there would still be tighter controls on low-risk gay men than on high-risk heterosexuals.

"A gay man in a monogamous relationship who has only had oral sex will still automatically be unable to give blood but a heterosexual man who has had multiple partners and not worn a condom will not be questioned about his behaviour, or even then, excluded."

Sir Nick Partridge, chief executive of the Terence Higgins Trust, said the new rules were "necessary, fair and reasonable". However, he said it was impossible to say how many men would actually be able to start donating blood as "the vast majority of gay men are still [sexually] active".

(BBC News)

# Ask Lorraine



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

*Dear Lorraine*

*I'm 25 and have been sexually active for a number of years but have never had a sexual health check-up. I really do not want to go to my local doctor, I live in a small village in the west of Ireland and would not feel very comfortable with my family GP looking at my bits. I also have not got a clue what they actually do and will it hurt?*

*Jamie.*

**DEAR JAMIE,**

Firstly, well done in deciding to go for a sexual health check-up.

Regular sexual health check-ups are so important to help ensure you can continue to have and enjoy a healthy sex life. If you are not in a relationship or sexually active at present, it is still important to look after your sexual health. You should have an STI screening if:

- you are sexually active and have not had a check-up before
- you have had unprotected oral, vaginal or anal sex with one or more partners
- your sex partner has had unprotected sex with someone other than you
- you have any unusual symptoms including: unusual discharge from your penis or vagina, pain when passing urine, unusual sores or blisters in the genital or rectal area, itching or irritation in the genital area or pain during sex
- If you are worried about possible exposure in the past

The best place to go for a full sexual health check-up is your nearest STI clinic, which for you Jamie would be at the University College Hospital, Galway. As you enter the

hospital grounds, take your first left. The STI clinic is a separate building to the main hospital, follow the signs for Genitourinary Medicine Clinic, Infectious Diseases & Hepatology, located in front of Maternity Services.

They have recently changed their clinic times:

- Monday by appointment only - From 2pm - 5.45pm
- Wednesday Morning – ‘Walk in’ Clinic from 9am.
- Wednesday Afternoon – ‘Walk in’ Clinic from 2pm.
- Friday 9am - 10am by appointment. ‘Walk in’ Clinic after 10am

Phone (091) 525200 for any queries or to make an appointment

STI Screening means you are being tested for a full range of sexually transmitted infections at the same time. During the check-up a medical professional will ask about your sexual history. They will also take a blood sample to test for HIV and syphilis, swabs will be taken from your foreskin and around the tip of the penis, and sometimes from around the rectal area. These procedures should not be painful. For a woman, the test is similar to a cervical check with swabs taken from the vaginal passage and cervix, blood samples are also taken and again swabs may be taken from the rectal area. Ask in the clinic about how long it will take to receive your test results. Treatment in STI clinics is confidential, free and non-judgmental (so you won't need to feel embarrassed). If you do test positive for an STI, all follow up treatment is also free and the staff will give you advice on partner and ex-partner notification - this is really important as they may also need to be tested. So Jamie once you've had your first sexual health check-up, make it a regular event, once a year would be recommended but if you've put yourself at risk or have any symptoms that I've mentioned earlier, go to your clinic straight away.

**Regards,  
Lorraine**

# Poetry

with Laurie Leech

LAURIE LEECH is a Galway based poet. He is the organiser and host of Testify! in Róisín Dubh. Testify! is a special spoken word night showcasing poets, musicians and storytellers in Galway. He was runner up in the highly competitive 2011 Cúirt Grand Slam during the Festival of Literature and won first place in the 2011 Drogheda Fringe Poetry Slam.

