

PARN—Your Community  
AIDS Resource Network  
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Peterborough, ON K9J 2R8  
  
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Number: 133564740RR0001

## June 2016

### In This Issue

- HIV is not a Crime
- Best advice in 4 words or less
- Annual Summer Picnic
- Treatment turns 20
- Women's Drop In @ PARN

### Board of Directors

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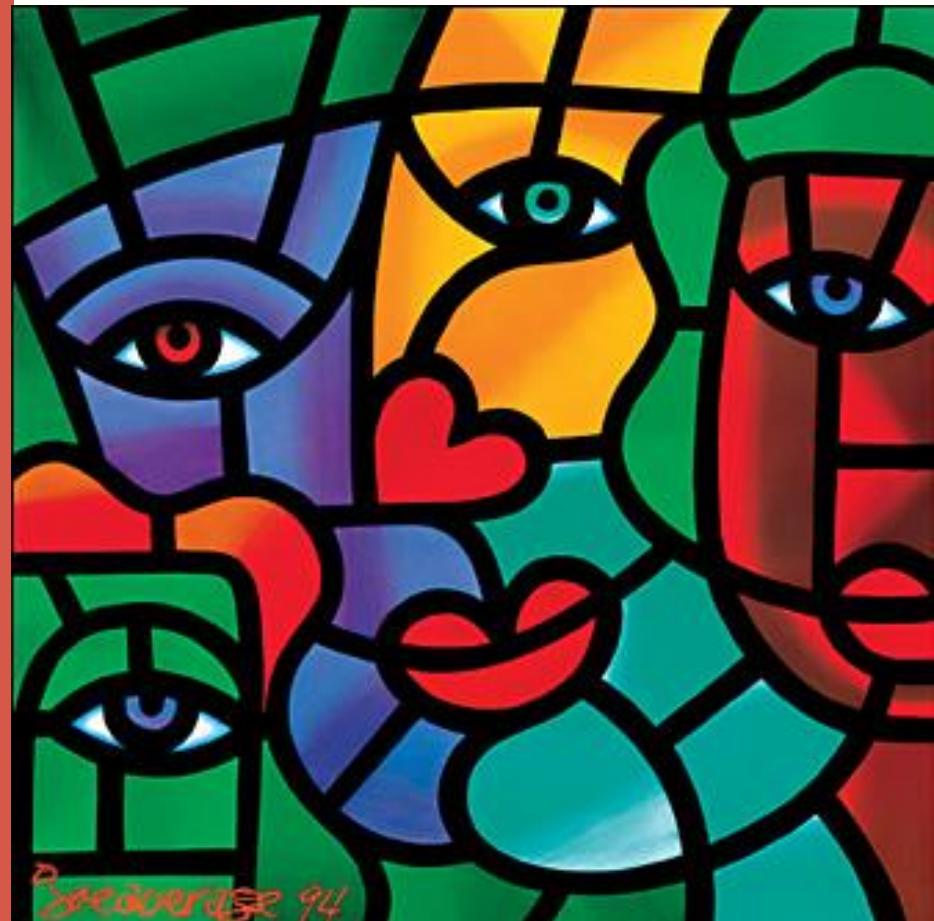
### Hours of Operation

- Monday: 9.30 am—5.00 pm
- Tuesday: 9:30 am—5.00 pm
- Wednesday: 9:30 am—1.00 pm  
3.00 pm—5.00pm
- Thursday: 9:30 am—6:00 pm
- Friday: 9:30—5.00 pm



# Twenty Years of Treatment

**In July 1996, researchers made an announcement at the XI International AIDS Conference in Vancouver that revolutionized the AIDS epidemic and eventually transformed HIV from a deadly virus to a chronic, manageable illness for people with access to care and treatment. See page 7 for more.**



