

# Contest promotes HIV & HCV awareness

by Cheryl Inward-Jones, RN, Institutional Nursing Supervisor

During the fall of 2002, inmates at the Yellowknife Correctional Centre (YCC) took control over their own health by developing and delivering a peer education project on HIV and Hepatitis C (HCV) prevention and awareness.

Last spring, Joanne MacKinnon, of the Public Health of Yellowknife Health and Social Services Authority, and Wanda White, from the Health Protection Unit of the Department of Health and Social Services of the GNWT, approached Cheryl Inward-Jones, Institutional Nursing Supervisor at YCC, to see whether inmates would be interested in

submitting a proposal for an HIV/HCV prevention and awareness project. In August 2002, YCC received information about funding available through Health Canada's Funding and Support Team (FAST). The Inmate Advisory Committee (IAC) reviewed the funding guidelines, and volunteered to work on the proposal with the assistance of Joanne MacKinnon and Cheryl Inward-Jones. The inmates worked hard on the proposal and received full funding (\$10,000) in October.

The IAC's proposal included an art contest. All inmates were invited to design artwork and a logo promoting HIV/HCV prevention and awareness. (The artwork and logo will be put on t-shirts to be given to inmates, along with a bag containing with condoms, lubricant, toothbrushes, a bookmark, anti-drug/anti-alcohol buttons and pamphlets about HIV/HCV, when they leave the facility.)

The peer project began on November 8, 2002 with a special lunch for inmates, during which the IAC and the Nursing Supervisor introduced the contest. Inmates were excited at the

prospect of winning canteen money and within an hour of the lunch, inmates were requesting more information on HIV/HCV. A lot of quality artwork was received and the winners in both the artwork and logo categories each received \$100 canteen money, while ten prizes of \$20 canteen money went to each of the runners-up.

The peer project also included the purchase of new educational materials, such as posters, folding displays, and videos. The Inmate Advisory Committee focused not only on HIV/HCV prevention, but included other materials for

education that look at nutrition, sexually transmitted infections, mental health, and ways of improving communication with partners and families. Just before Christmas 2002, inmates assisted with a well-attended presentation on HIV/HCV. Many inmates were surprised at what they had not known about Hepatitis C and asked many relevant questions.

After all their involvement in the peer project, inmates were upset to hear that YCC had received a failing grade in the HIV/AIDS Legal Network report card. They felt that they had been working to increase awareness about HIV/HCV, which was not reflected in the report card.

The Inmate Advisory Committee is considering a proposal for next year which will include sharing information and working with schools and communities. Through this initiative inmates have shown that they are willing to learn and move forward. They recognize that they have been given an opportunity to learn about their health, so that when they return to their communities, they will be able to make informed decisions, and share their knowledge with their partners and families. ✂



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**Compendium of teaching and learning activities geared to adapted curricula : preventing AIDS and other STDs through sexuality education for students with intellectual impairments** / Québec. Ministère de la Santé et des Services sociaux. Centre de coordination sur le sida – Québec : Ministère de la Santé et des Services sociaux, c2000.

*This document deals with the prevention of HIV and other sexually transmitted infections (STIs) and is intended for teachers of the first or second cycle of secondary school who work with students who have moderate to severe intellectual impairments.*

Call # M QUE 20398-1

**Does anyone die of AIDS anymore?** [video] / Hogarth, Louise (producer, director, writer) – Woodstock, ON : Canadian Learning Company, [c2002]

*This video aims to dispel the myth that HIV/AIDS is now a chronic manageable disease. It demonstrates, through interviews with health professionals and persons living with HIV/AIDS, that people are still dying from the disease.*

Call # V CAN 20368-1

**Undetectable : the new face of AIDS** [video] / Corcoran, Jay (producer, director); Wringing Hands Productions – Woodstock, ON : Canadian Learning Company, 2001.

