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No 3 Vol 12 September 2010

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from the Editor

WELCOME to the autumn edition of Happiness is Vital. I hope that you had a summer full of sunshine and that you are refreshed for this new season of mists and mellow fruitfulness. Here at AIDS West we had such a hectic month of June that July and August were needed to catch our breath and do all that filing, updating and catching up that didn't get done before that. While we are settling into a new season others are heading off on adventures. Rosaleen, our office administrator, is taking time out and heading first to Thailand and then down under to Australia for a year. We wish her the very best of luck and know she will have the time of her life. She will be very much missed. We would

like to welcome Josephine who will hold the fort until she comes back.

With the schools back in action this is one of our busiest seasons as our sexual health programmes and parenting seminars are in great demand. If you have not already made an appointment with our sexual health education co-ordinator phone today as her diary is filling up very quickly.

This issue is packed with great articles and advice whether you want to read about the Beer Goggles Johnny campaign, the XVIII conference in Vienna, the HPV vaccine, or the history of cocaine. It is always great to receive your favourable feedback so keep it coming and if you have an article, a poem or a funny incident that you would like to see in print why not email it to me at: geraldine@aidswest.ie or by mail to AIDS West, Ozanam House, St Augustine Street,

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Galway. The next deadline is 5th November.
Keep well, keep hopeful,
Geraldine Mills

Keep Your Sexual Health Cool

WE THOUGHT our readers might be interested in what's happening across the water in terms of raising awareness around sexual health so let us introduce you to Beer Goggles Johnny who graces our front cover. This campaign supported by the NHS and all the major British HIV Associations was developed by experts at the Department of Sexual Health and HIV Medicine at Birmingham Heartlands Hospital. It launched its "Beer Goggles Johnny's guide to sexual health" as part of its campaign to educate, inform and entertain revellers about the importance of keeping themselves safe while having fun. In it, Johnny puts down the pint for a while, takes off the beer goggles and guides readers through this down-to-earth guide.

While the guide is aimed at those going into holiday mode it is about making leisure time just as wild, but much safer, by encouraging members of the public to get involved in raising awareness about sexual health. Beer Goggles Johnny tells us the facts and figures



Summer Poppy

through fun graphics which convey a simple, but strong, message which is to wear a condom. Johnny insists "When in doubt, shroud your spout," and his humour is a key part of getting across a more serious message. "No glove, no love!" he insists. It is ever more important that people are aware of the dangers from STIs and HIV: the earlier people get tested, the easier it is to treat their condition, and prevent transmission. Steve Taylor, Sexual Health and HIV

consultant at Heartlands Hospital talks about what he considers success to be in the area of sexual health, "It consists of widespread early testing, and treating infections before they can spread, and when they are easier to treat. Even HIV, for so long a virus to dread, can be managed very effectively if detected in its early stages."

If you want to learn more check out "Beer Goggle Johnny's guide to Sexual Health" at www.sexualhealthbirmingham.co.uk

How we look at things

I ONCE TOOK PART in an anti-racism workshop where there was an exercise to help us challenge our stereotypes. On the walls of the room there were a number of typed descriptions of people, for example, "Farmer from the West of Ireland" or "Software Engineer". The task was to decide which of these people you'd choose to sit next to on a long train journey. You also had to select and explain who you would not pick. The learning part of this exercise happened when the printed card was turned over to show a photograph of each person. They were all people who could well match the description but were very different from the mental image your brain had conjured up. The farmer was a beautiful young woman; the engineer was a man in a wheelchair, and so on. It naturally got me thinking about the mental picture of a Galwegian with HIV. Who do you imagine when you hear or read about someone with HIV? What do they look like? Is the manner in which they may have contracted the virus a way for you to add more detail to your perception of their personality?

Please don't imagine that I'm asking in a tone of judgement. I'm a white male, from the settled community, forty years old and am married with a child. You think I have no pre-conceived notions about people? I can't open a door without tripping over one of them.