# What's Going On? June 2016

## HEP-C Community Programs June 2016

### Peterborough Hep C Testing & Treatment

Every Tuesday & Thursday , 9am - 4 pm  
@ Positive Care Clinic, 159 King Street

### Peterborough Hep C Drop In

Tuesday, June 7 —9.30 am - 12.30pm  
@ PARN, Suite 302-2—159 King Street

### Port Hope Hep C Support Group

Wednesday, June 22, 10am-Noon  
@ PHCHC, 99 Toronto Street

### Lindsay Hep C Support Group

Friday, June 10—10 am - 1 pm  
@ KLCHC, 108 Angeline Street

### Haliburton Hep C Support Group

Friday, June 24—10 am - 1 pm  
@ HFHT, 7217 Gelert Street

### Rainbow Youth Program

Every Thursday

3:30 - 5:30 pm

Suite 302-2, 159 King Street



**M4M: Movies 4 Men—A Gay, Bi Trans,  
MSM Movie Club**  
*We have something special  
happening this month.  
Details coming soon*

## Office Hours at PARN

New opening hours as of April 1, 2016

### Monday

9:30 am—5 pm

### Tuesday

9:30 am—5 pm

### Wednesday

9:30 am— 1 pm  
3 pm—5 pm

### Thursday

9:30 am—6 pm

### Friday

9:30 am—5 pm

**Closed on Saturdays and Sundays**

## The Positive Living Room

This program is open to anyone attending The Positive Care Clinic on Thursday mornings. We open at 10am and run until 11:30 – join us Thursdays for a light breakfast, coffee and conversation while you wait!

## Did You Know?

In June 2001, United Nations (UN) General Assembly called for the creation of a "global fund" to support efforts by countries and organizations to combat the spread of HIV through prevention, treatment, and care.

The UN listened and in 2002 launched the Global Fund as a partnership between governments, civil society, the private sector and people who are affected by HIV, TB and malaria.

Now in its 14th year, the Global Fund raises and invests approximately \$4 billion every year to support programs run by local experts in countries and communities most in need. According to the UN, there are 1/3 fewer deaths related to HIV, TB and malaria in countries where the Global Fund invests.

To learn more about the Global Fund, please visit: [www.theglobalfund.org](http://www.theglobalfund.org)

## Can you contribute to the PARN E-NEWS?

We are looking for submissions from people with lived experience for our monthly electronic newsletter. Suggestions include personal essays, health-tips, movie/book/music reviews, historical accounts, recipes and home tips...basically if you have an idea, send it to us and we can help you share it with our community. You can email submissions to Brittany (brittany@parn.ca), or directly to Dylan (Dylan@parn.ca) who puts together our newsletter.



If you can't find the time to write something, but would like to see a topic or issue covered in one of our monthly newsletters, don't hesitate to let us know about your suggestions and ideas.



PARN Executive Director Kim Dolan attended the HIV is Not a Crime Training Academy in May, 2016. Stay tuned for a full report in our July newsletter.



# HIV Support Services @ PARN

## What's Your Best Advice—In 4 Words or Less

Look forward to tomorrow.

Things will get better.

This shall pass too.

Let go of angers.

Avoid those mental stressors.

Rid of toxic people.

Be nice to yourself.

Take a nice walk.

Try their shoes on.

Pretend it is you.

Pay it forward today.

Stop blaming yourself now.

Get a hug immediately!

Don't look for pity.

Tell others about it.

It happens to everyone.

Lying makes things worse.

Fight for your rights.

Fight for your life!

Think before you react.

You deserve much better.

Learn to love yourself.

Take a short vacation.

Don't mope day away.

Crying is proven healthy.

Ask people for help.

Time to get laid!

Get STD tests regularly!

## Committee Members Needed

**Project Inform**—This group works to amplify the voice, increase levels of involvement, empower individuals, and improve support services for people living with HIV in Peterborough and the Four Counties by: encouraging diversity of voices and participation, by creating meaningful programs and by influencing decision making at all levels of PARN activities. Members can participate by Skype, and/or phone. Please contact Brittany at 705-749-9110 or [brittany@parn.ca](mailto:brittany@parn.ca) for the application and/or more information.

