

HAPPINESS IS

No 2 Vol 15 Summer 2013

VITAL



Irish AIDS Day



15th June 2013

Editorial

IRISH AIDS DAY (IAD) 15th June – WHY

NOT MANY COUNTRIES have their own National AIDS day but Ireland does and I asked myself how come? Well 20+ years ago when it came to all things concerning sex, Ireland was a bit of a backwater. Contraception was still only by prescription, sex outside marriage “didn’t happen” (or that’s what people wanted to believe) and sex between same sex couples was a criminal offence. Ireland was very different then to most other European countries when it came to the whole area of sex. So, to highlight the need to recognise the threats that HIV held for society and help break down barriers, the HIV Support Network (HSN, of which AIDS West is a member) and other groups working in the field decided to launch Irish AIDS Day to help create greater awareness around HIV issues.

Evelyn Stephens, co- founder of AIDS West stated that, “*it all started as a way of raising awareness of the issue of AIDS and as a much needed fundraiser for the organisations nationwide. We were always trying to get publicity on local radio and papers, which wasn’t easy at the time. There would occasionally be a concert with bands playing on a voluntary basis. We once held a concert in the Claddagh Hall which included the Sawdoctors, the Waterboys and the Stunning , all playing for free!*” So having a separate day other than World AIDS Day which is on 1st of December, gave another focus and much

needed funds to support groups. The day was a basis for running events and creating awareness. Ev remembers “*the first Irish AIDS Day AIDS West were involved in was in 1988. At the time we were still a totally voluntary organisation trying to raise a few bob so that we could open an office. We got a permit for a flag day, we got a lot of volunteers out on the streets on a day of pelting rain, and we collected £500, a massive injection of funds to us at that time. Back then we couldn’t afford red ribbons. I think we used some kind of little red sticker as a substitute. I do remember the best bit for me was that we got quite a few supportive comments from people on the streets, that was a great boost in those early days, and the £500 was a great start*”.

Over the years AIDS West has continued that tradition of marking Irish AIDS Day a with special awareness event, for example in 2010 we published a book on the **History of AIDS West, A Brave Stand** which chronicled why the organisation was founded and what it had achieved in it’s then 23 years. Thankfully in 2013 we are still going strong. This year we once again returned to the streets , this time with Red Ribbons, to create awareness around HIV. Most recent figures demonstrate that HIV continues to be a major health risk in this country, 341 new cases reported in 2012 that is almost an average of one person infected with the virus every day. Stigma and isolation remain big

Contents

Page 2	Editorial / Irish AIDS Day / Quiz
Page 3	Challenging Times with Gerry Coy /Carers Day Conference
Page 4	HIV and pregnancy - with Dr Shay
Page 5	In the News
Page 6	Ask Lorraine
Page 7	Galway Celebrates Irish AIDS Day
Page 8-9	Seminar for Irish AIDS Day
Page 10	Galway Celebrates Irish AIDS Day
Page 11	Poetry Section with Peter Swanborn
Page 12	Cure for HIV, or Not?
Page 13	HPV - Dr Siobhan O Higgins
Page 14	High Times with Neil Wilson
Page 15	Useful Services
Page 16	Iconic Scenes of Galway on Irish AIDS Day

issues for those 6500+ people in Ireland living with the virus. So Irish AIDS day remains as relevant today as it was all those years ago when it was conceived, to remind the public of these facts.

The AIDS West Eurovision quiz!

A question for Europe? That annual television jamboree of the Eurovision song contest came around again recently with Denmark sweeping to victory with *Only Teardrops*, but how much pointlessly trivial information sticks in your brain from previous contests? Try the AIDS West Eurovision quiz to see if you are a Europhile or Europhobe when it comes to demented ditties and spangly outfits.

1. In which decade was the first Eurovision song contest broadcast?
2. Titanic’s Celine Dion won the contest in

Dublin in 1988 singing for which country?

3. Which famous band won in 1974?
4. What was the name of the song that ‘Katrina and the Waves’ won with in 1997?
5. Ireland is the competitions biggest winner with seven victories, but who has come last on a record eight occasions?
6. Which furry animals from Wimbledon Common graced the stage as the interval act in 1974?
7. Why did the Jordanian broadcaster show

a posy of flowers during part of the 1978 contest?

8. What was the name of Father Ted’s (and Fr. Dougal’s) entry for “Eurosong”?
9. Which country did Cliff Richard accuse of rigging the 1968 contest when he was beaten by one point by an entry entitled “La, la, la”?
10. Which country entered a song about the highly fascinating construction procedures of a hydro-electric dam ?

Answers on page 15.

Challenging TIMES

The Changing World of HIV

SINCE THE EMERGENCE of HIV/ AIDS there have been huge developments, particularly in treatments and the management of the infection. According to new research people living with HIV have the same or better life expectancy (due to being constantly monitored) than the rest of the population. However, due to lack of knowledge and information on the condition, the infection still strikes fear into most people. Stigma and discrimination still remain as the blocks to acceptance of HIV as a chronic condition. One of the main issues arising over the years is how many people are unaware of their status, mainly because they have never been tested. It is estimated that the number of undiagnosed cases could be over 20% of the official numbers. In 2012 the main HIV support organisations in the country launched a campaign called ‘Don’t guess, get tested’, which aimed to encourage early HIV testing and to raise awareness of the number of late presenters with HIV in Ireland. With the advances in medication and

a better understanding of the need to diagnose the condition early, there is a great need for more people to test.

Reuters reported on April 29th that in America an influential panel of doctors and scientists (The U.S. Preventive Services Task Force) is calling for HIV screening of all Americans aged 15 to 65, regardless of whether they are considered to be of high risk. They believe that this would help lift some of the stigma of testing. Despite great work in reducing cases of HIV Infection in the last 30 years, as many as 50,000 Americans become infected each year. The CDC estimates that” almost 1.2 million people in the United States are infected with HIV, yet 20% to 25% do not know it”. The Task Force recommendations are based on evidence showing the benefits and risks of testing and treatment for HIV. Recent studies have shown that HIV treatment can reduce the risk of transmission of the virus to an uninfected partner by as much as 96%. As regards the under 15s and over 65s, screening



was suggested if they are at an increased risk of infection. The Report also recommended that all pregnant women should be tested. With research showing that many of the people diagnosed are being diagnosed late, other difficulties arise. Late HIV diagnosis can lead to many health complications that may not occur if treatment is started on time. Like America we need to highlight the benefits of testing and convince people that being informed is the only way to truly stay healthy.

