Ontario HIV and Substance Use Training Program

OHSUTP: some people call us...

“OH... SHUT UP”

• We are a program of Fife House, funded by the AIDS Bureau, Ministry of Health and Long Term Care.

• We work out of Fife House, a supportive housing provider for people with HIV.

Fife House

• Over the last year, we provided support services to 173 residents/clients through the Supportive & Transitional Housing Programs and to an additional 317 clients through our Homeless Outreach Program.

• Fife House operates three Supportive Housing Programs that offer support services through a network of qualified staff and volunteers:
  – Jarvis, an 82 unit apartment building;
  – Denison, a residential program for 5 individuals; staff also provide support services to 14 persons at two non-profit housing programs;
  – Sherbourne, an integrated apartment building with 45 units designated for People Living With HIV/AIDS (PLWHA).

• Transitional Housing Program (THP) provides 11 individuals with private units in a communal living and dining space with 24-hour support services.

• Homeless Outreach Program provides a client-centred case management approach to link clients with community supports based on clients needs. Such areas of support may include: health and mental health; addictions; life skills in housing retention; immigration and settlement.

• www.fifehouse.org

What we will talk about…

• HIV / AIDS
  – The virus; Treatment; Testing; Transmission; Prevention; Mental Health

• Stigma and Discrimination

• Hepatitis C

• Drug Stigma and Harm Reduction

• Two things we have to talk about…

SEX + DRUGS
Introductions

- Name
- Your role / job
- What year did you first hear about HIV?
- A value you’re engaging with

Values

- Honesty
- Courage
- Fairness
- Respect
- Humility
- Humour
- Openness
- Creativity

Group Guidelines

Purpose:
- To build a safe, respectful, and supportive learning environment for the workshop.
- Some of you have chosen to be here, while some of you have been mandated to be here by your work.
- We value diversity and learn from comparing and contrasting experiences.
- Some participants may have a personal connection to the issues we will be discussing and we should acknowledge this.
- Everyone participates in their own way.
- Risk taking and self-disclosure is encouraged and supported.
- Everyone has the right to pass.
- All voices are heard.
- Use “I” statements.
- Everyone uses their own strengths and resources.
- One person speaks at a time.
- Confidentiality is maintained but not guaranteed. (context of coworkers and people you know outside of work)
- Learning is a process. Open yourself to the possibilities.
- Step up, Step Back

Disclaimer

- We encourage sharing and adaptation of the information and ideas presented here.
- We ask that you credit our sources and reference the individuals or organizations that we have credited.
- Please send us a copy of any resource where OHSUTP has been credited.
- If you have concerns about anything presented here (e.g., we have incorrect factual information), please alert us.
- We may use language that you may find different or challenging. Our intent is to use language that your clients use.
- We will be updating the information in our resources on a continual basis. If you have requested this presentation after attending a workshop, please note that some of the content may have changed.
- While we do our best to keep things as up-to-date as possible, we cannot guarantee that web links are the most current, and are not responsible for content on sites that we have linked.

HIV / AIDS

Goal:
- To increase participants’ knowledge of HIV/AIDS: virology, transmission, prevention, testing, treatment, and epidemiology.

Objectives:
- To provide participants with:
  - An overview of the virology of HIV/AIDS, including an understanding of the impact of HIV on the immune system.
  - Accurate information about HIV transmission and prevention.
  - An understanding of their role in promoting testing and supporting treatment.
  - An opportunity to see the impact of HIV/AIDS locally, provincially, nationally and internationally.

Where we get our information

- Sources include:
  - C ATIE, OHTN, CAS, ICASO, UNAIDS, CDC, OCHART, ITRACK
  - Professional and personal experiences, including those from people living with HIV/AIDS.
- Our broader knowledge of HIV/AIDS is about 30 years old:
  - Most information presented today is based on what is known as “generally accepted scientific theory”.
  - This is a relatively new field - new information all the time.
  - As time goes on, new issues come up and our thinking may change.
- This workshop is focused on the reality of HIV/AIDS in Ontario.