**HIV Survivors Group**—Are you HIV positive? Why not come and join us for lunch on the 3rd Thursday of every month? We meet at the PARN office from noon until 2pm. A truly positive space run by positive peers. To find out more please contact Mark Phillips at [markyfund@aol.com](mailto:markyfund@aol.com)

### Office Hours in April

Please note that the PARN offices will be closed on June 2 and 3 for the Trent Consent Conference.

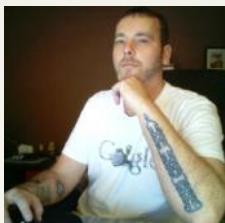
In addition, Brittany Cameron will be away from the office on June 7 and 8, returning on June 9.

### Red Scarf Project 2016

We're just putting together plans for Peterborough's first-ever Red Scarf project. Stay tuned for more details (especially if you are a knitter!)



**Submitted by Dave Browne**  
**#POZpirational**





## *Annual Summer Picnic!*

Monday July 18<sup>th</sup>, 2016  
11:30-3:30  
Orono Park  
61 Princess Street, Orono

The AIDS Committee of Durham Region and PARN – Your Community AIDS Resource Network invite you and one guest to enjoy a summer outing full of fun, food and activities for all ages.

This event will give you a chance to reconnect with friends and meet new ones. All food will be provided by the hosts.

Transportation will be available. Please mention if you need assistance when you RSVP. We hope to see you there!

**Please RSVP by Friday July 8th 2016 and let us know of any dietary restrictions:**

Yasene Mawji  
905 576 1445 ext. 17  
[intern@aidsdurham.com](mailto:intern@aidsdurham.com)

Brittany Cameron  
705 749 9110 ext.204  
[brittany@parn.ca](mailto:brittany@parn.ca)



# Become an Enduring Member @ PARN

In the May 2016 edition of this newsletter, you may have read that PARN is welcoming new members from the Four County region. If you are already involved with PARN as a volunteer, student, client or in any other capacity, simply ask your staff contact to be sure you are also an Enduring Member of PARN. You can contact Peg Town, Office Administrator, [peg@parn.ca](mailto:peg@parn.ca) for further clarification.

**We are currently planning the Annual General Meeting (AGM) for Wednesday, September 14,** which has been moved from its traditional time in late June. More details will be announced in August.

We welcome new members throughout the year. However, **Monday, August 15<sup>th</sup>** is an important date to remember, as it is the deadline for new members to apply so that their names are on PARN's official, confidential membership list 30 days prior to the AGM. If you apply for your membership by August 15th you will have voting privileges, and the ability to nominate or be nominated by another member to stand for election to the new board of directors (as per the General By-law 8.1.4 and 9.2).

To apply for your PARN Enduring Membership, go to: [parn.ca/get-involved/membership/](http://parn.ca/get-involved/membership/)

An Enduring Member of PARN receives newsletters and other communications, including invitations to special events like the AGM! Your Enduring Membership is free, non-transferable and renewed

**Wednesday, September 14th - for the Annual General Meeting of the Membership of PARN - Your Community AIDS Resource Network.**



automatically every April 1st, unless you submit your formal resignation, or if the board of directors resolves to formally remove you. Otherwise, we trust that your interest will endure in helping PARN continue its work to provide HIV prevention and support in the Four Counties. We're here to help!

# Treatment turns 20 Share Your Story

In July 1996, researchers made an announcement at the XI International AIDS Conference in Vancouver that revolutionized the AIDS epidemic and eventually transformed HIV from a deadly virus to a chronic, manageable illness for people with access to care and treatment. On the next page, we have shared a great story by Darien Taylor that appeared in the winter issue of Catie's The Positive Side magazine.

**Next month, we want to hear from you!** We're hoping to share stories in our July issue from people in Peterborough and the Four Counties whose lives have been touched by HAART and other developments in HIV treatment over the past decades. It is up to you if you would like to include your name with your story or quote.