## Ireland, the England

I love this country;  
This land of saints and doggers,  
Druids, lighters and  
Spoons of bubbling fluids,  
The rivers of bandages,  
Heart attacked dreams  
And unemployed scholars  
With brown thumbs  
And forefingers.  
Le coq sportif clad corpses  
And their season tickets  
To the mill outside the match.  
The holy wars between  
Abusers and victims,  
Victims with no life  
Borne from childhood  
Offered out of court  
Settlements of fascist gold.  
The signs on the street  
That say 'We buy gold'  
'We cash creating,  
Debt collecting,  
Knuckle breaking  
Repeat offenders:  
Breaking down your doors  
When before  
We would have hid together.'  
But  
The flying columns lie  
Wingless and breathless now  
Cloyed with oil  
On the abandoned bog.  
The hands of Connolly  
Still are tied  
And they say the war is over;  
We are worth more  
Than our fathers  
And they are worth more  
Than our sons and daughters.  
History is just history;  
Halls for the departed.

## So

Throw me headfirst into  
The violence of nights  
On the town.  
Send me sailing  
On a river of warm  
Stale beer  
Belching smoke and needles,  
Throwing roadways  
Through the forests.  
Let me forget these  
Old stone monuments  
The beauty of a craft.  
Let my eyes not see the  
Reflection of the sky,  
Except in oil and blood.  
Keep tartar running  
Through my veins and railways  
And let my ulcers eat me.  
Salt my wounds again  
And again;  
So to turn  
Killers into leaders.  
Please release me  
From myself and  
This straitjacket  
Of policies.  
Or else  
Torture my children  
Out of education.  
Kill my elders  
With negligence.  
And feed the dogs  
With mothers.  
But always  
Remember  
The soil it happened on.  
I love this country  
But Mother Nature,  
Father Ireland  
Please;  
Don't let it die  
Of a broken heart.

## Complicity

Motes and shavings of skin  
Choke the air of this unhappy home,  
Pizza crusts and bottle caps  
And daddies other bits and bobs  
Arranged neatly round the kitchen,  
As neatly as can be  
Are his only accomplices and allies  
In this devil tongued arena.  
They are the markings of a free man  
And the makings of an argument.  
He is happy in his mess of trophies  
And she is distraught in the chaos,  
His sanctuary is one where he does not care  
Hers is where she does not have to work,  
He does not understand the harmony she  
needs  
And she cannot understand the filth he  
relishes.  
The smell of beer and feet remind her  
Of all the men she did not want to marry  
And the dust and all this pushes tears  
And rips her heart  
But it does not show enough for him to  
understand it  
And he must ask his silly questions.  
And it is all so unfathomable and ridiculous to  
her  
And it wears her down bit by bit  
And she sleeps very little because he can sleep  
so well.  
She hopes and hopes all she does is hope  
And still he does not understand.  
He does not work for this, he knows, he thinks  
He knows  
He lifts his feet when she hoovers the floor  
He loved that it relaxed her  
She hates that he believed her.  
She will not talk because he will not  
understand  
He does not ask because he doesn't know the  
question  
And this, all this  
Is why mammy's leaving.

# *News from other* HIV SUPPORT AGENCIES

## **ACET (AIDS Care Education & Training)**

Dublin based ACET responds to the changing face of HIV & AIDS in the city. Adult Care work continues to offer practical and emotional care to those directly affected by HIV, linking with hospitals, social workers and other health professionals. Their education programme includes seminars on HIV-related issues including mental health and stigma. More information at [www.acet.ie](http://www.acet.ie) or call (01) 878-7700.

## **AIDS HELP North West**

Offers a support service to anyone affected by HIV or those concerned about their sexual health in Donegal, Sligo, Leitrim and border areas. They also offer education and prevention services, bereavement and one-to-one counseling and an information helpline. Services are completely confidential. Contact: Mary Bryson 074 912500

## **DUBLIN AIDS ALLIANCE (DAA)**

On June 15th, Irish AIDS Day, Minister Roisin Shortall launched a new DAA publication "Living with HIV in Ireland: A Self-help Guide". It has been distributed through HIV services and groups throughout the country. DAA also launched a new website on IAD at [www.dublinaidsalliance.ie](http://www.dublinaidsalliance.ie). On July 28th, World Hepatitis Day, DAA jointly hosted a workshop on Hepatitis C with Community Response from Dublins' South Inner City. DAA is now following up to encourage publication of the National Hepatitis Strategy. The DAA training calendar is busy for the next few months, with the Safer Sex Negotiation Skills Training for Trainers running for 7 weeks through November. This programme is accredited at FETAC Level 5. The one day sexual health workshops in October and November are now taking bookings, for more information check their website.