*This documentary follows the lives of six men and women living with HIV/AIDS from diverse backgrounds, looking at how each of them deals with the disease and with the treatments they have to adhere to.*

Call # V CAN 20386-1

**HIV/AIDS 101** [video] / Bouldin-Jones, Kim; Earls Productions – [Cahokia, Ill.] GWC Inc. 2003.

*Kim Bouldin-Jones addresses how HIV is prevented, transmitted, detected, treated, and how it progresses. She talks about the current clinical parameters for diagnosing HIV-positive status and AIDS, and she also mentions practical steps for reducing the risk of transmission. The discussion guide contains a synopsis of the video, questions to ask before, and after, viewing, and a list of related titles.*

Call # V USA 20411-1

**Feedback Summer 2002 : highlights of research presented at the XIVth International AIDS Conference : July 7-12, 2002, Barcelona, Spain** – [Toronto, ON] Health Hounds, 2002.

*This issue of Feedback is a review of key topics and abstracts that were presented at the XIVth International AIDS Conference held in Barcelona, Spain, from July 7-12, 2002.*

Call # PAM ONT 20388-1

# HIV/AIDS in the news

## Strategy keeps police busy, prisons full, researchers say

*National Post, January 21, 2003*

The government is wasting hundreds of millions of taxpayers' dollars every year on a drug strategy that's not working, according a paper published in a recent issue of the *Canadian Medical Association Journal*. In fact, Canada's drug strategy, which the authors say keeps police busy and prisons full, has done nothing to eliminate the problem of drug addiction and exists at the expense of "proven and effective interventions." U.S. studies have shown similar results, though the U.S. government continues to spend US\$18-billion a year on efforts to control the supply of drugs. But those efforts appear to be futile because prices for drugs have reached an all-time low and drug purity has reached an all-time high. The study's authors advocate treatment, prevention, education and harm reduction over enforcement strategies. They point out that while Sheila Fraser, the Auditor-General, recently estimated the annual cost to Canadian society from illicit drug use at \$5-billion, 95% of the \$500-million spent on drug strategy goes toward enforcement. "Our study shows there's no evidence these methods are effective. Any economist will tell you that you can't control a market from the supply side. You have to control it from the demand side," the study co-author said.

## Edgy ads to promote AIDS awareness aim to be bold

*The Montreal Gazette, January 15, 2003*

Love can be a double-edged sword. At least that's the thinking behind a set of racy government ads to promote AIDS awareness, placed in newspapers and

bathrooms across Montreal. With the slogan "AIDS is still around," the ads don't leave much to the imagination. "We wanted to remind young people the threat of AIDS is still here," said Dominique Breton, spokesperson for the provincial Health Department. "It's sad, but young people still associate AIDS with drug addicts, homosexuals or (with) certain ethnicity. They forget it can happen to them, too." AIDS activists welcomed the effort to put safe sex back on the agenda and in people's minds. It seems it's just not "in" to wear condoms, and young people are reluctant to get tested for AIDS and other sexually transmitted diseases, spreading the HIV virus further, they said. "They think if their sexual partners are the same age, there's no risk. And then there's what I call 'magic thinking' - that it won't happen to them" said Robert Rousseau, managing director of Action Sero Zero, an AIDS prevention program.

## Methadone program a good investment: AIDS Saint John

*The Saint John Telegraph-Journal, January 18, 2003*

A province-wide methadone program for drug addicts will save money in the long run, says the executive director of AIDS Saint John. Julie Dingwell said the cost of crime alone makes the program a good investment for the government. "They cannot afford not to do it," she said. For example, she said, to support a full-blown drug habit, an addict would need \$40,000 a year. To raise that much cash, the addict would have to steal \$225,000 worth of merchandise to be resold on the street. "One way or another, we're paying for addictions." To  
...see *In the News*, page 4



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# A case study in patchwork care

*More and more, people in communities across the country are turning to AIDS services organizations (ASOs) and other front-line agencies to provide them with Hepatitis C information and services. Workers that have been focused on and are experts in HIV prevention and AIDS care and treatment are being required to re-educate themselves to meet the changing needs of their clientele. For this reason, we are printing the following excerpt from a "state of the nation" editorial by Tim McClelland, Executive Director of the Hepatitis C Society of Canada, which talks about some of the current hepatitis C issues.*

The Hepatitis C Society of Canada believes governments have a unique opportunity to address the hepatitis C (HCV) epidemic in Canada. All levels of government and the healthcare community have the opportunity to develop national strategies and solutions, take a fresh look at options and develop strong political will for reform.