**Please send your submission to Dylan DeMarsh at dylan@parn.ca by June 15, 2016.** Please specify if you would like to have your name included in the piece.



# Treatment turns 20

**By Darien Taylor**

*The transformative impact of antiretroviral therapy—on the epidemic, HIV care and what it means to live with the virus.*

This information was provided by CATIE  
(Canadian AIDS Treatment Information Exchange).  
For more information, contact CATIE at  
**1.800.263.1638 or [info@catie.ca](mailto:info@catie.ca)**

Twenty years ago the lives of people with HIV suddenly changed. Since the early 1980s, we had been living in the shadow of death, watching as friends, lovers and entire communities got sick and died. Our doctors tried to treat the opportunistic infections that occurred as our immune systems weakened; we marched in the streets to demand political action, more funding and better treatment; AIDS service organizations sprang up to offer support; and hospices and care teams were assembled for the dying. But there was little we could do to stop the progression of this terrible disease we knew so little about.

By 1996 more than 4.6 million people worldwide had died from AIDS, more than 10,000 of them in Canada. And some 35,000 cases of HIV had been reported to the Public Health Agency of Canada.

Then, in what seemed like a moment, HIV became a chronic, manageable illness that—given access to good care and treatment—people could live with for many years.

## The end of AIDS?

It took place before our eyes like theatre. In July 1996, at the XVI International AIDS Conference in Vancouver, one researcher after another spoke of a new concept: highly active antiretroviral therapy, or HAART—a combination of three or more drugs that targeted HIV at different stages of replication, to halt the virus in its tracks. Treatment activists like myself who took pride in knowing all about the development of new drugs were caught off-guard, unprepared, as the game-changing importance of the new combination therapies dawned on us, while we craned our necks to watch the presentation screens in the conference auditoriums. These combinations—or “cocktails,” as they were called—coupled with the new technology of viral load testing, were enabling people with HIV to achieve an undetectable viral load, meaning that the level of HIV in their bodies was so minimal that it could not be detected with the available technologies.



I remember meeting a colleague at the airport after the close of that whirlwind conference and giddily telling her that we were witnessing “the end of AIDS.”

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# Treatment turns 20

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## Hit early, hit hard!

"Hit early, hit hard!" became the battle cry in the fight against AIDS. Jubilant researchers boldly predicted that the remarkable ability of HAART to slow down the replication of HIV might result in a cure. All HIV in the body might be killed over time by these new combinations—the "eradication theory." (Unfortunately, they were wrong.)

That same momentous year, a clinical trial established that AZT-based therapy delivered during pregnancy and labour and later to the newborn could reduce mother-to-child transmission by two-thirds. Subsequently, the use of combination therapy in pregnancy further lowered this risk. Combined with the routine offer of HIV testing to pregnant women, most jurisdictions in Canada now see very few infants born with HIV.

## Sober second thoughts

But these life-saving treatments came with some considerable challenges. In our rush to embrace these miraculous drugs, we tended to at first ignore their side effects, the complex dosing schedules and food restrictions, the handfuls of pills—sometimes in the neighbourhood of 30, spaced out over the course of every day...and night. Without strict adherence, drug resistance could occur, limiting one's treatment options for the future.

Then people with HIV began to notice strange patterns of fat redistribution on their bodies: hard fat accumulating on their belly ("crix belly") or between their shoulders ("buffalo hump") and loss of fat on their face and limbs. These profound side effects—a syndrome that would become known as lipodystrophy—further "marked" people with HIV.

In the initial euphoria of combination therapy, many people with relatively high CD4 counts, myself included, started taking these drugs. When my CD4s were above 500 I began taking a combination that included the protease inhibitor ritonavir (Norvir). I tolerated the diarrhea but as the fat on my upper arms began to disappear, I decided to go off therapy, preferring to wait until my immune system showed signs of weakening. Moving away from the mantra of "hit hard, hit early," the consensus on when to begin therapy became more conservative, recommending that people start therapy when their CD4s were around 300, unless their viral load was exceptionally high or they developed opportunistic infections.