Gerry Coy

Kinship Carers Seminar

WHEN CHILDREN ARE UNABLE to be cared for by their parents due to substance misuse, very often other family members such as grandparents, aunts or uncles have to step in and take on the role. These kinship carers play a vital part in the life of the child and evidence suggests that their positive presence can reduce the risks of him/her facing similar problems. The challenges faced by such carers was the focus of the very successful seminar organised recently by AIDS West ,in conjunction with the Western Regional Task Force ,at the Clayton Hotel. The seminar opened with a presentation of the EU Kinship Carers Report given by Neil Wilson (AIDS West) , followed by the Challenges/Rights of Kinship Caring by Megan O’ Leary of the Family Support Network which highlighted the day-to-day difficulties of those who are in *loco parentis*, in particular the bureaucracy involved in relation to services and financial support. There were a number of excellent presentations on Mental Health(by Jigsaw), on Bereavement (Console), and on Sexual Health (by AIDS West).



The Family Support Network

is an autonomous self-help organisation that respects the lived experiences of families affected by drugs in a welcoming non-judgemental atmosphere.

It endeavours to provide accurate information for families by developing personalised services that meet the real identified needs of families.

TEL : 01 8365168

Discuss with *Dr Shay* HIV and pregnancy

SINCE THE READY AVAILABILITY of antiretroviral therapy (ART) for the treatment of HIV infection, the incidence of mother to child transmission (MTCT) has greatly decreased in the developed world. By the end of the third quarter of 2012, only two cases of MTCT were reported in Ireland. This is great news for expectant mothers who in the past risked passing the virus on to their babies during pregnancy, during labour or birth or while breastfeeding. ART is offered to a HIV positive woman to optimise her own health to minimise MTCT.

What about conception in the setting of HIV infection? Pregnancy is a time of great excitement and joy for many. It can also be a time of great stress. Where one or both partners are HIV positive, this stress can be greater. With serodiscordant couples, where one is HIV positive and the other negative that are anxious to have a baby, the added stress that the HIV negative partner will be infected can be real worry. There are several options currently available to such couples and expert opinion should be sought.

Timed natural conception has only recently been an option for serodiscordant couples. The risk of HIV transmission from a HIV infected male who is not on ART to his negative female partner is 0.1% to 0.3% per single act of intercourse. This assumes that neither partner has a coexisting sexually transmitted disease. Similarly, the risk that a HIV woman not on ART infecting her negative male

partner is 0.03% to 0.09% per single act of intercourse. When the HIV positive partner is on ART and virally suppressed and if neither partner has a coexisting sexually transmitted infection, the risk that the negative partner becomes positive is very low. Many serodiscordant couples have been practicing safer sex for many years and they unwilling to take the risk of unprotected sex for conception. Some serodiscordant couples opt for timed unprotected intercourse, only during ovulation, to reduce the number of exposures to HIV by the uninfected partner and to increase the chance of conception.

Where the HIV partner is not on ART, timed intercourse with pre-exposure prophylaxis, ART taken around the time of intercourse has been shown in studies to result in high pregnancy rates and negligible HIV infection. This research is ongoing and may prove popular particularly in recourse poor settings where many HIV positive individuals are not on ART treatment.

In the past, before effective ART was available home insemination was a popular option where HIV positive females did not wish to expose their negative male partners to HIV. Where the positive partner is male, sperm washing was an effective and safe risk-reduction conception option. With sperm washing, the HIV was 'washed' from the sperm. Semen was centrifuged and the live sperm was re-suspended and re-centrifuged twice. The number of washings

was limited because of loss of sperm quality and quantity and there was always a theoretical risk that all the HIV was not removed and that infection could occur, however rare. Where timed contraception is used, just as for HIV negative couples, assisted fertility techniques including in-vitro fertilisation have been used resulting in successful pregnancies. These technique combined with sperm washing further reduced the risk of horizontal transmission, from the positive partner to the negative. They are however very expensive and with current ART use are seldom indicated.

In summary, timed natural conception is currently recommended for couples who are taking ART and have fully suppressed viral load and have no co-existing sexually transmitted infections. This should be done under specialist HIV and gynaecological care and couples should be counselled on the risks, however low of HIV transmission. As with HIV negative pregnancies, the role of folic acid taken beforeconception and alcohol and cigarette smoking cessation cannot be forgotten.

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

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



IRELAND'S OLDEST MATCHMAKING FESTIVAL TO WELCOME GAY AND LESBIAN SINGLES

Europe's oldest matchmaking event is going pink this year, with a new gay and lesbian weekend taking place at the start of the traditional Lisdoonvarna Matchmaking Festival. The new festival, which has been christened the Outing, is the brainchild of local hotelier Marcus White, who has enlisted Dublin Pride Festival organiser Eddie McGuinness to manage the event. The pair hope to grow the Outing into the world's largest gay and lesbian singles event over the next five years.

"At the end of the day it's about love – that's what the matchmaking festival has always been about. Ireland is leading the world on a lot of gay issues and hopefully we will have gay marriage soon, so the time is right for something like this to take place," said Mr McGuinness.

"Nothing on this scale has ever been done anywhere else in the world. We are taking matchmaking into the 21st century. We have a five-year plan for this event. This year we are looking at attracting people from Ireland and the UK but this is going to become a very big international event."

The Outing will run from August 30th to September 1st – the opening weekend of the month-long Lisdoonvarna Matchmaking Festival. *Irish Times*



\$1M TO REINVENT THE CONDOM

Bill Gates, the world's second-richest man, is offering up to \$1,000,000 to anyone who can reinvent the condom.

The Microsoft founder's charitable foundation says that little has been done to use technology to make condoms that are "more pleasurable". He said doing so would increase their use and help to prevent the spread of sexually transmitted diseases around the world.