I am also HIV positive and have been for seventeen years. I still have to continually challenge my way of thinking. For example, the fact of me having contracted HIV through sexual contact sometimes leads to feelings of shame, of being tainted and unworthy. It's perhaps unsurprising that I might think like that occasionally, given that our sexual being is such an enormous part of our identity and self-esteem. It's also something very private and intimate. However, the way I think about it is my choosing. Yes, I can easily speak of how Irish Catholics are taught about sexuality, I can cite innumerable media reports over the past 20 years how HIV has been portrayed; but the fact remains: I am in charge of how I think. I choose the mental pictures I create about myself and about other people. It is up to me to decide if my way of thinking is

helping or hurting. There is only a limited amount that I can do about what society thinks about HIV. To be sure, the staff and volunteers of agencies like AIDS West have done marvellous work in helping to educate the wider public. Encouragement and thanks are due to them. The thoughts that I have about HIV however, are entirely my own responsibility.

I recently attended an excellent seminar for people living with HIV organised by AIDS West. It included a number of interesting guest speakers. The motivational speaker Paula Clarke, taught us a lot about how we can use the power we have in our own beliefs, attitudes and thought processes to improve our lives. To quote her:

"If you change the way you think, you can change the way you live."

It's a simple statement, but one of great power. Consider your own thoughts about someone with HIV. Challenge yourself: does your thinking help? If not, is there another way of looking at it?

Fergal

Cash Strapped Students Turn to PROSTITUTION

LEADING HEALTH CARE experts in the UK have blamed changes in the student grant system for a rise in the number of cash-strapped students turning to prostitution.

The country's leading clinic for prostitutes, the Praed Street Project in London, says a growing number of the 2,000 sex workers they treat annually are students.

"We've noticed a significant increase in the last three to four years, of students who have entered into the sex industry with a goal to finance their studies," said manager Jane Ayres.

"They have clearly said that changes in the grant system have affected their choice."

By their third year, most students face an average £8,000 debt, studies have shown.

Researchers at Westminster University in London estimate that 3-4% of indebted students turn to the sex industry to earn extra money.

Student leaders in Leeds claim the problem has reached worrying levels.

"The Leeds sex industry is primarily composed of students," said James Cemmell, education officer at Leeds Student Union.

Mr Cemmell, who gathered evidence from local groups which help prostitutes, said: "The figure being touted is that 60% of sex workers in Leeds are students.

"It's obviously not a good state of affairs if our students are having to resort to such drastic methods."

The Times

Do you wish to
continue
receiving our
newsletter?

In our last issue we included a short questionnaire about whether or not you want to continue receiving the newsletter every quarter. We have already received a substantial number of positive replies. If you haven't already returned your response we would be very grateful if you could do so by the end of October. You can send it by post, fax or email.

Discuss with *Dr Shay*

The HPV Vaccine

THE HUMAN PAPILLOMA virus (HPV) infects the epithelial (skin or mucosal) cells. There are many genotypes (strains) of the virus which are numbered in order of their discovery. The majority of genotypes cause no symptoms; some cause warts (verrucae) while others can, in a minority of cases lead to cancer.

HPV is believed to be the most common STI in the developed world and many sexually active men and women will be infected with the virus at some time in their lives. More than 30 to 40 types of HPV are transmitted through sexual contact. 90% of genital warts are caused by HPV genotypes 6 or 11. These are very common and highly infectious. Penetrative sex is not required and skin-to-skin genital (e.g. penile-vulval) contact is a recognised mode of transmission. Not everyone who is infected with the virus develops warts and the HPV genotype 6 and 11 that cause genital warts tend to run a benign course and do not usually cause cancer.

It has been estimated that HPV causes almost 100% of cancer of the cervix, 90% of anal

cancer and 40% of cancers of the external genitalia (vulva, vagina and penis). HPV can also cause cancer of the mouth and throat. HPV infection of the cervix usually clears after a few months but persistent infection beyond 12 months, as occurs in 5-10% of women, is associated with changes in the epithelial cells of the cervix. These changes can progress to cancer, a process which usually takes 15-20 years. Cervical cancer is rare in women under 30 years of age. Factors believed to contribute to the progression to cervical cancer include immune suppression, as in advanced HIV infection, cigarette smoking, long-term uninterrupted use of hormonal contraceptives and co-infection with *Chlamydia trachomatis* or Herpes simplex. 70% of cervical cancer is caused by the high-risk HPV genotypes 16 and 18.