What have you heard about HIV and AIDS?
### Questions…

- **Transmission**
  - How does HIV get from one person to another person?
  - Are we seeing more or less new infections?
- **Prevention**
  - How can you protect yourself from HIV?
- **What are the connections to mental health and substance use?**

### How would you feel if you found out you had HIV?

1. **A. True**
2. **B. False**
3. **C. Not Sure**

### HIV weakens the immune system

- **A. True**
- **B. False**
- **C. Not Sure**

### HIV only lives in humans

- **A. True**
- **B. False**
- **C. I’m not sure**

### AIDS stands for:

- **A. Auto Immune Dysfunctional System**
- **B. Acquired Immune Deficiency Syndrome**
- **C. I’m not sure**

### There is a cure for HIV

- **A. True**
- **B. False**
- **C. I’m not sure**
How many people are living with HIV in Ontario?

A. 10,500
B. 17,000
C. 32,600
D. 48,000
E. 72,000

Adult HIV Prevalence Rate, 2011

Global HIV Prevalence Rate = 0.8%

NOTES: Data are estimates. Prevalence rates include adults ages 15-49. The estimate for Sudan represents data for South Sudan. An estimate was provided for Sudan and is *7%.


Aboriginal peoples make up 4% of the Canadian population, and what % of HIV+ cases?

A. 2%
B. 4%
C. 9%
Injection Drug Use (IDU) accounts for what % of HIV + cases in Canada?

A. 5%
B. 20%
\[\checkmark\] C. 50%

Canada Now

- 71,300 currently living with HIV and AIDS
- 25% are unaware of their HIV status
- 2,062 new cases of HIV reported in 2012
- In the overall population, the highest exposure categories in 2012 are men who have sex with men, heterosexual transmission, and injection drug use.
  - Men who have sex with men (MSM) 30.2%
  - Heterosexual transmission 29.5%
  - People who use injection drugs 14.8%
- In 2012, women account for approximately 23% of all people living with HIV/AIDS in Canada.


Ontario Now

By the end of 2013:
- Overall, 32,547 people were living with HIV in Ontario (1985-2011).
- Trends:
  - MSM 58.5%
  - IDU 7.7%
  - Heterosexual Transmission 11.7%
  - People from countries with high rates 13.4%
- In 2011: 21% of new HIV diagnoses were among women, with the highest exposure category through 1) heterosexual contact, 2) women of African Caribbean and Black Communities (ABC), and 3) women who inject drugs (IDU).
- 946 persons were newly infected in 2011 in Ontario
- Approximately 33% of those infected with HIV do not know their status

Ontario 2012

- In 2012, HIV diagnosis rates reached their lowest point since the beginning of the epidemic (early 1990’s)
- The number of people tested has increased steadily
- Most new infections are among MSM, LR Hetero (male), and ACB females (from endemic countries)

Toronto

1 in 120 adults in Toronto are HIV positive. Let’s face the future together.

Virology

An Overview of HIV
CD4+ T helper cells

CD4+ T helper cells are white blood cells that are an essential part of the human immune system. They are often referred to as CD4 cells, T-helper cells or T4 cells. They are called helper cells because one of their main roles is to send signals to other types of immune cells, including CD8 killer cells, which then destroy the infectious particle. If CD4 cells become depleted, for example in untreated HIV infection, or following immune suppression prior to a transplant, the body is left vulnerable to a wide range of infections that it would otherwise have been able to fight.