The Bill and Melinda Gates Foundation, which aims to improve the lives of the world's poorest, will provide \$100,000 in start-up costs to the successful maker of a "next-generation condom" and would continue to fund the enterprise up to the value of \$1,000,000. Bill Gates explains that "Material science and our understanding of neurobiology has undergone a revolutionary

transformation in the last decade, yet that knowledge has not been applied to improve the product attributes of one of the most ubiquitous and potentially under-utilised products on earth." The foundation said it was looking for a design that "significantly preserves or enhances pleasure, in order to improve uptake and regular use." It added: "The one major drawback to more universal use of male condoms is the lack of a perceived incentive for consistent use. The primary drawback from the male perspective is that condoms decrease pleasure as compared to no condom, creating a trade-off that many men find unacceptable.

"Is it possible to develop a product without this stigma, or better, one seen to enhance pleasure? If so, would that product lead to substantial benefits for global health?"

It says annual production of condoms is 15 billion each year and there are 750,000,000 users. The foundation's Chris Wilson said: "To overcome health and development problems we need new, game-changing ideas."

The Daily Telegraph



SEXUAL AND RELATIONSHIP DYSFUNCTION IS THE TRUE COST OF PORN

The simple, undeniable fact is young people — digital natives — are texting, tweeting, chatting, blogging, posting and otherwise communicating and being entertained by and through digital technology on an almost constant basis. Boys and young men in particular are susceptible to the lure of digital technology, burying themselves for hours on end in ultra-violent video games and, more importantly, online porn.

Internet-driven, pervasive porn use among boys and young men is an issue of concern on several levels (unrelated to traditional morality or religion). Among these issues is the effect that consistent porn use can have on a young person's evolving ability to develop and maintain sexual and emotional focus on any single individual, as this is not the stuff of most online porn. Boys and young men appear to have expectations that sex with another person will also provide a consistent source of new, mind-blowing stimulation, which is not the case in a most relationship-oriented sex. For a lot of boys, porn is increasingly more exciting, available and desirable (not to mention a whole lot easier) than in-the-flesh romantic/sexual interaction.

The recent tsunami of highly graphic Internet pornography is causing at least some sexual disinterest and even sexual dysfunction (either erectile dysfunction or delayed ejaculation) in many otherwise healthy young males. This confirms what many in the sexual addiction treatment field have known for quite some time —

that among the many symptoms and consequences of pornography abuse is reduced or even non-existent interest in sexual, physical and emotional connections with real-world partners. The guy who spends 75 percent of his sexual life masturbating to porn is, over time, likely to find real-world partners and experiences less interesting and less stimulating than the ongoing torrent of sexual imagery zooming around his screen, pad or phone. So while porn may initially engage young men's interest in sex, for some, over time, it can have the opposite effect.

Edited highlights for the full article see Huffington Post



MORNING AFTER PILL TO BECOME AVAILABLE WITHOUT PRESCRIPTION

WASHINGTON — The Obama administration has decided to stop trying to block over-the-counter availability of the best-known morning-after contraceptive pill for all women and girls, a move fraught with political repercussions for President Obama.

The government's decision means that any woman or girl will soon be able to walk into a drugstore and buy the pill, Plan B One-Step, without a prescription.

The Justice Department had been fighting to prevent that outcome, but said late Monday afternoon that it would accept its losses in recent court rulings and begin putting into effect a judge's order to have the Food and Drug Administration certify the drug for nonprescription use. In a letter to Judge Edward R. Korman of the United States District Court for the Eastern District of New York, the administration said it would comply with his demands.

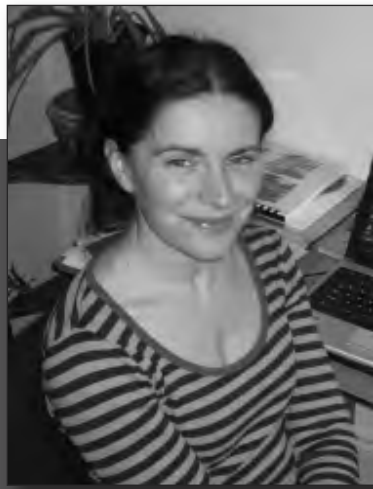
The Justice Department appears to have concluded that it might lose its case with the appeals court and would have to decide whether to appeal to the Supreme Court. That would drastically elevate the debate over the politically delicate issue for Mr. Obama.

Women's reproductive rights groups, who had sued the government to clear the way for broader distribution of the drug, cautiously hailed the decision as a significant moment in the battle over reproductive rights but said they remained skeptical until they saw details about how the change will be put into practice.

NY Times

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 heard my friends in school talking about testicular cancer the other day, they were saying it only affects young men, I'm 17, should I be worried? What should I look out for?
Pat

DEAR PAT,

Testicular cancer is quite rare, but it is the most common cancer found in young men aged between 15 and 34 years. Each year about 164 men are diagnosed with testicular cancer in Ireland. This number has been growing over the past few years. The cause of testicular cancer is unknown but the disease does seem to occur more frequently in men whose testicles have not descended into the scrotum, a process that should occur before birth or be surgically corrected later. The most common symptoms of testicular cancer are:

- A painless lump or swelling in a testicle.
- Pain or discomfort in a testicle or in the scrotum.
- An enlarged testicle or a change in the way it feels.
- A heavy feeling in your scrotum.

Even though these symptoms can be caused by conditions other than cancer, get them checked by your doctor. It can help to examine your testicles yourself every month. The best time to do this is after a warm bath or shower, when the skin of your scrotum is relaxed.

- Hold your scrotum in the palms of your hands.
- Use your fingers and thumb on both hands to examine your testicles.
- Gently feel each testicle, one at a time, for any change in size or weight.

- The testicle itself should be smooth with no lumps or swellings.
- It is normal to feel a soft tube at the top and back of the testicle.
- It is common for one testicle to be slightly larger or to hang lower than the other.

If you notice any swelling, lump, or experience a different sensation than normal, visit your GP as soon as possible. He or she will do a physical exam. If your GP has any concerns about you, he or she will refer you to a hospital. There, you will see a specialist called a urologist, who might arrange more tests. These include: an ultrasound of your scrotum and testicles, blood tests and chest x-ray.