## **OPEN HEART HOUSE**

OHH are rolling out Ireland's first ever training programme in "Peer Leadership and HIV – Peer Support, Education and Facilitation Skills". Peer leaders are individuals who are affected by or infected with HIV, share similar background characteristics with the people being supported and are not necessarily clinically trained health care professionals. Peer leaders effectively serve as role models for living and thriving

with HIV. In chronic disease literature these types of peer programmes have been shown to effectively improve self-efficacy for managing illness and maintaining health related quality of life.

## **POSITIVE NOW**

A working group of eight people living with HIV who formed in June 2010 to give people living with HIV or AIDS a voice within existing government and NGO agencies. The group seeks to improve the well-being and quality of life for people living with HIV and AIDS in Ireland.

Positive Now is currently writing up the results of their first forum in June results of which to be presented to the relevant agencies and clinics.

## **SEXUAL HEALTH CENTRE CORK**

The Sexual Health Centre (SHC) provides a range of support services to individuals who are HIV positive in Cork and surrounding areas. To mark Irish Aids Day on June 15th last, SHC with Open Heart House and Abbot Ireland launched the 'Open Your Mind' patient education campaign. One of the objectives of the campaign was to raise awareness of the link between HIV and depression in Ireland. Dr Clair Hayes, Clinical Psychologist and Clinical Director of AWARE, discussed stress management for people living with HIV and brought guests through a series of interactive exercises to help them identify the close link between thoughts, feelings and actions and the power of positive actions

## **THE GAY HEALTH NETWORK (GHN)**

An All-Ireland network of agencies, organisations and individuals. GHNs purpose is to promote HIV prevention and sexual health awareness among men who have sex with men (MSM), with a focus on men living with HIV, and to combat the stigma associated with HIV. GHN publishes HIV and sexual health educational material for all MSM and develops awareness-raising campaigns on HIV prevention, testing, and other sexual health issues. All GHN publications can be viewed on [www.man2man.ie](http://www.man2man.ie). Subscribe to their newsletter on [www.ghn.ie](http://www.ghn.ie) or you can follow Man2Man on Facebook for updates.

# PRESIDENTIAL PRIDE

**PRESIDENTIAL CANDIDATE** Michael D. Higgins was a guest at Galway Community Pride Parade where he addressed the community “I am here to wish the Galway LGBT community a happy and joyous Pride; they have much to be proud of and much to celebrate. The change in Ireland for LGBT people over the past three decades has been profound - from the opening of the first LGBT support lines in Galway, to the decriminalisation of homosexuality, to the introduction of anti-discrimination law and now Civil Partnership. I particularly welcome the steps now being taken towards the legal recognition of transgendered persons and crucial new initiatives to eliminate the scourge of homophobic bullying from our schools. We must create a truly inclusive society in which no-one

should have to experience the effects of isolation, exclusion or discrimination. I have been proud to have been a part of this progressive change in our society and the values of equality, social inclusion and participation which underpin that progress are also at the

core of my campaign for the Presidency. We must, I believe, be creative not just in the arts but in how we express ourselves and how we relate to each other. We need to create a society based on fundamental respect and equality in which everyone can participate fully.”



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## LGBT APPOINTMENT

A NEW DEVELOPMENT worker, Poul Walsh Olesen has recently been appointed as the new regional development worker for the LGBT Diversity programme in the Midlands. The programme is a co-ordinated response by twelve LGBT organisations to support the development of a cohesive and sustainable LGBT sector. Poul will support LGBT groups in the region and work in partnership with agencies and service providers to raise awareness of

LGBT issues. Poul will be based in Galway and is very much looking forward to meeting individuals, agencies and groups in Laois, Offaly, Tipperary, Westmeath, Galway and the extended region over the coming months. You can contact him at [poul@lgbtdiversity.com](mailto:poul@lgbtdiversity.com). One of Poul's first events will be on November 7th at the Menlo Park Hotel. Galway LGBT Diversity will host a regional seminar, which will focus on raising awareness of the needs of older

LGBT people. 2012 is the European Year of Active Ageing and it is hoped that this seminar will provide an opportunity for members of the community, representatives of organisations involved in providing services plus other interested people, to discuss how to create the best opportunities for older LGBT people to live an active and healthy life. For more information check [www.lgbtdiversity.com](http://www.lgbtdiversity.com).

