Positive Vibes

AIDS PEI COMMUNITY SUPPORT GROUP INC.

March, 2017

Undetectable (=) Uninfectious

Not long ago I was listening to a morning radio show based out of New York; the featured guest happened to be a sexologist. When the conversation turned to hook-up culture and HIV I turned up the volume. The interviewee started by articulating her "know your status" message, which is absolutely key to combating HIV and HIV-related stigma. "If you take your HIV meds and you're undetectable that means you have a lower likelihood of passing the [HIV] virus on," she stated. But then something happened - the interviewer pressed for a definition of "lower likelihood." The sexologist hesitated and then said "I could say comfortably that it's fewer then 10%, if you're using condoms and you're also on meds." I cringed.

In reality, an undetectable viral load + ongoing treatment + condom use = no risk. As in zero. Even without condoms, a person who has achieved an undetectable viral load (fewer than 50 copies of HIV per milliliter of blood) for at least 6 months cannot pass the HIV-virus onto their partners. Period. Evidence highlighting the prevention effectiveness of Antiretroviral Therapy (ART) has been piling-up for years, and has been communicated through the treatment as prevention motto, but many working in sexual health and education have been reluctant to take up a "no risk"

message. Much of this reluctance relates to math; statistically, you can't rule out "outliners" or rare events. (We also have discriminatory HIV-disclosure laws in Canada. See U=U The Nitty-Gritty on page 2 for more on that)! However, as Camille Arkell notes; "focusing on the possibility of a very rare event can be misleading." If years of evidence suggests that a risk is negligible then those interested in evidence based communication and education must be willing to accept that negligible means no risk *not* low risk.

Last month the Prevention Access Campaign released a consensus statement, signed by key members of the medical community, clearly stating that undetectable means uninfectious. The statement was motivated by two large research studies, published last summer - each showing that **not a single case of HIV transmission occurred between serodiscordant sexual partners, who did not use condoms, when the person living with HIV was on treatment and had an undetectable viral load**. This is the U = U message!

Just like the treatment as prevention message, U = U clearly communicates that getting tested and getting treated is key, maybe even THE key, to eliminating HIV in Canada. However, the U=U message also speaks clearly and directly to people living with HIV and their perspective partners - with effective treatment you are not infectious, with effective treatment you are a safe sexual partner. This shift in messaging allows individuals, educators, and health care professional to communicate where risk is relevant - and its not with HIV+ people who have, and maintain, undetectable viral loads. Get tested, know your status, get treated, end HIV!

Suggestions Wanted

Do you have ideas for the content of this newsletter?

Do you know of an upcoming community event that you would like to see highlighted here?

Do you have questions that you would like answered in this format?

Send your ideas to:

outreach@aidspei.com

Or give us a call at:

1-902-566-2437

Inside this issue:

U=U: The Nitty-Gritty

"What does negligible mean to the average person? It certainly does not convey the excitement that people living with HIV feel about this amazing news. Negligible may be an accurate word but it's not a suitable message. If the risk is negligible, we must be willing to accept that it's not important."

Camille Arkell, CATIE

At its root, the undetectable (=) uninfectious is a smart prevention message. It is strongly grounded in science, and is meaningful to those who have been shouldering the burden of HIV-infection in Canada. It is a prevention message that takes direct aims at the heart of HIV stigma - the fear of contagion.

Unlike the treatment as prevention message, which allowed a certain amount of focus to be placed on theoretical risk, U = U clearly communicates that people being treated for HIV are not risky sexual partners.

This is an accurate message but, given the way HIV risk has been talked about for over two decades, it can also be a hard message to wrap your head around. For many years the HIV-negative partners of HIV-positive people were considered to be at the highest risk for infection. U=U is a complete reversal of that position. Change can be hard even when that change is good. As Brain Schaefer pointed out when addressing the backlash around the HIV prevention pill (aka PrEP), when it comes to advancements in HIV prevention and protection, we have a traumatized community struggling to bridge a painful past with a hopeful future.

So, what's the bottom line? People who are living with HIV, who have maintained an undetectable virial load for at least six months, no longer need to fear transmitting the virus during sex. Infrequent viral blips have *not* been shown to increase the chance of transmission. However, discriminatory HIV-disclosure laws still exist in our country. The U = U position statement will certainly add to the pile of evidence groups like the Canadian HIV/AIDS Legal Network use when lobbying for legal reform, but at the moment the Canadian judicial system remains out of step with worldwide scientific census. It's also important to remember that while an undetectable viral load will prevent HIV transmission, it doesn't prevent the transmission of other STI's like syphilis, which is on the rise. If you want to stop using condoms it's important to fully discuss this with your partner(s) so everyone is on the same page and feels comfortable.