As testicular cancer is one of the easiest cancers to treat, very often it can be cured. The treatment of testicular cancer varies, but the first treatment is usually surgery. The type of treatment you get depends on the size and stage of the cancer, the type of testicular cancer: seminoma or non-seminoma, if the cancer has spread, and your general state of health. Men Against Cancer (MAC) is a support group for men with testicular cancer. MAC provides men and their relatives and friends with information, advice and emotional support. This service is provided on a one-to-one basis and is confidential. You can contact MAC through the Irish Cancer Society's helpline: 1800 200 700. It's open Monday-Thursday from 9am to 7pm and Friday from 9am to 5pm. Always remember you can ring us (Pat) at 091 566266 if you have any concerns regarding your sexual health.

Regards,
Lorraine

WORLD HEPATITIS DAY



28TH JULY IS WORLD HEPATITIS DAY.

All over the world, hepatitis support groups and patient organizations are preparing to mark the occasion with a range of awareness-raising activities.

An annual event that each year provides international focus for patient groups and people living with hepatitis B and C, World Hepatitis Day is a great opportunity to get people talking about hep C, make a difference and influence real change in disease

prevention and access to testing and treatment. Since it was first launched in 2008 by the World Hepatitis Alliance, World Hepatitis Day has seen thousands of events take place around the world, generating massive public and media interest. The Alliance has also received support from governments worldwide, high-profile Non-Governmental Organisations and supranational bodies, such as Medecins San Frontieres. World Health Organisation

Aids West Celebrates IRISH AIDS DAY 2013





MINDEFULNESS FOR EMOTIONAL WELLBEING

Carmel introduced the concept of “Mindfulness” as a powerful way to explore one’s thoughts, emotions and physical sensations. She explained that “Mindfulness” is about being awake and aware and living in the present, rather than dwelling in the past or anticipating the future. It’s a particular way of relating to one’s own experience that allows one to become free of unnecessary entanglements. It’s a skill that can be learned. She explored mindfulness of breathing and other practices that can be used in daily activities. Through cultivating mindful awareness, one can learn to be more steady with whatever is happening in one’s lives. The great benefit of “Mindfulness” is it “can help free one to be less caught up in painful feelings or thoughts about the past or future”.

Carmel Sheridan is a psychotherapist and supervisor in private practice in Galway city. She is also a Mindfulness trainer and teaches daylong courses as well as the 8 week Mindfulness Based Stress Reduction Programme developed by Jon Kabat-Zinn at the University of Massachusetts Medical Centre. Carmel also writes bi-weekly in the Galway Sentinel.

BALANCED DIET AND YOGA

Aisling spoke about how mental and physical health play a key role when dealing with any sickness or any disease, so awareness and understanding of one’s own personal health is of great importance when dealing with HIV and AIDS. She discussed the immune system and how to nurture and support it so that it can work optimally and explained how foods help to balance the systems of the body, to support overall health and to nourish the liver and the bowel. A healthy body and mind will manage better under any stress when it’s being supported by a good diet. “When your body is under stress the blood circulates to the limbs and lungs so that we can run away from whatever is threatening us. This dates back to prehistoric days when we needed to run away from big hairy mammoths. However these days stress doesn’t involve mammoths but may involve traffic or an angry boss etc. Yet the body responds in the same way and when we are stressed we stop digesting our food as our body is preparing to run”. To ensure physical health one needs to learn to not be stressed and this she said is especially so when we are eating. “So this is why we need to learn relaxing techniques if we are to avail of the nutrients that we eat and to adequately digest our food”. Aisling provided information about what constituted a good and balanced diet and also gave a demonstration of some breathing techniques and some basic yoga tips to help stretch tense muscles and to relax.



Aisling Battersby has been teaching yoga for over ten years, practicing it for fifteen and has studied with a huge variety of people and styles all over Ireland and India. With a background in nutrition, she has various qualification in sports injury therapy, massage, reflexology, Colonic Hydrotherapy and has trained with Sports and Coaching techniques, Reiki, Kinesiology, Shiatsu and Craniosacral Therapy She studied yoga in India and practiced and taught there . Aisling believes that “As a Yoga teacher I more see my role as that of a map or a sign-post guiding people on their journey as they rediscover their relationship with their own bodies and minds.”

MASSAGE AND OTHER THERAPIES CAN BENEFIT ANYONE

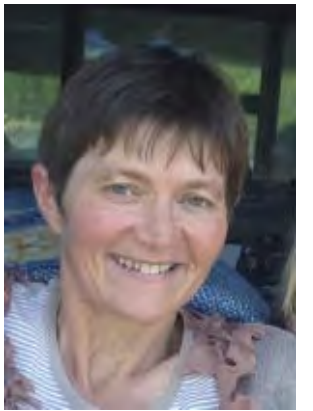
Mary Kenny told the Seminar “Massage is a great therapy and is suitable for everyone from babies with colic to sports people and people with stressful lives. It gives everyone time to themselves which is very important as we are so busy with life. Aromatherapy is a wonderful way of introducing essential oils to the body such as lavender. Lavender is great oil for relaxing tense and stressed muscles. Orange is an uplifting oil - to lift the spirit. The Body benefits by relieving muscle tension and pain and advancing breathing and movement capacity. The Mind benefits by improved alertness and reduced fatigue. It also helps the Spirit by decreasing anxiety, promoting self-image and harmony. In today’s world people now are more activate with walking and exercise, so it’s important to look after tight muscles with massage and gentle stretching.” Mary gave some short demonstrations of the various treatments involved.



Mary Kenny is a qualified beauty & massage therapist and member of the Irish Massage Therapist Association and Embody. Mary has completed extensive post graduate courses in on site/corporate massage, pregnancy massage and aromatherapy for pregnancy and babies. She has worked in The Channel Islands and Australia improving her knowledge on beauty and holistic treatments. She completed an extensive two year course in her native Cork on holistic studies which included Reflexology, Indian Head massage, Lymphatic massage, Sports massage, Aromatherapy and Stress management. She has been practising in Galway for the past seven years.