Vaccines have been developed to protect against HPV 16 and 18 as well as against 6 and 11. They do not contain any live biological products so they are non-infectious. The vaccines are given as a series of three intramuscular injections over a six-month period to 16-26 year old females and 9-15 year old children and adolescents. Vaccination prevents HPV infection but does



not treat existing infection so for maximal efficacy, it should be given before infection occurs, before first sexual activity. Women infected with one or more HPV genotypes targeted by the vaccine have been protected from clinical disease caused by infection with the remaining genotypes in the vaccine. As infection with other genotypes not protected by current vaccines can occur, vaccination is not a substitute for cervical smear testing. HPV vaccination is also effective in males, proving protection against genital warts and potentially pre-cancerous lesions caused by some HPV genotypes. Vaccination is expected to offer some protection against penile cancer and anal cancer in gay men, particularly those co-infected with HIV.

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

Annual World AIDS Day Memorial Concert

THIS YEAR MARKS the 10th year since AIDS WEST began holding its candlelit memorial service and it promises to be bigger and better than ever. Once again Cois Cladaigh will be the main anchor and it's a great opportunity to see and hear Galway's premier choir in this magnificent medieval church. We will have a number of very special guest appearances on the night and full details will be announced in the coming weeks on our website. So mark it in your diary: 1st December 2010, 8.00 pm at St Nicholas' Collegiate Church. All are welcome and admission is free.



Brendan O'Connor conducts Cois Cladaigh at the AIDS West Memorial Concert

POP STAR *Conviction*

GERMAN POP STAR Nadja Benaissa, who confessed to knowingly exposing two men to the risk of HIV after finding out she had the virus herself was convicted by a court of grievous bodily harm.

Nadja (28), from German girl-band 'No Angels' was given a two-year suspended sentence. She could have faced up to 10 years in jail. Prosecutors had sought a lenient sentence because Benaissa had confessed and expressed remorse.

In response to the sentence, Lisa Power, Policy Director at Terrence Higgins Trust, said, "It's vital that we stop the onward transmission of HIV, but we don't believe that prosecutions like this help. We support prosecutions where someone has intentionally passed on the virus, but that clearly wasn't the case here. Nadja was a vulnerable 16-year-old when she was diagnosed and had difficulty managing her sex life. Over 200,000 young people in the UK caught an STI last year, and one in ten was re-infected within the year, so unfortunately reckless sexual behaviour is not uncommon. For an unlucky few, a moment's recklessness will leave them with an incurable, serious infection. If you're going to have sex, the best way to ensure your health is to wear a condom."

"People with HIV should - and the vast majority, do - make every effort to avoid passing the virus on. But some people struggle with disclosure for a number of reasons, and they need support to manage safer sex. We know that these cases make it harder for some people to come forward and ask for help. We urge everyone having difficulty managing safer sex - whether they think they've got HIV or not - to call THT Direct and find out how to get support to change their behaviour. In the UK, one in four people with HIV don't know they have it, so anyone having sex with a new partner should take responsibility for their own sexual health and insist on condoms. Not only may someone feel unable to tell you they have HIV, they may not know themselves."

THT

Smallpox vaccine 'helped fight HIV'

THE SUCCESSFUL ERADICATION of smallpox 30 years ago and the subsequent ending of the mass vaccination campaign of the 1960s and 1970s may have unwittingly created the conditions that allowed the explosive spread of AIDS in Africa, scientists have claimed in the journal *BMC Immunology*.

A test tube study on blood samples of people who had recently been vaccinated against smallpox has found that their blood cells are remarkably resistant to infection with HIV. The researchers suggested that the smallpox vaccine may have conferred some resistance against HIV, which was lost when the vaccination campaign ended in the late 1970s.

Raymond Weinstein of the George Mason University in Manassas,



Former US President, Bill Clinton addresses the HIV Conference in Vienna.