Pillow Talk! SRHW 2017 Campaign

A lack of knowledge among health care providers on diverse sexualities, and a legacy of mistrust between Trans communities and health institutions, means that LGBTQ+ people may be reluctant to seek mainstream healthcare, and may be particularly hesitant to speak honestly about their sexual activities. However, open communication between health care providers and patients is crucial to achieving and maintaining optimum sexual reproductive health.

That's one of the reasons why Action Canada for Sexual Health Rights decided to make *Ready for Some Pillow Talk* the theme of this years Sexual and Reproductive Health Awareness Week (February 12– 18). *Pillow Talk* puts the spotlight on health care providers by offering quick tips for working with individuals who may have previously experienced stigmatizing interactions in health care settings. Campaign materials include a handbook for health care providers centered on working with clients from diverse communities. This resource focuses on building a non-judgmental non-stigmatizing practice. It offers suggestions for creating a safer space, such as offering accessible bathrooms for all genders. The guide also offers concrete tools for stigma reduction in care, including how to ask a question without relying on the female-male gender binary. Providing opportunities for staff to learn about HIV and HIV-transmission is also suggested.

Check-out all the campaign materials by visiting: www.srhweek.ca/just-around-corner

Canada's Opioid Crisis: How Did We Get Here?

It's no secret that Canada has a serious opioid problem. The gradual surge in lethal opioid overdoses, which has been called a public health emergency by medical experts, has been hard to miss and even harder to watch. But how exactly did we get here? I mean, Heroin has been floating around Canada since the late 1800's, and recreational Fentanyl use has been reported since the 1970's - so what changed?

According to investigative reports published by the Globe and Mail, CBC, and other sources, what really changed was attitudes among health care providers, and a corresponding increase in prescribed painkillers. At the centre of that shift you will find Purdue Pharma and a controversial roll out of the newly patented drug called OxyContin. In the 1990's, Purdue billed OxyContin as a revolutionary option for pain management. The pharmaceutical company claimed the drug was low risk for addiction, and that it was suitable for treating both severe and chronic pain.

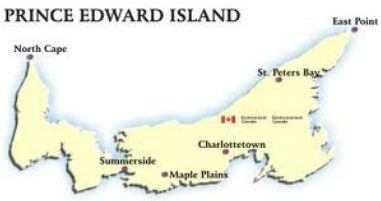
Purdue Canada executed an aggressive marketing strategy, and OxyContin became the most popular prescription painkiller in Canada for over a decade...and one of the most lucrative pharmaceuticals to hit the market EVER. However, by 2001, concerns about the drug and it's addictive potential were showing up in the Adverse Reaction Reports filed with Health Canada. In 2007, Purdue's U.S. parent company settled criminal charges filed against them for misbranding OxyContin as less addictive than other narcotics and, in 2012, Purdue pulled the drug from the market. That move sent those who had become dependent on the drug—both patients and recreational users – struggling to find a replacement. It didn't take long for organized criminal distributors to step-in and fill the gaps. Soon a host of stronger opioids, like Fentanyl, began flowing into Canada illegally. On top of that, the flow of (legal) prescription opioids didn't really slow in the absence of OxyContin. In 2015, for example, doctors wrote one opioid prescription for every two Canadians according to IMS Brogan data. Numbers like that suggest that many, if not most, of those who got caught-up in our current opioid crisis were not looking to get high - at least at first. And that matters only to the extent that it disrupts some of the long held beliefs many Canadian's have about who experiences addiction and why.

Addiction is not a crime, a personal failure, the result of poor choices, or a moral flaw. It is a health issue that requires compassionate, relevant, and accessible health supports.

PEI's Opioid Problem

All Canadian provinces have been impacted by the gradual relaxing in attitudes towards prescription opioids. In Prince Edward Island, between 2000 and 2009, opioid prescriptions increased by dramatically. Things didn't really slow down between 2009 and 2012, when government reported an 18% increase in prescribed opioids - excluding methadone. According prescribing data released by government, that amounts to a whopping 5,033,526 opioid tablets for 2012 in PEI alone. No small potatoes for a province with a total population of less than 150,000. Notably, in 2013, government introduced new legislation aimed at limiting narcotic prescriptions.