HIV and CD4 Cells

- Acute HIV Infection
- Early HIV Infection
- Asymptomatic
- Symptomatic
- AIDS
Stages of HIV Infection

- Acute infection
- Chronic lymphadenopathy
- Subclinical immune dysfunction
- Skin and mucous membranes, immune deficits
- Systemic immune deficiency

HIV Viral Load (how much virus is in the body)

- High
- Low
- Undetectable

CD4/T-cell Count (marker of immune system health)

Monitoring the Immune System

- CD4/T-cell Count (marker of immune system health)
  - 600 – 1,500 (normal counts in non-infected people)
  - around 500 (mild damage)
  - 400-500 (moderate damage)
  - <400 (possible symptoms and infections)
    - Medications are offered at 350 to 500 (this is an ongoing target # that changes with new research)
  - <200 (severe immunodeficiency / opportunistic infections)
    - Medications are strongly urged as you would be at risk for an OI and thus AIDS

Symptoms of Acute and Early Infection

- Common symptoms include:
  - Prolonged fever (4 to 14 days) and aching limbs
  - Red blotchy rash over the trunk
  - Sore throat (pharyngitis)
  - Ulceration in the mouth or genitals
  - Diarrhea
  - Severe headaches
  - Night sweats
  - Aversion to the light

Remember these symptoms are easily confused with other common illnesses but if they are going for an HIV test these may indicate seroconversion is occurring

Asymptomatic

- May have no symptoms of HIV
- Person may feel well for 1 – 15 years (avg 10)
- Person will test positive for HIV
- CD4/T-cells may decrease in number (immune suppression)
- Viral load will increase
- If HIV+ status is known:
  - Regular health check-ups
  - Medication may or may not be started, depending on CD4 count
Symptomatic

- Physical signs of HIV
  - Many and varied symptoms (refer to handout)
- Decreased CD4 counts
- Increased viral load
- Prone to opportunistic infections
- If HIV+ status is known:
  - Regular health check-ups
  - Medication may be started depending on CD4 count

HIV Symptoms

- Intense and ongoing fatigue, lethargy, lack of appetite
- Intense and ongoing nausea, diarrhea, dry heaving
- Intense and ongoing gastrointestinal distress
- Unexplained fevers, night sweats, swollen glands
- Dizziness, headaches
- Susceptibility to viral or bacterial infections
- Susceptibility to fungal or protozoan infections
- Risk of normally low-grade infections becoming serious
- Aggravated STD’s

HIV Symptoms

Infections or conditions related to or aggravated by HIV Progression

- Gingivitis, gum/jaw decay, enamel breakdown, other dental issues
- Hip and joint dysfunction
- Shingles
- Thrush, Candidiasis
- Co-infection and interaction with other STD’s
- Aggravated fungal infections (athletes foot, psoriasis, etc)
- Wasting, dehydration
- Depression
- Mood swings, anger

Opportunistic Infections

HIV+ \(\longleftrightarrow\) AIDS

- Once a person is diagnosed with one of the 26 opportunistic infections associated with AIDS, this is noted in their medical records.
- If the opportunistic infection is brought under control, and CD4 counts increase, the person is considered to no longer have AIDS.
Treatment & Support

What are some of the things we can do for people with HIV?

- **Basics:** Income; Food; Housing
- **Education:** Tx options; legal
- **Medicines:** Antiretrovirals; supplements
- **Connection:** Support groups; social activities
- **Spiritual:** Loss / grief

HIV Medications

- No cure or vaccine for HIV/AIDS
- The goal of treatment is to attain an undetectable viral load (less than 40 copies in ml of blood)
- Most common treatments in Canada:
  - Anti-retrovirals which block HIV from reproducing in T-cells
  - Over 20 different combinations available
  - People take a combination of anti-retrovirals
  - Many people take other medications to help with side-effects of anti-retrovirals
- Generally, people attain an undetectable viral load within about 3 months after starting treatment
- HIV may become resistant to meds, especially if they are not adhered to fully
- Cost coverage through private insurance (if you have it); Trillium (based on income); Ontario Disability Support Program (ODSP)

A Day’s Worth

**Efavirenz / Emtricitabine / Tenofovir (brand name Atripla)** is a fixed-dose combination drug for the treatment of HIV infection. It combines three drugs into a single, once-daily pill, that reduces pill burden and simplifies dosing schedules, potentially increasing adherence to antiretroviral therapy.

Side effects to anti-retrovirals

Numerous complications and side effects; though less so with newer medications.