Photo copyright Marcus Rose

Virginia, said that the vaccinia virus used to make the smallpox vaccine may have altered certain proteins - known as CCR5 receptors - on the surface membrane of white blood cells. These receptors are needed by HIV to infect the cells and so destroy the human immune system. "There have been several proposed explanations for the rapid spread of HIV in Africa, including wars, the re-use of unsterilised needles and the contamination of early batches of polio vaccine," Dr Weinstein said. "However, all of these have either been disproved or do not sufficiently explain the behaviour of the HIV pandemic.

"Our finding that prior immunisation with vaccinia virus may provide an individual with some degree of protection to subsequent HIV infection suggests that the withdrawal of such vaccination may be a partial explanation," he added.

The Independent

Older people and HIV

OLDER PEOPLE are the fastest growing group in the UK with HIV. Their numbers will double over the next five years. Treatment advances are now keeping people alive into old age - but what quality of life can they look forward to, and how can it be improved?

50 plus is the first dedicated national research into the needs and concerns of older people with HIV. In 2009, THT (working with Age UK and funded by the Joseph Rowntree Foundation) surveyed 410 people with HIV aged 50 and over, and then interviewed 40 of them in depth. This was done through MBARC, a research company who trained and involved peer community researchers and with the guidance of a Community Advisory Panel including people with HIV, researchers and clinicians.

50 plus shows that older people with HIV are disadvantaged in a wide range of ways - from poorer health, to social care and housing problems and significant financial disadvantage compared to their peers. The research also describes hopes and fears for the future, including major concerns about health and social care and money. This merits attention from HIV organisations, age-related organisations and health and social care professionals.

THT

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've recently being diagnosed with HIV and after the initial shock I am now trying to get my life back together and cope with my condition. My CD4 count is still high and I feel fine. I became infected when I had unprotected sex with an ex-girlfriend and what I'm wondering about now is if there are any other infections I should worry about? Stephen.

DEAR STEPHEN,

I am sure your diagnosis has been quite a shock for you but just to let you know that with advanced medication, HIV is a very manageable condition and if you look after yourself you will have a long and healthy life. You are very wise to also think about anything that might further compromise your health. For someone who is HIV positive there is the issue of other sexually transmitted infections, which at the very least can be unpleasant and inconvenient, and can make it more likely for you to pass on HIV during sex. If left untreated, some STIs can cause serious health problems, particularly if your immune system is very weak. For most people with HIV, standard treatments for STIs work just as well as they do in HIV negative people. However, if your immune system is very weak, you might need a longer course of antibiotics to treat infections such as gonorrhoea and syphilis. Viral STIs can also be more serious and harder to treat with your condition. For example, it can be harder for the immune system to clear infection with HPV, the virus that causes genital and anal warts.

And when it comes to herpes, that virus and HIV are a troublesome duo. People living with the condition may be at greater risk of having more frequent or painful attacks of genital herpes. One can worsen the effects of the other. Research shows that when the herpes virus is active, it may cause HIV to make more copies of itself (the process called replication) than it would otherwise. The more HIV replicates, the more of the body's infection-fighting cells it destroys, eventually leading to AIDS (acquired immune deficiency syndrome).

It is more difficult to treat genital herpes if you also have HIV and higher doses of antiviral drugs are often needed to treat it. Also many people with HIV have strains of the herpes virus that are resistant to treatment with the standard antiviral drugs. Because Hepatitis B virus is sexually transmittable, people living with HIV are recommended to be vaccinated against it. There's evidence that Hepatitis C virus can also be sexually transmitted but this would be rare.

It is up to each individual to decide which sexual practices they want to keep up, which they want to modify and which they want to stop. Sexual health is important to everybody but especially important if you have HIV. Condoms, when used properly, provide excellent protection against getting most STIs and passing on HIV to other people, or being re-infected with another strain of HIV. It is more important than ever to take care of yourself now so always using protection. If you need any other information please do not hesitate to get in touch.

Lorraine

What we've been up to over the SUMMER!