RELEASING BODY ENERGIES

Michelle discussed the background to both Emotional Freedom Technique (EFT) and Energy Management and gave a simple demonstration on how these modalities work and how the techniques can calm stress and relieve pain. EFT has been successfully applied to treat a wide range of emotional problems and issues including; anxiety, fears, phobias, trauma, Post Traumatic Stress Disorder, grief, anger and guilt. It has also been applied to enhance performance and improve relationship. EFT, the tapping technique, combines the wisdom of Chinese acupressure and meridian healing with modern psychology principles such as NLP (Neuro Linguistic Programming). The relief from stress and pain is often immediate, dramatic and lasting giving life changing results. Michelle’s talk included at demonstration on how tapping of the acupressure points with your fingers while you express the emotions round the pain or stress clears it away and allows healing energy to flow into the area. ‘Energy Medicine’ targets the body’s systems to bring flow, balance and renewal to the bodies vital energies.



Michelle Hughes is a passionate practitioner of EFT and Energy Medicine. Her journey started with a very successful treatment of bio energy (unusual back then) on severe pain after child birth. Whilst Michelle practices other therapies such as reflexology, massage and reiki, she focuses on energy psychology (EFT) ,and energy medicine as they are simple, successful and you can take them home with you. Michelle lives in Killeenaran, near Kinvara , In her life time she hopes to see energy medicine work alongside mainstream medicine in hospitals and medical centres.

WOMEN AND HIV

Dr Karoline Aebi-Popp covered many issues, starting with an overview of HIV and women, some of the trends in infection and routes of transmission. She dealt with topics such as the impact of diagnoses on women, family life and relationships. She also referred to gender specific conditions, onward transmission and management of the virus. She explored the different situations through which women are exposed, be they heterosexuals, emigrants, sex workers, intravenous drug users etc. and also dealt with late presentation and childbearing. She discussed how mother to child infection rates had greatly reduced due to treatment. Her talk covered contraception, birth control options, ageing, the menopause and how HIV uniquely impacts women.



Dr Karoline Aebi-Popp is an obstetrician specialising in women’s issues and HIV. She is currently an associated specialist at the Department of Infectious Diseases and Genito-Urinary Medicine (GUIDE Clinic) at St. James’s Hospital in Dublin . She is a native of Switzerland , where she qualified and she has worked in different countries like Portugal, Brazil and Kenya.

ALL ABOUT HIV

Dr Shay Keating’s talk covered a wide range of topics. He commenced with an introduction as to what the HIV virus is and what are the various stages. He then explained how HIV is monitored medically explaining CD 4 counts and viral loads and how they are measured. He dealt with medical trends, the current situation and what the future may hold. He dealt with side effects which were of great interest to attendees. Other topics included confidentiality and the Swiss report, co- infections, safe sex, sperm washing, PREP and PEP. Both Dr. Shay and Dr. Karoline facilitated a wonderful Q&A session which was lively. This session gave the opportunity for seminar participants to raises issues that are of concern to them; learn about difficulties others may be encountering in a safe and supportive environment.



Dr Shay Keating is a Private Medical practitioner specialising in sexual health at Harold’s Cross, Dublin .Dr. Keating is one of the most highly regarded experts in the field of sexual health in Ireland. He is currently employed in The Genito-urinary, Infectious Diseases Executive (GUIDE) Clinic in St. James’s Hospital, part-time as an Associate Specialist in Genitourinary Medicine The unit has a very proactive research and education ethos in which he is involved. Dr. Keating has also been employed as Medical Officer to the 550 clients attending the Drug Treatment Centre Board (DTCB) since 1996. Dr Keating has been a huge support to AIDS West for many years now, giving seminars and workshops. He also contributes a medical article “Discuss with Dr. Shay” to our quarterly newsletter.



Poetry

by
Peter
Swanborn



L. and number 6, F.

At the thought of his body,
naked, enjoying itself, I walk
across the quay and hear my mother:
Isn't there a bench here anywhere?

Dandelion seeds catch the eye,
a small boat athwart the waves. May I?
Please hold it, one, two, three,
the wind blows in her face.

His body is carved out of wood,
varnished in oil, no splinter
can be persuaded still.

Come, I say, let's go back. Take
her hand, grasp air, waves away.
Not quite yet, I'm so tired.

L. and A.

At the sight of both their bodies
in full motion, but at right angles,
the one about to start, the other
sliding, crumbling, blowing about.

At the sight of their eyes, which only
see and feed each other, like electricity
that seeks a path and wants to earth
in a new body which cries out.

At the sight of this force that gives
and passes on, zest for living but also
the pain, unconscious, eighty years now

Redoubled, I think, this can't be otherwise,
this now is life, self-seeking fire that
carries, asks nothing of, just uses us.

Peter Swanborn's poetry debut, *Bij het zien van zijn lichaam* (At the Sight of his Body), was published in 2007 and was nominated for the C. Buddingh' Prize. In 2009 *Een koud bad* (A Cold Bath) was published. This book with 24 songs about people who drowned, was nominated for the PZC Public Award. *Tot ook ik verwaai* (Until I too Drift Away), a poetry memoir about a mother with Alzheimer's was nominated for the J.C. Bloem-poëzieprijs. His latest book, *Het huis woont in mij* (The House Lives in Me) has just been published. He works as a literary critic for the leading Dutch newspaper *de Volkskrant* and he is one of the editors of *Tortuca*, magazine for literature and visual arts. Poems published here have been translated by John Irons. Photograph by Merlijn Doomernik. www.peterswanborn.nl

number 26, initials unknown

At the sight of his body, a flash
wrapped in a thick cloud of steam, like
an animal in an autumn wood, hunting
yet at the same time thirsting prey

My head's shot through with doubt. Am I
capable of catching. Do I see clearly
that most of all this deer wants to be desired
without itself having to desire?

I go back thirty years, fairground
with a hall of mirrors. Afraid, but
want to look. Full of myself, though

Hope for a father calling. I wait
and wait. Before I open my eyes
the cloud has closed itself.

B.