High Times 9

# High Times with NEIL WILSON

## MAGIC MUSHROOMS

*“You would have thought that every hair was being driven into his head. You would have thought that a spark of fire was on every hair. He closed one eye until it was wider than the eye of a needle; he opened the other until it was as big as a wooden bowl. He bared his teeth from jaw to ear, and he opened his mouth until his gullet was visible”.*

SO WAS DESCRIBED a “warp spasm” of Cú Chulainn who was teased by his childhood friends with an assault of javelins and hurleys. Cú Chulainn as the ‘Hound of Ulster’ was renowned for his extreme mood swings in his adult life. These ranged from an extreme battle fury where he is said to have had the ability to revolve within his own skin, to a state of torpor that could last up to a year, which produced an array of vivid prophetic dreams. Some scholars, such as Thomas Riedlinger argue that such stories seem to suggest that either our hero was partial to ingesting Amanita muscaria (Fly-Agaric, a form of mushroom) or that previous experiences of the drug were replicated in the mythical tales.

Such myths were not written down until the Christian era and then only by monks who may well have not understood anything about such substances. If they did, then it could be argued that censorship was at work. Any knowledge, such as it was, may have been the preserve of illiterate peasant wise-women (or witches if you prefer). Peter Wilson’s view of history, as outlined in Irish Soma, sees the Celts as having remembered it being used by their ancestors before migrating westwards from the “Indo-European heartland”. This is why, he argues, there are some striking similarities between such Celtic myths and nineteenth century eye witness accounts amongst the Shamans of the Koryaks and other indigenous peoples of Siberia.

On the other hand it would seem Irish bards (and therefore likely druids) do not seem to talk openly about any psychoactive mushrooms. In addition “there is no irrefutable archeological evidence...such as the discovery of an archaic medicine bag filled with psychoactive mushrooms”. Perhaps druids only dimly held onto such motifs in the same way that Christian culture later used druidic symbols such as Yule logs or Easter bunnies.

As Christianity gained ground, the pre-Christian culture receded more into the background. The knowledge and possible ritualistic use of Fly Agaric also thus dwindled. The long-term deforestation of Ireland also reduced the proliferation of that particular ‘magic mushroom’. The term in modern times is more associated with a quite different form: the



psychedelic psilocybin mushrooms, which contain psilocybin and psilocin.

It was these unprepared mushrooms that were sold in the Irish headshops and were only made illegal in January 2006 by a ministerial order. This decision was partly based on the death of a 33 year old Dubliner, who at a Halloween party the year before, consumed legally purchased magic mushrooms and suffered a psychotic reaction.

At least the use of magic mushrooms in Ireland did not follow the example of the Koryaks of Siberia who were reported in the early 19th century, of following a practice that was noted with astonishment by Europeans. As the chemical constituents of Fly agaric metabolize very slowly, a user’s own urine becomes psychoactive. The Koryaks found it was possible to extend the effect of using only a couple of the mushrooms by up to four days by drinking their own or another person’s urine whilst ingesting only half a raw mushroom as well. The effect thus diminishes over time – not unlike the way Cú Culainn was in one myth dunked into three vats of water to bring him down from his ‘warp spasm’ and back to normality or perhaps at least his particular vision of reality.

**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](mailto:info@aidswest.ie) Website: [www.aidswest.ie](http://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 winter issue is November 10th, 2011. Send to: [info@aidswest.ie](mailto: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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# SEX

A USERS GUIDE

AVAILABLE

**15/11/2011**

from the App Store

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