- Nausea & Diarrhea
- Fatigue
- Sensitivities to or interactions with a variety of medications and drugs
- Rashes
- Neurological side effects
- Depression
- Sexual dysfunction
- Kidney stones
- Kidney/Liver dysfunction
- Lymphosyphilis
- Diabetes Mellitis
- Early on-set heart disease
- Early on-set aging
- Peripheral Neuropathy
**Interaction Risks**

- Recreational Drugs + HIV Meds
  - Sickness
  - Overdose
  - Increased high
  - Behavior change
  - Reduced high

**Why Antiretroviral Therapy?**

**Other Issues Impacting Treatment**

- Poverty
- Stress
- Shame
- Stigma
- Access to health care
- Multiple Diagnosis
- Isolation
- Substance Use
- Access to supports
- Fear
- Mental Health
- Homelessness
- Access to health care

**Transmission & Prevention**

**The following fluids carry the HIV virus. Which ones can transmit HIV?**

- A. Saliva
- B. Vomit
- C. Urine
- D. All of the above
- E. None of the above

**Bodily Fluids: Presence of HIV Virus**

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<tr>
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<th>High</th>
<th>Low</th>
<th>None</th>
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<tbody>
<tr>
<td>Blood</td>
<td>Saliva</td>
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<td>Rectal Secretions</td>
<td>Vomit</td>
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<td>Vaginal Secretions</td>
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<td>Semen</td>
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<td>Pre-cum</td>
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<td>Breast Milk</td>
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<tr>
<td>Menstrual Blood</td>
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<tr>
<td>Brain/Spinal fluid</td>
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HIV Viral Load

- HIV is present as free virus in the fluids and in infected cells, that continue to produce HIV
- Load refers to how much virus is present
- Varies over time
  - Changes with health, presence of other viruses, and use of medications.
- Different in different body fluids

Significance of Mucous Membranes

- Only 2% of the body’s immune cells circulate in the blood
- 98% of the body’s immune cells are located in the lymph nodes and the mucous membranes
- Mucous membranes are rich in T-cells and macrophages to provide defence
- The majority of these cells are organized into “lymphoid follicles” just under the surface of the mucosal membrane

Membrane Health

The health of the mucosal membrane is affected by:
- Age (cells in the cervix do not fully develop until age 18)
- Menstrual Cycle / Female hormones
- STI’s
- Sex
  - Lack of lubrication and the use of irritating substances
  - When the mucosal membrane in the anus, vagina or mouth is broken, inflamed or infected, the risk of HIV transmission is much greater.

Hormone Levels

- The presence of female hormones during the menstrual cycle, or from hormonal contraceptives (in particular depomedroxyprogesterone) can make women more susceptible to HIV infection.

Modes of Transmission
What puts people at risk?

**HIV Transmission**

Transmission involves a complex association of **behavioural and biological factors**:

- HIV status of partner(s)
- Exchange of certain fluids
- Viral Load

**Assessment of Transmission Risk**

- Degree of risk can change with specific behaviours:
  - What fluids are present?
  - Do they get from one person into the other?

- **No Risk:** Kissing; masturbation
- **Negligible Risk:** Oral sex with a condom; Sharing snorting/smoking equipment
- **Low Risk:** Intercourse with a condom; Oral sex without a condom; Sharing injection equipment
- **High Risk:** Unprotected vaginal or anal intercourse; Sharing injection equipment

**“Sero-discordant”**

A “mixed status” relationship is a sexual relationship between one HIV+ partner and one HIV- partner.

**Barriers / Condoms**

- Other “barriers”
  - Dental dams; gloves
- External condoms; different:
  - Sizes & shapes: every one is different
  - Materials:
    - latex, polyurethane, polyisoprene ✓
    - lamb skin (not effective against STIs) X
    - avoid nonoxynol-9 (a spermicide) X
- Internal condoms

**Internal Condoms**
External Condoms

Sexual Transmission

- Sexual transmission is complex process. There is no clear way of quantifying risk.
- In sexual transmission, HIV has to pass through the mucous membrane.
  - Unprotected sexual intercourse makes it easy for this to happen.
  - Inflammation increases the likelihood of transmission.
- Sex toys:
  - Best to not share.
  - Should be covered with barriers where possible.
  - Should be thoroughly cleaned and disinfected.
- Dehydration, lowered inhibitions, increased sex drive and impaired judgment sometimes associated with substance use.
- The CAS Guidelines are a good place to start, but risk in any situation is a continuum of factors.