At the sight of his body, emaciated,
consumed by unmanageable sorrow
whose name's regret and meaner still
than all which comes from outside,

At the knowledge of his body, concealed
beneath flowers, shrouded in airy music
and fine words, from brothers and sons
– how hard it is to be honest, even now –

At the bearing of this body, heavier
than I'd ever imagined, my left shoulder
groaning a pain that came from some place else,

At the lowering of this body, look, look well,
I was overpowered by a terrifying void
that later, untold, turned out to be freedom.

These poems are taken from the collection *At the Sight of his Body* which is a collection of 44 sonnets on corporality. The titles are made up of initials and numbers and refer to the people the poems are written about.

© translations: John Irons www.johnirons.com

Cure for HIV?

DANISH SCIENTISTS are hoping for results that will show that “finding a mass-distributable and affordable cure to HIV is possible”. They are conducting a clinical trial to test a “novel strategy” in which the HIV virus is “reactivated” from its hiding place within human DNA and potentially destroyed permanently by the immune system. The move would represent a step forward in the attempt to find a cure for the virus, which causes Aids. The scientists are currently conducting human trials on their treatment, in the hope of proving that it is effective. It has already been found to work in laboratory tests. The technique involves unmasking the “reservoirs” formed by the HIV virus inside resting immune cells, bringing it to the surface of the cells. Once it comes to the surface, the body’s natural immune system may be able to kill the virus.

In vitro studies — those that use human cells in a laboratory — of the new technique proved so successful that in January, the Danish Research Council awarded the team 12 million Danish kroner (£1.5 million) to pursue their findings in clinical trials with human subjects. These are now under way, and according to Dr Ole Sogaard, a senior researcher at the Aarhus University Hospital in Denmark and part of the research team, the early signs are “promising”. “I am almost certain that we will be successful in activating HIV from the reservoirs,” he said. “The challenge will be getting the patients’ immune system to recognise the virus and destroy it. This depends on the strength and sensitivity of individual immune systems, as well as how large a proportion of the hidden HIV is unmasked.”

Fifteen patients are currently taking part in the trials, and the first results from the trial are expected to be presented in the second half of 2013. Dr Sogaard stressed that a cure is not the same as a preventative vaccine, and that raising awareness of unsafe behaviour, including unprotected sex and sharing needles, remains of paramount importance in combating HIV. With modern HIV treatment, a patient can live an almost normal life, even into old age, with limited side effects. However, if medication is stopped, HIV reservoirs become active and start to produce more of the virus, meaning that symptoms can reappear within two weeks. Finding a cure would free a patient from the need to take continuous HIV medication, and save health services billions of pounds.

The technique is being researched in Britain, but studies have not yet moved on to the clinical trial stage. Five universities — Oxford, Cambridge, Imperial College, London, University College, London and King’s College, London — have jointly formed the Collaborative

HIV Eradication of Reservoirs UK Biomedical Research Centre group (CHERUB), which is dedicated to finding an HIV cure. They have applied to the Medical Research Council for funding to conduct clinical trials, which will seek to combine techniques to release the reservoirs of HIV with “immunotherapy”, which gives patients a better chance of destroying the virus.

In addition, they are focusing on patients that have only recently been infected, as they believe this will improve chances of a cure. The group hopes to receive a funding decision in May. “When the first patient is cured in this way it will be a spectacular moment,” says Dr John Frater, a clinical research fellow at the Nuffield School of Medicine, Oxford University, and a member of the CHERUB group.

“It will prove that we are heading in the right direction and demonstrate that a cure is possible. But I think it will be five years before we see a cure that can be offered on a large scale.” The Danish team’s research is among the most advanced and fast moving in the world, as that they have streamlined the process of putting the latest basic science discoveries into clinical testing. This means that researchers can progress more quickly to clinical trials, accelerating the process and reaching reliable results sooner than many others. The technique uses drugs called HDAC Inhibitors, which are more commonly used in treating cancer, to drive out the HIV from a patient’s DNA and onto the surface of infected cells. The Danish researchers are using a particularly powerful type of HDAC inhibitor. Five years ago, the general consensus was that HIV could not be cured. But then Timothy Ray Brown, an HIV sufferer — who has become known in the field as the Berlin Patient — developed leukaemia. He had a bone marrow transplant from a donor with a rare genetic mutation that made his cells resistant to HIV. As a result, in 2007 Mr Brown became the first man to ever be fully cured of the disease. Replicating this procedure on a mass scale is impossible. Nevertheless, the Brown case caused a sea change in research, with scientists focusing on finding a cure as well as suppressing the symptoms.

Two principal approaches are currently being pursued. The first, gene therapy, aims to make a patient’s immune system resistant to HIV. This is complex and expensive, and not easily transferrable to diverse gene pools around the world. The second approach is the one being pursued by Dr Sogaard and his colleagues in Denmark, the CHERUB group in Britain, and by other laboratories in the United States and Europe.

Source Daily Telegraph

HIV is NOT about to be cured in 3 Months

Contrary to some hysterically hyped headlines this past week, HIV is not on the verge of being cured in the next three months, nor have scientists found an effective vaccine. The truth is that a hopeful compound to

force HIV out of hiding is under study, and the results should be known in the near future. Unfortunately, however, even if researchers hit a home run with this drug, it won’t likely be a cure by itself and we will still

be waiting for the day that we have a vaccine or other types of immune therapy to help the body kill any remaining infected cells.

Let’s unpack the hype. Last week the London

continued on page 13



HUMAN PAPILLOMAVIRUS

Dr. Siobhán O’Higgins, Educator at AIDS West

HAVING JUST RETURNED from a month working with the Burnet Institute of Public and Global Health in Melbourne, Australia (I know lucky me!), I have been thinking of how our countries are different yet similar in many ways in relation to sexual health and sexuality education. Over the next while I hope to share with you some of my thoughts and insights about how the experiences of a much larger and more international population could inspire the development of a sexual competent and healthy Irish adult population. The first topic I would like to explore is: Should we also be vaccinating young boys against the human papillomavirus (HPV), which can lead to cervical cancer, precancerous genital lesions, and genital warts?