Since the Romanow Report, we've heard much about our patchwork healthcare system. No disease exemplifies our healthcare woes as dramatically as hepatitis C and its sufferers. We see service discrepancies between provinces, disregard for effective prevention and multiple interpretations of universal access. While we debate, hepatitis C sufferers wait.

A major challenge is access to treatment. Provincial governments must act quickly to add the latest approved and available hepatitis C treatment, pegylated interferon, to their provincial drug program formulary lists. This breakthrough treatment wipes out the virus in up to 72% of people treated. After 6-12 months of this therapy, many patients never have to be treated again. But only some sufferers have the advantage of treatment – those who have non-government means to pay for it, or who live in a province that has taken this step.

We must address the issue of HCV acquired through tainted blood. Anyone infected through tainted blood before 1992 should be fairly and humanely compensated now. The RCMP criminal investigation resulted in charges being laid against individuals with Health Canada, the Canadian Red Cross and Armour Pharmaceutical – casting serious doubt on the credibility of the federal policy of offering compensation only as an out-of-court settlement to those in a legal class-action time frame. To their credit, some provinces (Ontario, Quebec, Manitoba and to some extent British Columbia) have compensated those left out of the federal plan.

Minister McLellan has said that \$525 million has been committed towards care of recipients of tainted blood before 1986 and after 1990. But even her own officials admit that the infamous "care, not cash" plan first announced by former Health Minister Allan Rock in 1998 has not panned out. The provinces took until this year to accept the funding (Quebec still has not), and most have allowed the money to flow into general healthcare budgets. Only Ontario, and to some extent B.C., have ensured at least some funding goes directly to victims of tainted blood.

It is estimated that diagnosis of HCV cases will peak in the years 2010 to 2020. Though between 240,000 and 300,000 people in Canada have the virus, only 30 to 50% know they have it. Each year sees 4,000-5,000 new cases and 1,000 deaths. All concerned must focus on long-term issues impacting all Canadians living with or at risk of HCV. Governments must recognize the epidemic and adopt national and provincial strategies to confront it. This issue calls for a coordinated, integrated and multi-level approach by all governments. Great Britain, Australia and France have developed national strategies. Why hasn't Canada?

Now is the time to act decisively and compassionately to head off an epidemic. Government apathy, inaction

## coming events

### Facing North 2

Pacific AIDS Network's HIV Forum, General Assembly and Skills Building Conference  
March 7-11, 2003, Prince George, BC  
[www.pan.ca](http://www.pan.ca)

### Aboriginal Voices and Visions in HIV/AIDS: Our Ancestors Speak

7th Annual Aboriginal HIV/AIDS Conference  
16-19 March 2003, Chilliwack, BC  
E-mail: [michelle@healingourspirit.org](mailto:michelle@healingourspirit.org)

### Ottawa's 1st Harm Reduction Conference: Time for Action

March 19 and 20, 2003, Ottawa, ON  
[www.canadianharmreduction.com](http://www.canadianharmreduction.com)

### Palliative Care: Dreams vs. Reality... The Struggle to Deliver Quality Care

13th Annual Hospice Palliative Care Conference  
March 23-25, 2003, Toronto, ON  
[www.palliativecare.humberc.on.ca](http://www.palliativecare.humberc.on.ca)

### HIV Vaccine Development: Immunological and Biological Challenges

March 29-April 4, 2003 – Banff, AB  
[www.symposia.com](http://www.symposia.com)

### Making the Connections

12th Annual Canadian Conference on HIV/AIDS Research  
April 10-13, 2003 – Halifax, Nova Scotia  
e-mail: [info@conventionalwisdom.ca](mailto:info@conventionalwisdom.ca)

### Tapestry of HIV Care

11th Annual CANAC Conference  
13-16 April 2003, Halifax, NS  
[www.canac.org](http://www.canac.org)

### Weaving Mind, Body and Spirit

2nd National Aboriginal Hepatitis C Conference  
May 4-7, 2003 – Vancouver, BC  
[www.bccdc.org](http://www.bccdc.org)

and political posturing are not in the spirit of post-Romanow cooperation. Let's stop playing politics with people's lives and get on with the job of helping Canadians improve and maintain their health.