Sexually Transmitted Infections

- Increased chance of transmission of HIV
- People with an STI:
  - May have a sore or opening
    - Easier for HIV to get in or out
  - May have increased white blood cell count
    - Increased opportunity for HIV to attach
- People with HIV who get an STI:
  - Faster progression of STI
  - Complications in STI treatment

What’s up with Syphilis?

- We’ve seen a dramatic increase in infectious syphilis over the past twelve years in Toronto. Today the number of new syphilis cases is eighteen times higher than in 2001.
- Most (97%) of these cases of infectious syphilis have been among men. Over 80% of these have been among gay and bisexual men. And, almost 1/2 of cases in 2012 were among men who were also HIV-positive.
- It’s important to get tested - and treated - as syphilis is much easier than HIV to get or pass on. If you are HIV-positive, syphilis can make you very sick, very quickly.

HIV Transmission and Substance Use
Substance Use Concerns

- Injection equipment including water, cookers, ties, filters, needles and swabs
- Smoking equipment (esp. with crack; greater concern with Hep C transmission)
- Intranasal (snorting)
- Oral abrasions with stimulant drug use
- Dehydration of mucous membranes increasing sexual risk
- Decreased inhibitions and judgment (for some people)

Piercing, Branding, Tattooing

- Higher risk with re-using or sharing equipment
  - Needles, gloves, cotton balls, jewelry, clamps, etc.
  - Using the same ‘ink wells’

Accidental / Occupational Exposure

- Accidentally sticking yourself “Needle stick injury”
- First aid
  - Contaminated needle stick, sharps injury, bite or scratch - encourage bleeding, wash with soap and running water
  - Blood or body fluid in eyes or mouth - irrigate with copious quantities of cold water
  - Blood or body fluid on broken skin - encourage bleeding if possible, and wash with soap under running water (but without scrubbing)
- Consider Post Exposure Prophylaxis (PEP)

Percutaneous Injury (needle stick):
- HIV 0.3% (3 in 1000)
- Hepatitis B 6-30% (6-30 in 100)
- Hepatitis C 1.8 (18 in 1000)

Accidental / Occupational Exposure

Occupational Risk of Transmission from an infected source

Government of Manitoba, Communicable Disease Control Branch 2009:

Updated Blood Borne Diseases Surveillance Protocol for Ontario Hospitals 2010
PEP / PrEP

• Post Exposure Prophylaxis
  – Short-term antiretroviral treatment after potential exposure.
  – Must be initiated within hours of possible HIV exposure (72 hours max).
  – Continues for a period of 28 days.
  – Potential side effects; time off work is likely necessary.
  – Stress
• Pre-Exposure Prophylaxis
  – HIV meds (Truvada) taken by HIV –ve people

Routine Practices & Universal Precautions

• Treat everyone the same, not diagnosis driven
• Hand Washing
• Protective Barriers – gowns, gloves, masks, goggles
• SHARPS – no recapping, disposal in special container
• Keep everyone else’s wet stuff out of your wet stuff!!

HIV Outside the Body

• The length of time HIV can survive outside the body depends on:
  – The amount of HIV present in the body fluid
  – What conditions the fluid is subjected to
• The chances of becoming infected with HIV by handling a body fluid are extremely small, because that fluid will rarely have access to a person’s bloodstream.
• HIV can survive for 2-3 weeks in the small amount of blood that remains in a needle after use, because the blood is trapped where air cannot dry it out.