Cervical cancer is the second most common cancer in women worldwide and in Ireland approximately 250 women get cervical cancer and 80 die from it every year. The HPV vaccine is highly effective in preventing four types of HPV that cause up to 70% of all cervical cancers and about 90% of genital warts. Irish experts recommend the vaccine for all 11 and 12 year old girls. The Irish Department of Health now offers the vaccination free to all 12 year old girls, through their secondary schools. An initial outcry against the vaccination programme delayed its adoption for a couple of years; centered on the fear that the vaccination would encourage girls to become sexual active.

continued from page 12

Daily Telegraph ran a story on this new compound, but claimed that a cure was just around the corner. The reporter apparently misquoted the researcher and overly hyped what he’d been told. The reporter has since toned down his piece and changed the headline due to pressure from a prominent activist in England and likely due in part to a piece the researchers themselves felt compelled to post to refute the article’s claims. Unfortunately, the press outside of London grabbed hold and has been retreading the original uncorrected story since then.

Here is the real story. First, contrary to some reports there is no actual vaccine involved at this point. That’s probably the most mystifying and frustrating thing. Instead, there is a class of drugs that helps cause HIV that is bound up inside the DNA of resting

immune cells to begin reproducing. If we want to cure HIV, then that’s the first thing we’ll have to do -- to unmask the hidden HIV. The class of drugs is called HDAC inhibitors. Thus far, there have been four studies of this class of drug. Two were conducted with a very weak form called valproic acid that ultimately had no effect. Two more recent studies were with a drug called vorinostat and showed at least transient increases in HIV RNA production from latent cells, indicating activity, but the effect was also somewhat weak and didn’t have the ultimate effect we’d want to see, which is to reduce the amount of HIV DNA there. That would tell us that we are actually reducing the size of the HIV reservoir.

The researchers in Denmark are using a more potent HDAC inhibitor called panobinostat. All of us in the cure advocacy arena have good hopes about the drug, but it is a very, very

Sense prevailed and now all young girls and their families are given the choice as to whether or not they want protection from cervical cancer and genital warts. Contrary to the fears expressed before its adoption the roll-out of the vaccination has not generated a rush of underage sexual activity among girls. The vaccination will lower the rate of cervical cancer – although this is difficult to see in the statistics at the moment, as cervical cancer has a long incubation period and can take years, if not decades, to be detectable. It is easier to look at rates of genital warts which have a much shorter incubation period of months rather than years (although it can take in excess of 11 months in some cases). Recent Australian research into the effectiveness of HPV vaccinations has led to their decision to extend it to include boys. Over 2 years, following the introduction of the free programme for females under 26 years old in 2007, the number of diagnoses of genital warts halved in Australia. Their figures also show that the rapid and dramatic rate of decline is slowing down. This is consistent with models of HPV transmission which suggest a much more gradual reduction in numbers might be expected in the next few decades unless the vaccination is universal; very positive evidence as to the need to vaccinate boys too.

I hope that the HSE (newly aligned) with a focus on cost reduction will act on this information as the health benefits are clear to be seen.

long way from being a cure all by itself and the very small Phase I study being run by the Danish researchers has yet to publicly report any results. Panobinostat may turn out to be a potent way to kick start HIV replication, but we’ll probably have to pair it with a vaccine in order to kill those latent cells that panobinostat has woken up. Unfortunately, we’re quite a ways away from having such a vaccine.

It says something quite sad about the state of science journalism in general that articles like this make it out the door. The hype that never pans out ultimately makes people so skeptical about the kind of work Project Inform advocates for and reports on. It’s also sadly the case that stories like this, where the reporter, or the researcher — or both — hypes a study and claims a cure is just around the corner are all too common. We’ll do our best to set the record straight when these arise.

High Times with NEIL WILSON

Will sports sponsorship be abolished?

IT'S CALLED THE 'H' CUP in France due to restrictions on alcohol sponsorship. In Ireland the Heineken cup sits alongside sponsorship from both Bushmills, Whiskey and Guinness in a sport that some say has 'sold its soul' to the drinks industry. The government has been criticised for 'dragging it's heels' in bringing legislation in this area, many are unsure why. Professor Joe Barry of the Royal College of Physicians of Ireland thinks that in the future "It will be seen as crazy to have allowed alcohol sponsorship of sport, in the same way as tobacco". With over 9 million euro pouring into the coffers of Irish rugby alone and about 30 million across all sports in Ireland, the removal of such monies would, it is claimed, leave a large hole in funding. The evidence of sports such as Formula 1 would seem to suggest otherwise. Back in 1976 West Germany banned tobacco advertising from their racing circuits. Other countries gradually followed suit. The last major team to finally "kick the habit" was the Ferrari team who ditched their Marlboro sponsors in 2011. Other sports such as darts and snooker, who were also reliant on tobacco money (who remembers the 'Embassy World Snooker'?) had to adapt and find fresh sponsorship streams. In the short term there does seem to be move, at least in part, away from alcohol sponsorship. Even rugby has ditched the 'Magners League' in favour of the 'Rabodirect pro 12'. The GAA too recently switched Guinness sponsorship of the All-Ireland Hurling and Camogie championships for that of Liberty Insurance. The trend away from taking the drinks industry's money can also be seen on the soccer field. The Carling premiership became the Barclays Premiership, and no current premiership team has its shirts sponsored by an alcohol brand. In the past however a virtual drinks cabinet of well-known brands received exposure. These included Coors (Chelsea), Carlsberg (Liverpool), Newcastle Brown ale (Newcastle Utd)), Vaux Breweries (Sunderland), Holsten (Spurs), Strongbow (Leeds), Labatt's (Nottingham Forest), Chang (Everton) and McEwan's lager (Blackburn Rovers). Critics point out that the alternatives to alcohol sponsorship are hardly any less savoury: junk food, gambling, high-sugar snacks and chocolate companies are all fair game in getting that lucrative sponsorship deal. When the Olympics games were held in London last year the world's biggest McDonalds was erected just 300 meters from

the end of the running track. Even as the different parties argue over the evidence concerning the link between sponsorship and young people beginning to drink, the industry itself clearly believes it as this quote from a Carling executive makes clear : "They [young men] think about four things, we brew one and sponsor two of them'. You can work out what's left! Prof Joe Barry has argued that Ireland acts as a kind of "conveyer belt" delivering about 60,000 new drinkers to the tills of the alcohol industry every year. Whatever measures the government chooses to adopt, the drinks industry will still use every trick it can to keep its profit machine moving forward. Perhaps one of the oddest arguments against alcohol sponsorship was noted in 'The Lancet' earlier this year. The article argued that the association between alcohol and physical activity has led to an increase in sledging accidents. Under the awful pun of "Sledges are snow joke" it detailed the problems of a ruptured spleen following a late night drink-fuelled sledging accident and another that was described as a "de-gloving injury of the scrotum and buttocks". Ouch. On the 17th June 2013 the all-party Oireachtas announced that they were rejecting the proposed ban on the sponsoring of sporting events by the drinks industry. It now remains to be seen what the government will do.