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# Treatment Turns 20

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What happened to people with HIV became known as “the Lazarus effect.” Like the biblical character Lazarus, who was miraculously raised from the dead, people living with HIV were essentially being raised from their deathbeds by these new therapies. Many of us experienced “survivor’s guilt,” the philosophical puzzle of “why me?” after having seen so many die only to find that we had been spared and granted a new lease on life.

There were economic and social repercussions, too. Many of us had been forced to give up our plans for the future, education and careers, had lost loved ones by the dozens and had ourselves been sick for years. It took real courage to re-engage with the world at large again, to go back to work and to risk falling in love again. For me, as someone who had been lucky enough to stay employed throughout these years of uncertainty, my big commitment was a mortgage on a small house in Toronto’s rather down-at-the-heels Parkdale area. I hoped to be around to pay it off—and in three years I will have.

In the meantime, researchers were working to develop new drugs with fewer side effects. Successive generations of combinations slowly became easier to take.

With clinical trials such as the SMART trial, which started in 2001, the HIV community began to realize that there was going to be no reprieve from strict adherence to the medication regimens. No structured treatment interruptions, no “drug holidays,” only relentless day-in, day-out adherence. And so it remains to this day.

## The meaning of “undetectable”

In 2008, a group of physicians in Switzerland released the controversial Swiss Statement. It held that HIV-positive people posed “no risk” to their sex partners if they had an undetectable viral load for at least six months, were on ART and had no sexually transmitted infections. Though the Swiss Statement had many detractors who questioned the scientific evidence informing it as well as its application to the sex lives of gay men, it heralded the current period of treatment (now commonly called ART) when research has confirmed that ART can indeed greatly reduce the chance of transmitting HIV when one’s viral load is suppressed. In addition to huge health benefits for HIV-positive individuals, we learned that HIV treatment could also be used to prevent HIV.

These findings have led to the development of pre-exposure prophylaxis (PrEP), perhaps the most promising HIV prevention strategy since the condom. With PrEP, taking the antiretroviral drug Truvada daily enables people who are HIV negative to have safer sex with partners who are HIV positive. In HIV-negative people who take it, Truvada acts to prevent HIV from gaining entry to their immune system. Though guidelines for the use of Truvada for PrEP continue to stress the importance of using condoms, some HIV-negative men and women experience difficulties in using condoms consistently, and Truvada provides them with additional protection.

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# Treatment turns 20

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## The pendulum swings...again

As antiretroviral drugs have become easier to take with the advent of one-pill-once-a-day regimens with few side effects (such as Atripla in 2006) and we have gained a better understanding of the effects of chronic inflammation on the body caused by the ongoing presence of HIV, we began to re-examine the question of when to start treatment. Recently, results from the START trial showed the significant health benefits of beginning soon after diagnosis, even if your CD4 count is still high, signaling the revision of treatment guidelines.

## The next 10 years

Unfortunately, ART does not cure HIV. Nor does it eliminate much of the immune dysfunction and inflammation that over time can lead to heart and bone disease, neurocognitive problems and other health concerns. The search for answers to these problems will likely lead researchers beyond the realm of ART.

Challenges still remain in identifying people who are HIV positive, ensuring that they stay in care, receive treatment and are able to maintain an undetectable viral load. Though our conference rallying cries may insist that no one be left behind when it comes to treatment access, the fact is that throughout Canada many individuals and communities are left behind when it comes to HIV testing and accessing good treatment—Aboriginal people, refugees, people with mental health issues, people who use drugs, people in small towns and rural areas who must travel great distances for care. Equitable access is an important—and surely an achievable—hurdle to overcome in the next 10 years.