HIV and Pregnancy

• Transmission risks exist between partners (Horizontal Transmission), and between mother and fetus or baby (Vertical Transmission)
• Options to reduce risk between partners
• Options to reduce risk between mother and fetus and baby
  – Treatment
  – Breastfeeding

Ways HIV is Not Transmitted

• Insect bites
• Casual contact/sharing dishes or food
• Donating blood
• Swimming pools and hot tubs
• Pets/Animals
• Contact with saliva, tears, sweat, feces or urine

Other Factors that Play Into People’s Risk

• Stigma and Denial
• Cultural Factors
• Gender
• Poverty
• Intimacy, pleasure and the brain’s response…What is sex for anyway?
People from African, Caribbean and Black communities are disproportionately affected by HIV in Canada. They represent approximately 15%, or one in seven people living with HIV in Canada while representing only 2.5% of the population.

Determinants of Health & Vulnerability to HIV Infection

Influences affecting self worth/esteem:
- Grief
- Loss
- Bereavement
- Depression
- Social Exclusion
- Stigma
- Discrimination
- Homophobia
- Racism
- Loss of Hope

Risk Behaviours:
- Alcohol / Drug Use
- Unprotected Sex
- Presence of STI
- Multiple and Anonymous Partnering

Intimacy, pleasure and the brain’s response... What is sex for anyway?

The Bottom Line

- HIV transmission is highly complex.
- Estimates of risk involve a number of behavioural and biological variables interacting at once.
- Theoretically possible versus what is realistically probable.
- “Low risk” activity can become high risk depending on certain modifiers.
- “High risk” can be lowered depending on certain modifiers.

Approximately what % HIV + people in Canada don’t know they have it?

A. 5%
B. 10%
C. 25%

www.black-cap.com

Getting an HIV Test

• When a person is infected with HIV, their body produces antibodies against the virus

• HIV tests in Ontario can detect HIV in two different ways
  - P24 antigen test
    • Detects particles of the virus
  - HIV antibody test
    • Detects the body’s own fighter cells (antibodies) to the virus
  - Window Period
    • Depending on the test, HIV may be detected within weeks following infection, but in some cases may not be detected until three months

Ontario’s HIV testing recommendations (2016)

• If your initial test is negative, and you are still inside the 3 month window period, you should test frequently, until you are outside of the window period
  - You could be in the early stages of infection and the antibodies are not yet detectable

• It is recommended that people who have had a high risk exposure test at about
  - 3 weeks after exposure, and if negative
  - Again at 6 weeks, and if negative
  - Again at 3 months
  - If all tests were negative during the three month period, the person is negative for that HIV exposure

HIV Testing

• You can test anonymously or nominally

  • Anonymous testing
    • Offered at 50 clinics
    • A code is used instead of your name and no identifying information is collected
    • If you test positive
      • Clinic staff may know your result but local public health officials will not
    • When you access HIV treatment, most physicians will then order a nominal HIV test
  • If you test negative, you will be provided risk reduction information

Note: Data reported as current estimate, but some data comes from Remis (2009, 2011, 2012), PHO Lab (2007-2008) and OCS (2011)
HIV Testing

- You can test anonymously or nominally
  - Nominal testing
    - Offered at all clinics
    - It is confidential, though your name and other identifying information will be collected
    - Local public health officials will be made aware if you test positive
    - They will discuss notifying past sexual/drug using partners
- Nominal testing
  - Offered at all clinics
  - It is confidential, though your name and other identifying information will be collected
  - Local public health officials will be made aware if you test positive
  - They will discuss notifying past sexual/drug using partners
- Rapid test (point of care test)
  - A small sample of blood is provided through a finger prick
  - Your blood is then tested while you wait - you will get your results within minutes
  - If you test negative for HIV but you are still in the window period, you will be encouraged to come back for another test, probably within a few weeks
  - If you test “reactive”, this is an indication that you are likely HIV positive. In this case, a sample of your blood will be drawn from your arm, into a vial, and then sent to a public health laboratory for testing. You will be notified of results within a few days
  - If you test negative outside the window you are negative for that incident