On the treatment side of things, PEI has witnessed a surge in uptake which only makes sense given the increased availability of addictive substances. In fact, when it comes to citizens accessing publicly funded opioid replacement programs, like methadone maintenance, PEI is second only to British Columbia. And that's a good thing; it means there are intense efforts and significant investments being made to address opioid addiction in the province. Access to methadone reduces the need for people to source substances from the streets, and removes the health risks associated with injecting drugs.

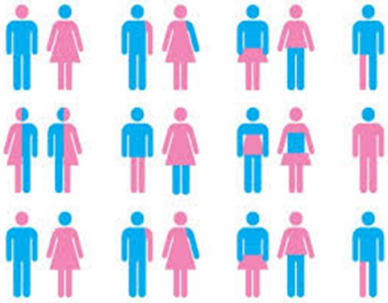


Unfortunately, shame and stigma still function as barriers to addiction treatment for many Islanders. Given the fact that fatal drug overdoes doubled in PEI last year, and the reality that illegally sourced fentanyl has been moving East, it is vital that we concentrate on building recovery into communities as intensely as we are concentrating on providing methadone.

Prevention — Support — Community

AIDS PEI COMMUNITY SUPPORT GROUP INC.

The Trouble With Gender



For many people gender is a core part of identity. It can influence how we understand ourselves, how we understand others, and how we relate to the outside world. But what exactly *is* gender? What does it mean to have a gender, or to live in a gendered world? Let's start with what is often called the basics; the difference between 'sex' and 'gender.' Sex refers to the biological markers typically used to categorize people as male or female. When we are born we are assigned a sex based on an assessment of our genitals. We tend to think of this as a pretty straightforward process, but it's not...really. Believe it or not, there's a lot you can't see by looking between an infants legs—things like chromosome composition, gonadal structure, hormone levels, and the structure of the internal genital duct systems. And that's in an addition to the at least 1 in 2,000 people who are born with ambiguous genitalia - what people generally think of when they hear the term intersex. So, although we tend to think about sex as being this male-female binary there's a lot of unacknowledged diversity among and between those categories.

Humans like simple categories for social and linguistic convenience, but often our simple categories don't reflect the complexities of reality. And the reality is biological sex is more of a spectrum than it is two categories.

This brings us to the concept of gender. Gender refers to the psychosocial and behavioural characteristics associated with the sexed body. Unfortunately, because of our reliance on that oversimplified sex binary (male-female), we've also been force-fed a binary gender system; how we understand masculinity and femininity, what those categories are, and our beliefs about what bodies take-up what traits. For cisgender people, folks whose sense of personal gender identity matches their assigned sex, this stuff might not matter much. But for the many (MANY) people who feel a disconnect between their gender identity and the sex they were assigned at birth this stuff matters a lot.

When compared to the rest of the rainbow, Trans and non-binary people (umbrella terms used to refer to folks whose gender identity and/or gender expression doesn't match their assigned sex) are more likely to report social discrimination, experiences of violence, and attempted suicides. In fact, as a direct result of living in a world where they are constantly being boxed-in or boxed-out, Trans people suffer some of the worst mental health outcomes in the LGBTQ+ community. Transphobia has a direct impact on physical as well. In a recent Trans health study, over half of respondents reported negative health effects; including urinary tract infections and kidney problems, from avoiding public washrooms.

Gender might be a complicated concept, but accepting people for who they are, and making room for people to live as they are, shouldn't be. And that's the trouble.

About AIDS PEI

AIDS PEI is a not-for-profit organization that engages, supports, and educates all Islanders on issues related to sexual health and risk reduction in the context of drug use. Through innovative programing and educational workshops, we work to contribute to the prevention of HIV, Hepatitis C, and all sexually transmitted and blood borne infections (STBBI's). AIDS PEI strives to increase positive health outcomes by engaging and supporting those living with, and most impacted by, HIV and Hepatitis C while creating opportunities for partnerships, community engagement, and systems change. AIDS PEI provides a non-judgmental environment free from stigma in which people can access information and support .

Physical Location
Sherwood Business Centre
161 St. Peters Road,
Charlottetown

Mailing Address
P.O. Box 20030 Sherwood
Charlottetown PE, C1A 9E3

Cybelle Rieber Email:
director@aidspei.com

Angele DesRoches
Email:
outreach@aidspei.com

Phone: 1-902-566-2437
Toll Free: 1-800-314-2437
Fax: 1-902-626-3400

Find us online:
www.aidspei.com
Facebook.com/AIDS PEI Community Support Group Inc.