*Darien Taylor is CATIE's former Director of Program Delivery. She cofounded Voices of Positive Women and is a recipient of the Queen Elizabeth II Diamond Jubilee Medal. Darien has been living with HIV for over 20 years.*

## **Interested in Making a Difference in Your Community? How About Volunteering at PARN?**

We are looking for advisory committee members to help guide the development of HIV prevention programs in Peterborough, Kawartha Lakes, Haliburton and Northumberland.

Are you interested in working with us to improve sexual health and communications amongst gay, bisexual and mostly-heterosexual guys who have sex with other guys?

Are you able to share your time, efforts and wisdom to help make a difference in our communities?

Advisory committee members include gay, bi and other guys who have sex with guys, and service providers who are interested in reducing HIV in our region by increasing knowledge and access to services.

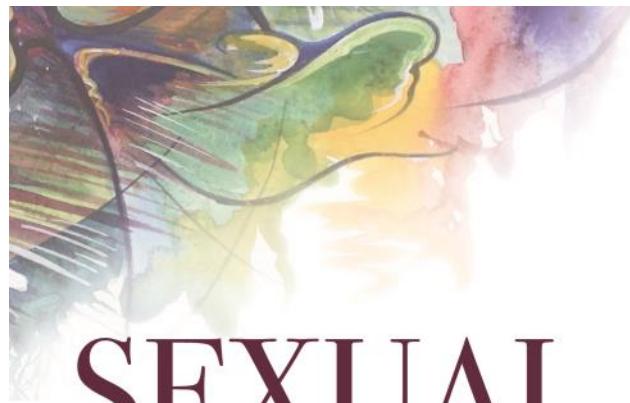
Call Chris Jardin, Prevention & Education Coordinator at 705.749.9110 x206, or [chrisj@parn.ca](mailto:chrisj@parn.ca) for more information.



**Safe space**  
**Safe injection tips**  
**Kit making**  
**Personal care items**

**women's drop  
in mondays  
2 to 4 pm**

159 King Street. Suite 302  
Ariel & Kylie contacts  
(705) 749-9110



# SEXUAL CONSENT

CONFERENCE 2016

[sexualconsentconference.com](http://sexualconsentconference.com)

@consent2016

## Hosted by

Conference Chair Dr. Terry Humphreys, Trent University & Kawartha Sexual Assault Centre

## Featuring Plenary Speakers



Dr. Terry Humphreys  
Trent University :  
Attitudes and Beliefs of Sexual  
Consent



Dr. Charlene Senn  
University of Windsor :  
Evidence-based Campus  
Sexual Violence Interventions



Tara Williamson, M.A., J.D., B.S.W.  
Indigenous & GBA+ Consultant,  
Writer and Musician :  
Colonizing Consent



Dr. Lori Schindel Martin  
Ryerson University :  
Sexual Consent, Dementia  
and Aging

## With Session Presentations Including

Neurobiology of Sexual Consent, Consent Factors in Youth Victimization, Conceptualizations of Sexual Assault on Gay Men, Primary Prevention Education, Criminal Law: Intoxication and Consent, Mnaadendamowin (Respect): All Relations Start With This, Women & Consent in Online Spaces, Selfcare as Warfare for Queer Relationships, Exploring the Role of Fathers in Consent Education, Bridging Consent Culture to Racialized Communities, Teaching the Consent Curriculum, and much more...

For more information, contact [sexualconsentconference@gmail.com](mailto:sexualconsentconference@gmail.com) or 705-748-5901 ext. 204

Thank you to our community of supporters



# WHAT IS YOUR STATUS



Where to go and what you need  
to know to get tested for HIV.



## Questions?

### Call us or stop by:

PARN - Your Community  
AIDS Resource Network  
159 King Street  
Peterborough ON  
Phone: 705-749-9110  
OR 1-800-361-2895

For a testing site near you call  
the AIDS and Sexual Health  
Info Line: 1-800-668-2437



United Way  
Peterborough & District  
*Change starts here.*