THE SEXUAL HEALTH EDUCATION and the Drugs & Alcohol co-ordinators at AIDS West have been combining forces over the summer and delivering Men's Health Awareness workshops in the direct provision hostels in Galway. Both were well received with all participants showing a great interest in the course material delivered. We are currently running a 5 week parenting workshop for members of the new communities which will finish this week with all those who attended receiving certificates for their participation. It has been very interesting for us, as facilitators, to gain an understanding of the many dilemmas parents face trying to raise their children in a culture so different from their own. As the summer draws to a close, we are gearing up for the schools to re-open and for us to re-start our Relationships & Sexuality Education Programme, so we would like to welcome back all students we've worked with in the past and to introduce ourselves to those we hope to work with in the coming school year.



Human Rights March and Rally at HIV Conference in Vienna.

Photo copyright Steve Forrest



Poetry

with Terry McDonagh

TERRY MC DONAGH is a poet and dramatist. He divides his time between Hamburg and Co. Mayo. He has published several collections of poetry, a book of letters, a novel for young people and, in 2006, a collection of poetry for young people, titled *BOXES*. His work has been translated into German and Indonesian. These poems are from his most recent collection, *The Truth in Mustard* published by Arlen House in 2009.

A Couple Returned

And they crossed the bridge on a tiger
to show how rich they were, that summer.

The tiger was white, glossy and covered
in multitudes of sweat and hallmarks.

She was layered in the skin of crocodiles
and he in the styles of Him and Gentry.

The beast had nails of ivory and gold; its
harness dazzled in the spray of the moon.

Some stood in rows cheering, but most
turned to the cliff top. Fish pulled away.

Autumn looked after itself. The bank manager
shared his special joke with them and they

settled for a big house where the tiger could
show off by the front door. They did B&B.

The neighbours left them to themselves until
he began painting an old boat and she read

destiny in cups. She's greying. He's fishing
with his father. The tiger's stuck in a hedge.

By the Alster Pavillon in Hamburg

Late morning in a good life. I have my back
to the *Pavillon* & my face to
the flat, autumn water of the Alster.

Swans nudge the verges & gardens
of *Schwanenwik*. There's *Ostfresian* tea,
cordials & exotic coffees for regular &

passing trade. Boats sway in their shackles.
I'm exiled in a picture on a sunny Saturday
in November with an Irish harp in my head.

I turn to the city to face Hamburg; to
a flock of seagulls among spires
dipping & diving into *Rathausmarkt*.
They could have been from anywhere.
There's a horse-cart in a shed behind
a house in Ireland. Heavy loads are done.

An old man stands by the shed wall, talking
to himself, passing fading ways to the wind.
He's waiting to be called in for tea.

I imagine I had a wild child's head, ready wings
& feet to land anywhere. I'll be going to
the football later. A breeze with a sharp edge

will blow up the pitch. Is that the same wind
that blew the roof off our granary? There were
steps up, but the floorboards were rotting.

If I had gone through the floor,
I'd have ended up among cows.
Now is a good time to stop.

Our Last Horse

When our last horse died
in the arms of the family
without leaving a foal,
we hung her things
on metal pegs in the shed,
legged it down the road
to buy our first tractor
and only looked back to
see if the drills were straight.

Conference in VIENNA

THE XVIII INTERNATIONAL AIDS Conference was held in Vienna in July of this year. This was a premier opportunity for participants to evaluate recent scientific developments and lessons learnt, and collectively chart a course forward. Dr. Julio Montaner, President of the International AIDS Society (IAS) and Director of the BC Centre for Excellence in HIV/AIDS held the chair for the conference. The main objectives were to increase the capacity of delegates who would introduce, implement, and advocate for effective, evidence-based HIV/AIDS interventions in their communities, countries and regions; to influence leaders, key policy makers and donors so that they would increase their commitment to gender sensitive, evidence-based human-rights HIV/AIDS interventions, including harm reduction strategies for people who inject drugs and to increase understanding of the connection between human rights and an effective response to HIV/AIDS.

With a global economic crisis threatening to undermine public investments, the conference was important in keeping HIV on the front burner, and was a chance to demonstrate the importance of continued HIV investments in broader health and development goals. It was also an opportunity to highlight the critical connection between human rights and HIV; a dialogue begun in earnest in Mexico City in 2008.