HIV Testing and Counselling

- Pre-test counselling
  - What do you think they would ask you if you went for an HIV test?
  - Why?
    - Epidemiology and risk factors
    - Here’s a sample form that might be used... try filling it in for yourself
    - How was that exercise? Would you feel comfortable disclosing these kinds of details about yourself?
- Post-test counselling

Where to test

- Find a sexual health clinic in your area
  - Call the AIDS and Sexual Health Info Line at
    - Toll free: 1-800-668-2437
- Call Telehealth Ontario to ask a nurse practitioner about your immediate health concerns
  - Toll free: 1-866-797-0000
  - TTY: 1-866-797-0007

How to support someone through the HIV testing process

- Be open and non-judgmental
- Educate and encourage testing if appropriate
- Tell them about their options for testing and help them find somewhere to test
- Accompany them
- Be available after-the-fact for a check-in
Counsellors should not make assumptions about clients’ sexual or substance use activities or practices. Some clients may be unwilling to discuss their practices; however, to do an accurate risk assessment, it is important for counsellors to know “who put what where”. When taking a risk history, counsellors should ask direct questions, such as…

I am HIV positive... Can I immigrate to Canada?

Citizenship and Immigration Canada requires a medical exam for all immigrants and refugees. The medical exam includes a screening test for HIV for everyone over the age of 15. If you are under 15, but have an HIV-positive parent, have received blood or blood products or are going to be adopted in Canada, you will also be tested for HIV. On most applications for status in Canada, you will be asked if you have any serious illnesses. If you say no and later Immigration finds out that you lied, Immigration could try to remove you from Canada.

HIV & Mental Health

Stats on HIV Stigma

- 10% of Canadians believe the names of people with HIV/AIDS should be made public so people can avoid them
- 18% would be very or somewhat uncomfortable working in an office where someone is known to be infected with HIV/AIDS
- 22% of Canadians believe people who are HIV+ do not have the same right to be sexually active as people who are HIV-
- 24% feel uncomfortable even wearing a sweater once worn by a person living with HIV/AIDS
- 29% believe incorrectly that HIV can be transmitted by a mosquito bite
- 49% feel uncomfortable using a restaurant drinking glass once used by a person living with HIV/AIDS
- 20% do not believe in supporting the rights of people living with HIV/AIDS
- People’s knowledge about HIV is decreasing (i.e. the number of people who understand basic elements of HIV/AIDS, how long you can live, and how it is transmitted)

Robert H. Remien, Ph.D.; Milton L. Wainberg, M.D.; Katherine S. Elkington, Ph.D.

Stigma Video

Mental Health

- Impact of HIV on mental health
- Diagnosis (depression; social isolation; friend; family; job loss)
- Stigma and Discrimination (How do people in general feel about HIV+ people?)
- HIV itself
- Med effects
- Concurrent disorders
- Take a moment and think about how it would feel to be “infectious”?

Impact of Mental Health and Substance Use for PLWHA

Mental health and substance use problems can:
- Impair the quality of one’s life
- Interfere with medication adherence (HIV or other)
- Interfere with self-care behaviors and increase risk behaviors
- Result in acting out verbally or physically
- Impair ability to cope with daily events
- Increases morbidity and mortality

Bereavement / Grief

- Coping with HIV, loss and grief
- Long term survivors and substance use
- How do you and your organization deal with grief and loss?

Resources

Fact Sheets on Women at Risk in Ontario

- Aboriginal Women
- Women from African and Caribbean Countries
- Women from Asian and South Asian Countries
- Street-Involved Women
- Transgendered People
- Women Who Use Injection Drugs
- Women in Prison
- Women Involved in the Sex Trade
- Young Women

http://www.health.gov.on.ca/english/providers/pub/emen/pub_aids.html#women_factsheets
Resources

- Canadian AIDS Society
  Registered as a charity since 1988, the Canadian AIDS Society (CAS) is a national coalition of over 125 community-based AIDS organizations across Canada.
  www.cas.ca