For more information or a copy of the complete article, please contact the Hepatitis C Society of Canada at 1-800-652-hepC (4372) or visit [www.hepatitiscsociety.com](http://www.hepatitiscsociety.com)

# stuff we can *send* you

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## ABORIGINAL PEOPLES

**LinkUp = Connexion [booklet]** / Ottawa : Canadian Aboriginal AIDS Network, c2002.



*This booklet describes LinkUp, the Canadian Aboriginal AIDS Network's new website which provides information about Aboriginal people and HIV/AIDS.*  
Call # 19786-1

## Here are the facts! : Canadian Aboriginal AIDS Network's fact sheet series [2002 ed.] /

Canadian Aboriginal AIDS Network. – Ottawa : Canadian Aboriginal AIDS Network, c2002.



*These factsheets address issues relating to Aboriginal peoples in Canada and HIV/AIDS.*

*Contents: AIDS & Aboriginal people – AIDS & First Nations peoples – AIDS & Métis peoples – HIV/AIDS & Inuit – AIDS & Aboriginal children – AIDS & Aboriginal youth – AIDS & Aboriginal women – AIDS & Two-spirit & gay men – AIDS & injection drug use (IDU) – Aboriginal people in Canada : HIV estimates.*

Call # 20186-

## AIDS AWARENESS CAMPAIGNS

**Live and let live [poster]** / [Geneva] UNAIDS, [2002]



*This poster is part of UNAIDS' HIV/AIDS Awareness Campaign 2002. The campaign theme is Stigma and discrimination.*

Call # 20239-1

## STUDIES

### Inventory of HIV incidence and prevalence studies in Canada : November 2002 /

Canada. Health Canada. Population and Public Health Branch. Centre for Infectious Disease Prevention and Control. Division of HIV/AIDS Epidemiology and Surveillance – Ottawa : Health Canada, 2002.



*This inventory includes Canadian studies on HIV prevalence and incidence data.*

Call # 16608-1

*...In the News, from page 2*

treat an addict with methadone is a lot cheaper, she said. "The government's rationale for why we do not have methadone programs is not only ridiculous, it is not the truth. In actual fact, methadone is an extremely cheap drug and costs from between 30 and 80 cents a day per person." There are only two long-term methadone programs in the province. Fredericton's clinic opened recently and it already has a waiting list of more than 20 opiate addicts. With intravenous drug use so common, the risk of getting hepatitis C or HIV from dirty needles is very real. The provincial government has never taken issue with the effectiveness of methadone to treat opiate addicts. The problem is the cost, which officials have estimated between \$2 million and \$6 million for a province-wide methadone maintenance program.

## Iraq war could have damaging effect on AIDS victims

*Toronto Star, January 12, 2003*

The U.N. special envoy on AIDS says a war in Iraq would eclipse humanitarian efforts around the world and 29.4 million Africans with the disease would be among those suffering the most. "Wars divert attention, wars consume resources, wars ride roughshod over external calamities," warned Stephen Lewis, U.N. representative for AIDS on the African continent. "People with HIV/AIDS are in a race against time. What they never imagined was that over and above the virus itself, there would be a new adversary, and that adversary would be war." The former Ontario NDP leader said humanitarian funding dried up during the Afghan war and momentum was lost for humanitarian causes. "I think exactly the same is almost certain to happen if we have a war in Iraq," he predicted. "The war in Iraq will be even more consuming because the world is more divided. Fighting AIDS in Africa will receive dreadfully short shrift." Lewis said the ripple effects of an Iraq war would come at a crucial juncture in the fight against AIDS in Africa where "endless numbers of initiatives and projects and programs and models" could be strengthened with additional funds to "prolong and save millions of lives." ♂