The AIDS 2010 programme presented new scientific knowledge and offered many opportunities for structured dialogue on the major issues facing the global response to HIV. Sessions included: Global Partnerships in AIDS Vaccine Research; New Concepts in HIV/AIDS Pathogenesis; ART Advances; Violence against Women and Girls; and many more. There was a public Human Rights Rally and a live performance by Annie Lennox.

One of the most important outcomes of the conference was the signing of the Vienna Declaration, which is a statement seeking to improve community health and safety by calling for the incorporation of scientific evidence into illicit drug policies. It was drafted by an international team of scientists and other experts, many of whom



Dr Julio Montaner, Chair of the HIV Conference in Vienna .

Photo copyright Steve Forrest

participated in the conference. It was initiated by the IAS, the International Centre for Science in Drug Policy (ICSDP), and the BC Centre for Excellence in HIV/AIDS based in Vancouver, British Columbia. Among those supporting the declaration and urging others to sign was 2008 Nobel Laureate and IAS Governing Council member Prof. Françoise Barré-Sinoussi, co-discoverer of HIV.

"Many of us in AIDS research and care confront the devastating impacts of misguided drug policies every day," said AIDS 2010 Chair Dr. Julio Montaner. "These policies fuel the AIDS epidemic and result in violence, increased crime rates and destabilization of entire states – yet there is no evidence to say that they have reduced rates of drug use or drug supply. As scientists, we are committed to raising our collective voice to promote evidence-based approaches to illicit drug policy that start by recognizing that addiction is a medical condition, not a crime."

AIDS 2010



**GOT A PROBLEM WITH DRUGS OR ALCOHOL?
NEED HELP?**

HSE Drugs Helpline: 1800 459459 (free) / 091 561299
Samaritans: 1850 609090 / 091 561222
Narcotics Anonymous: 01 6728000
Alcoholics Anonymous: 01 4538998
Jigsaw (Support service for age 12-25): 091 549247
Alateen (Alcohol support service for age 12-20): 01 8732699
SUST (Drug & Alcohol service user support): 091 480055 / 087 1505126
Homelessness Helpline: 1800 788887
AIDS West Sexual Health Helpline: 091 562213
Mental Health Helpline: 1890 621631
Gamblers Anonymous: 01 8721133

Your Life Your Choice

AIDS West has been involved in the conception and production of some interesting health promotion initiatives this year. The Galway Traveller movement (GTM) ran a course over three years to train a group of women from the travelling community to work in primary healthcare. The course which resulted in 11 women qualifying in Community Health Advocacy Fetic level 3 is an important milestone in terms of partnership approaches between the HSE and Community Development Projects. While studying, they saw a need for a leaflet to help open conversations about alcohol and substance use with people they might meet. By developing their own ideas and learning about drugs as they went along, a leaflet slowly evolved. It was brought to life with the help of AIDS West and the artist Tommy Casby and finally launched in July 2010. The leaflet differs from the myriad of drug information leaflets already available in that it can be used with individuals who have low literacy levels as a way of engaging them about their alcohol or substance use levels. The women received their certification in July in the Galway Traveller Movement

offices, Loughrea. Community Health Worker Geraldine Donovan Ward noted that "After 3 years of training we are delighted to be employed as Community Health Workers and are looking forward to working with Travellers and Health Services in the county". Galway Traveller Movement envisaged the need for Travellers to work in their own communities on health issues based on the poor health statistics of Travellers in the community and this resulted in the commencement of the Primary Health Care Course in 2007.

In another initiative, this time in conjunction with the Service Users Support Team (SUST), for drug and alcohol users, a glossy 'business card' was developed. It lists some excellent websites, including our own AIDS West one, and a list of telephone numbers for support services. These range from the HSE drugs helpline, to the AIDS West sexual health helpline to the Samaritans and the Jigsaw project. See image opposite.

If you know of any organisation that could make use of either or both publications then do please feel free to get in contact with us.

Neil Wilson

Men Required for Research Study into SEXUAL HEALTH

The Centre for Research on Occupational and Life Stress, and School of Psychology at NUI Galway are currently recruiting individuals to take part in a study which aims to improve understanding of gay and bisexual men's sexual problems within Ireland. Men aged 18 years or over, both gay and bisexual, are asked to participate in the study.