- Canadian AIDS Treatment Information Exchange
  A Canadian non-profit charity supporting people affected by HIV/AIDS. Website provides information about treatment, services, and support. Primarily focused on HIV/AIDS, website contains information on HCV treatment and coinfection.
  wwwкате.ca

- Canadian HIV/AIDS Legal Network
  An advocacy organization dedicated to promoting the human rights of people living with and vulnerable to HIV/AIDS, through research, legal and policy analysis, education, and community mobilization.
  www.aidslaw.ca

- The Ontario HIV Treatment Network (OHTN)
  An independently incorporated, not-for-profit organization funded by the AIDS Bureau, Ontario Ministry of Health and Long-Term Care. The OHTN acts as a collaborative network of people living with HIV/AIDS, health care providers, consumers, researchers, community-based organizations and government, with a mandate to provide leadership and to advance policy relating to the optimal treatment and care of people living with HIV in Ontario.
  www.ohtn.on.ca

- Ontario AIDS Network
  915-25 Adelaide St, TORONTO, ON, M5C 3A1
  www.ontarioaidsnetwork.on.ca

- HIV & AIDS Legal Clinic, Ontario (HALCO)
  65 Wellesley St. E, Ste 400, TORONTO, ON, M4Y 1G7
  Tel: 416-340-7790 Toll Free: 1-888-705-8889
  TTY: 416-922-2032 / 1-888-613-9693
  www.halco.org

- PASAN - Provincial HIV/AIDS Support Action Network
  Tel: 416-340-5557 / (Toll Free) 1-888-340-5557
  www.pasan.org

- Ontario Aboriginal HIV/AIDS Strategy
  201-7 Hayden Street, Toronto ON M4Y 2P2
  Tel: 416-944-9481    Toll Free 1-800-743-8851
  www.oahas.org

- AIDS Bereavement and Resilience Program of Ontario
  490 Sherbourne Street, Toronto, ON M4X 1K9
  Tel: 416-205-9888
  www.abpo.org

- African and Caribbean Council on HIV/AIDS in Ontario
  110 Spadina Ave., Suite 207, Toronto Ontario M5V 2K4
  Tel: 416-977-9955 ext. 294
  www.accho.ca

- The Teresa Group
  Canada’s oldest community-based charitable organization specifically serving children affected by HIV and AIDS and their families.
  www.teresagroup.ca

- ASO 411
  www.aso411.ca

- Live Positive – Youth Website
  This site was developed by a partnership between Positive Youth Outreach (PYO), The Hospital for Sick Children Divisions of Adolescent Medicine & Infectious Disease, Canadian AIDS Treatment Information Exchange (CATIE), and TeenNet at the University of Toronto in collaboration with youth and youth serving agencies across Canada.
  www.livepositive.ca

Contact Us

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"You don’t have to be poz, but it helps."

- Websites dedicated to the needs of those who are HIV-positive typically tend to be serious and frankly a bit of a downer as we read through all of our health issues, treatment problems, stigma etc.
- For the editor-in-chief, and founder, however, a sense of humour is what has gotten him through the last 23 years of living with HIV. There is no question about the role of humour and its relationship to positive health outcomes, there needed to be something different available that celebrated having fun.
- The result is the creation of Positive Lite, a Canadian-driven website for both positive gay men and their friends, irrespective of sexual orientation, gender or nationality. HIV-positive people in Canada get labeled with various acronyms, including PHA, PLWHIV, PWA, etc. All of these are variations of “people living with HIV or people with AIDS” and all of these define us through disease.
- The goal is for readers to see us as whole and complete people whose lives are so much more than just a positive HIV diagnosis. Positive Lite is a venue for us to explore our lives in their entirety and to express our individuality through writing, photography and video.
- In essence, this is our playground. The site’s motto is, “You don’t have to be poz, but it helps.” Even though all contributors are HIV-positive, one cannot assume that anyone interviewed or participating in the production of content is positive. We cannot live in sero-isolation. It is important to bring in the broader community if we are to achieve the set-out goals.