Image courtesy of Alcohol action Ireland

WILL WE HAVE MINIMUM PRICING FOR ALCOHOL IN IRELAND? Pressure in Ireland for the setting of a minimum price per unit for alcohol has been around for some time. The academic evidence in this debate is mainly focused around the modeling research completed at the University of Sheffield. One of their studies looked in detail at the situation in Scotland. Research here is seen as relevant to the Irish situation due to the



strong cultural links with our Celtic cousins. The Sheffield modeling predicted that a 50p minimum price would lead to a 5.7% drop in consumption. Even if the minimum price was only 40p they predicted there would be 249 fewer deaths, 2,900 fewer alcohol-related crimes and a drop of 7.8% in hospital admissions for alcohol related issues. The Scottish government were convinced of the evidence but are still working on the introduction of minimum pricing. The drinks industry is currently using 'every trick in the book' to try and get the policy dropped. They argue that it goes against European rules on free trade. On the other side of Hadrian's wall the UK government, despite an initial enthusiasm for the policy has quietly dropped plans for minimum pricing in England. Critics of the Sheffield model, such as the Adam Smith Institute, argue that it is based on unproven assumptions. The idea that heavy drinkers would be more likely to reduce their consumption as a result of a price increase seem questionable to them. They also say that the modeling ignores the illicit alcohol trade and the health benefits of moderate drinking. Modeling apart, real world evidence seems to support the view that 'harmful drinkers' tend to seek out the cheapest alcohol, and therefore do reduce consumption. In Canada several provinces have had minimum pricing in operation for up to 20 years. A 10% increase in prices here equates to a fall in consumption of about 4.5%. Over one hundred other studies from around the world point to similar figures. Pressure groups such as 'Alcohol Action' argue that we need minimum pricing in this country to reduce not only consumption figures but also the statistics for traffic accidents, violence, crime and sexually transmitted infections. The evidence seems clear that a minimum price for alcohol leaves moderate drinkers virtually untouched as they pay a price per unit well above the proposed minimum anyway. Price sensitive consumers such as harmful drinkers or those on lower incomes such as students may well reduce their alcohol consumption. The Health minister, Deputy James Reilly, has stated that "I intend to bring forward specific proposals for consideration by Government as soon as possible".
Neil Wilson
Drugs/alcohol/sexual health co-ordinator

Contact AIDS WEST at Ozanam House Galway

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

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

AIDS WEST OFFERS A WIDE VARIETY OF SEXUAL HEALTH EDUCATION PROGRAMMES

Schools Programmes

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

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

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

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

Much Much more ...

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

CONTACT US
t: 091 566266
e: info@aidswest.ie
w: www.aidswest.ie
f: facebook.com/aidswest

APP
For iTunes
<http://itunes.apple.com/ie/app/sexual-health-guide>
For Android Market:
<https://market.android.com/grabradioworld.sexualhealthguide>

The STI Clinic Opening Hours

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

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

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

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

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

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

The clinic is located in a self-contained building to the left of the main hospital. As you enter the grounds of the hospital, take the first left, then follow signs for Genito-urinary Medical Clinic, Infectious Diseases and hepatology – in front of maternity services.
Tel: 091-525200.

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

USEFUL SERVICES

AIDS WEST
(091) 566266

STI Clinic Galway
(091)525200

STI Clinic Ballinasloe
Portiuncula Hospital Ballinasloe. 09096-48372

STI Clinic Mayo
Mayo General Hospital, Castlebar. 09490-21733

STI Clinic Sligo
Regional hospital, The Mall, Sligo. 071-9170473

STI Clinic Limerick
Limerick Regional Hospital, Dooradoyle. 061-482382

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

STI Clinic Letterkenny
Letterkenny, Co. Donegal 074-9123715

Open Heart House
Contact Membership support 01-8305000

Red Ribbon Project
9 Cecil Street, Limerick. Helpline: 0214276676

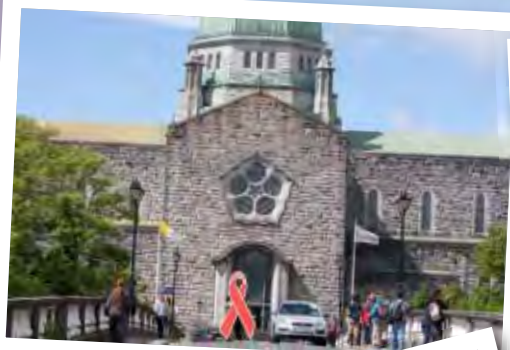
Sexual Health Centre
16 Peter's Street, Cork, 021-4276676

Dublin AIDS Alliance
53 Parnell Square West, Dublin 1. 01-8787700

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

Quiz Answers: 1. 1950's. 2. Switzerland. 3. Abba. 4. Love shine a light. 5. Finland. 6. The Wombles. 7. Israel was going to win. 8. My lovely horse. 9. Spain. 10. Norway ... nul points then.

AIDS West celebrates Irish AIDS Day 2013, 15th June, with two major events:



- An Awareness Day on the streets of Galway, where we distributed red ribbons and asked the public to wear and show their solidarity both with those living with HIV and also in memory of those who have died from the virus. A GIANT red ribbon was on display at many iconic sites throughout the city.
- A seminar which was held for people living with HIV and which dealt with topics including medical matters, alternative treatments and mindfulness. Full details are on pages 8 and 9.