Lorraine McDonagh, a lead researcher on the study, said: "Sexual function is strongly associated with overall well-being and therefore sexual dysfunction is an important public health concern. To our knowledge, to date, no research has examined Irish men's understanding and experience of sexual problems. In addition, previous research in this area in other countries has mostly focused on heterosexual men. The findings of this project should help to inform the development of improved health promotion strategies for sexual problems and dysfunctions in gay and bisexual men".

Participants need not have personally experienced any problems (although personal experience is welcome), but be willing to discuss this issue as part of a focus group. Those who participate will be entered into a prize draw for a "One4All" gift voucher worth €100.

For details on how to participate in the study, contact the principal investigator Lorraine McDonagh at 091-492820 or l.mcdonagh7@nuigalway.ie or the study supervisor, Dr Ian Stewart at 091-493569 or ian.stewart@nuigalway.ie.

Alternatively you can visit www.nuigalway.ie/crols/participate.html



Launch of Your Life Your Choice

High Times 7

New Lines in COCAINE

'COCA-COLA' was first sold in 1886 as a medicinal tonic costing just five cents. The inventor claimed that it could cure many diseases, including morphine addiction, dyspepsia, headache and impotence. The original formula called for five ounces of coca leaf per gallon of syrup. Concerns began to be raised over the taking of the drug cocaine in the drink and that led Coca-Cola to change its secret formula. The chemistry of the time and the wish to keep true to the contents named on the product (the company did not have a patent on the syrup itself) kept them from removing it completely at that stage. It took some 40 or so years before what could be reasonably called 'cocaine' was removed entirely. By the time it was completely removed (1929) it had been gradually reduced to only an infinitesimal amount. The Coca-Cola corporation still uses about 100 metric tons of dried coca leaf every year, although the extract used in flavouring has no trace of cocaine whatsoever.

When we consider illegal drugs, it is normally the effects on the end user and thus society in general that receives the acres of press coverage. Very little attention is often paid to the acres of land where such crops are grown. With the insatiable demand of American and European markets for cocaine, Latin America has been caught up in the past three decades in a whirlwind of violence caused by the drug barons' quest for vast profits and government actions to try and reduce supply. Numerous fatalities have been caused by infamous drug lords such as Pablo Escobar, who once reportedly burnt 2 million dollars in cash to keep himself warm while on the run. Meanwhile, military and police violations of human rights are rife. Thrown

into this chaotic mix we must also add peasant revolts, armed rebel insurrection (such as FARC - a Marxist-Leninist revolutionary guerrilla organisation) and the destruction of the rainforest.

Cocaine itself is the world's most powerful stimulant of natural origin. Natives of South American have used cocaine as it occurs in the leaves of *Erythroxylon coca* for at least 5000 years. Coca-chewing, many claim, promotes clarity of mind and a positive mood. Traditionally, the leaves have been chewed for social, mystical, medicinal and religious purposes. Coca has even been used to provide a measure of time and distance. Native travellers sometimes described a journey in terms of the number of mouthfuls of coca typically chewed in making the trip. This was a "cocada" - the time or distance and man could walk before a coca pellet was exhausted. Even the most ardent coquero can only get a modest amount of stimulant into his bloodstream. Coca-induced heart-attacks and strokes are thus extremely rare among traditional users.

There is a complicated process to transform the basic coca leaf into the odourless white powder known as cocaine. The vast majority of illegal cocaine in the west comes from just three countries - Columbia, Peru and Bolivia. Despite billions having been spent on the 'War against Drugs', little impact has ever been made on the total amount produced each year - about 750 tonnes.

The president of Bolivia, Evo Morales, is trying a new approach. Morales believes that the coca leaf could be used in a wide range of products including teas, syrups, toothpastes, liqueurs, sweets and cakes. Perhaps the most interesting product in this line was launched



earlier this year - Coca Colla. That is not a misprint, the makers believe that it has a taste that is very close to the original formula for Coca-Cola as it contains the fully-fledged coca leaf extract. It remains to be seen if U.S. policy allows this venture to take off internationally.

Coming from coca growing stock himself, the government policy is one of "Coca - SI, Cocaine -NO!" Such a policy (as opposed to the 'Zero coca' policy) has caused disquiet in Washington but may hold the key to progress.

Previous attempts to dissuade farmers from growing coca were unsuccessful due to the fact that the 'five star alternative crops' (pineapples, oranges, palm hearts, rice and coffee) failed to make anything like the money that coca would - or failed to grow at all in the thin Andean soil. The government has therefore allowed growers to produce one 'cato' (about one third of an acre) of coca a year, provided that it is sold on to producers of legitimate products or used in traditional ways. The hope is that this will enable growers to be able to survive without the temptation to gain a higher profit by selling onto the drug barons. Even some U.S. figures now show that perhaps less than 2% of the coca production in Bolivia is now diverted into cocaine production.

Neil Wilson

Drugs/alcohol/sexual health co-ordinator

Facts about Cocaine: Source: UN World Drug Report 2008

COLOMBIA

The world's main exporter.
Produces 60% of world production.

U.S.

90% of the guns seized in Mexico
were bought in the U.S.

BOLIVIA

Produces 10% of the world's cocaine -
104 tonnes in 2007.

EUROPE

Spain and the UK are the continent's
top consumers.

WEST AFRICA

The 10th latitude corridor, now daubed
'Interstate 10'. At least 50 tonnes a year.

MEXICO

Drug-related violence has soared
in the past year.

USEFUL SERVICES

AIDS WEST

Sexual Health Helpline 091-562213

STI Clinic Galway

091-525200

STI Clinic Portlincula

Hospital, Ballinasloe 09096-48372

STI Clinic Mayo

General Hospital, Castlebar, Co Mayo 09490-21733

STI Clinic Sligo

Regional Hospital, The Mall, Sligo 071-9170473

STI Clinic Cork

021 4966131 Appointment only

Infectious Diseases Clinical Nurses Specialists

Cork University Hospital

087 236124/0876996272

STI Clinic Limerick

Limerick Regional Hospital, Dooradoyle 061-482382

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

St. James' Hospital 01-4162315/2316

Infectious Disease Clinic

Beaumont Hospital 01-8093006

Open Heart House

Contact James or Paul at 01-8305000

AIDS Help Northwest

Letterkenny, Co Donegal 074-9125500

Red Ribbon Project

9 Cecil Street, Limerick. Helpline: 061-316661

Sexual Health Centre

16 Peters' Street, Cork, 021-4276676

Dublin AIDS Alliance

53 Parnell Square West, Dublin 1. 01-8733799

ACET

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

dublin@acet.ie www.acet.ie

STI Clinic Waterford, Clonmel, Carlow

Tel: 051-842646 for all appointments.

The HIV Support Centre

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

Belfast BT28DN. Tel: 02890249268

info@thehivsupportcentre.org.uk

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

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

The STI Clinic Opening Hours

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

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

AIDS WEST HELPLINE 091-562213

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

New Zealand AIDS Foundation

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

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

We reserve the right to edit where necessary.

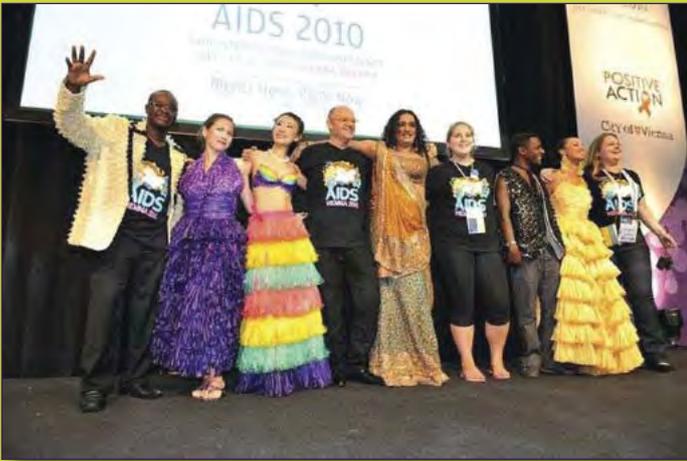
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XVIII International AIDS Conference, Vienna



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Answers That Matter.