

ARC News

January, 2003
Volume 7, Issue 1

For the AIDS Resource Centre — Okanagan & Region

*We are all
worms, but I do
believe that I am
a glow-worm.*

Winston
Churchill

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PREVENTION: COSTS VS. BENEFITS

Prevention saves lives – but just how effective is it? Are we getting our money's worth? Have you ever thought about how much prevention costs, and then compared that to the alternative – including loss of productivity, and emotional and physical costs of each HIV infection.

According to the World Health Organization, more than 14 million people are now at risk of *starvation* in Lesotho, Malawi, Mozambique, Swaziland, Zambia, and Zimbabwe. All six of these predominantly agricultural societies are also battling serious AIDS epidemics, with more than 5 million adults currently living with HIV/AIDS in these countries, out of a total adult population of some 26 million. More than half of new HIV infections are in the young, under 25.

Loss of worker productivity indeed – men and women in their prime working years are getting sick and dying, incapable of growing food, educating children, working in health care and law enforcement – in short, this is a humanitarian and economic disaster.

Prevention works. Latest figures show 5% of Uganda's adult population is HIV positive. Compare this to 14% a decade ago. Uganda is one of the more stable African countries, and with financial aid from the west, its government was able to launch an outstanding prevention program starting in 1990. While targeted at youth, it held a variety of aims with differing approaches: safer sex, abstinence, fewer sex partners, and condom use through popular songs, drama, counselling and support services; plus training health workers, treating sexually transmitted diseases, and expanding HIV testing. Uganda still faces major challenges, but nothing like those of countries whose infection percentages are in



AIDS prevention education in Uganda.
BBC photo

double figures.

In North America, where HIV infection numbers are lower, prevention programs must have saved

lives (look to Africa for an example of what can happen when there is little or no prevention). A recent study in the US estimated that between 200,000 and 1.5 million deaths have been prevented. The large difference reflects the difficulty in judging when a possible infection was avoided. This works out to a cost per prevented infection of between US\$6,000 and \$50,000. Compare this with over US\$150,000 for treatment and care over the lifetime of an infected person. Including the impact to the economy of paying out disability pensions, the loss of earning and spending power and so forth, takes costs per infection into the millions.

Recently, prevention programs in Canada appear less successful than those in Uganda – we have had only a gradual reduction in infections, despite a large investment in prevention (e.g. around \$83 million in 1996). In some populations, such as young men who have sex with men, the rate of new infections is actually increasing. This speaks to the need to increase or at least maintain funding, while ensuring that prevention programs are targeted to where they are most needed, which is difficult in Canada because of the way some of the populations at risk are to some degree marginalized or even underground.

TOPHER TALKS... A Client's Viewpoint

Best of the holiday season to one and all. Since this article is written two weeks before Christmas, I can only hope that the season went well for my fellow HIV + cohorts.

I have been blessed this past year, with good health, stable blood work, and a good relationship. I wish I could steal a line from my partner, who during a talk introduced himself as "Hi, My name is..... and Yes my middle name is still Happy". But in order to do that I would have to be truly happy all the time. Happiness is not an easy thing to achieve; it is sort of like finding Nirvana. It is a goal one seeks.

How does one find happiness? Good Question! I have learned more about where one does not find happiness. Happiness does not come out of a bottle (either pills or booze). Happiness does not come out of destructive behaviour. Partying all night, anonymous sex, are fun, but don't lead to happiness. Hell, even money cannot buy happiness (ask my ex).

So now that I have eliminated Sex, Drugs, and Rock and Roll, what else is there? One has to look within oneself (those awful catch-words like Self-Care, Self Worth, and Self-Respect). Well we don't all have a personal guru who can walk us through life's highways.

Self Care comes from taking good care of number one (that would be you), not walking around demanding things. Instead, learn your rights and

stand up for yourself when they are being violated. Learn when to ask for help. The important word here "ASK", and ask nicely. Expressions like "the squeaky wheel gets the grease" might be powerful, but remember that one can also change the wheel for one that does not require maintenance.

The office has both a client support worker, and the services of a counselor to help clients through the rough spots – as long as you are willing to help yourself by making an appointment, keeping the appointment, and being honest while you are at the appointment.

Self-care also comes in the form of taking good care of yourself, getting your sleep, eating right, being around good people and yes – even exercise. For those of us in the Kelowna area, remember that Parkinson's Recreation Centre has a disability pass for the use of the gym and pool. This is a six-month or yearly pass that allows you unlimited access to the weight room and pool. I must admit that I have neglected my use of the facilities, and hope that in the New Year, I can get motivated. Remember that body weight found in muscle mass is our last reserve during times of stress or illness. Cardio exercise is good for the heart and decreases cholesterol problems. Socialization is good for the soul.

So in closing be good to yourself, be gentle on yourself, and learn to be Happy with yourself. Have a wonderful 2003.

Happiness is not an easy thing to achieve; it is sort of like finding Nirvana. It is a goal one seeks.



NIGHT OF A THOUSAND DINNERS

Experience gourmet home cooking – yours! Enjoy the company of your closest friends and most charismatic acquaintances! Mark your calendar for **Saturday February 15th**, and send out dinner (or wine & cheese, or cocktail party....) invitations to people of your choice. Up to 200 other people will be hosting parties in their own homes that same night.

This new fundraiser provides hosts with tax receipts for the food (but not for booze), while each diner donates \$25.00 for the meal, and they also qualify for tax receipts. All funds go towards a new program, which will provide nutritional support to AIDS Resource Centre clients. If you are the "Host(ess) with the Mostest" and would like to participate, please contact Melissa Hill for details: 862-2437 or mhill@arcok.com.

Volunteer Opportunity:

Community Outreach & Special Events

Duties include assisting in setting up and staffing information tables and/or displays throughout the community. Also could involve participating in a number of special events held to raise funds and/or draw attention to the issue of HIV/AIDS. We provide you with all the training and skills development that you will need to work with the public and answering their questions.

For more information and to set up an initial interview please contact Bill Litwin at our offices 862-2437.

The NEGATIVE Viewpoint (Affected by HIV)

By Bill Litwin

I recently read an article in the November/December 2001 issue of the *Living +* magazine about sero-discordant couples (SDCs). In some ways it was empowering but in others it continued to leave me in a void with respect to information about sero-discordant couples. Incidentally, many couples prefer the term sero-divergent couples, which apparently "suggests the attraction of opposites".

Admittedly, the article states that "while there are resources for people living with HIV/AIDS, from AIDS service organizations to support groups and health programs, there appear to be few, if any, direct resources for a negative partner in a sero-divergent relationship".

Interestingly, the article suggests that the best information and support needs to come from within the relationship. This requires a high degree of openness and honesty coupled with a willingness to communicate frankly with one another. The article suggests that often SDC couples are reluctant to tackle important issues.

Unfortunately, there is not a lot of research on SDCs. Their unique problems are gaining increased attention as the potential for a longer active life becomes possible for the HIV+ partner with the new drug therapies. With this new reality comes the need to talk about things like career choices, finances, liv-

ing wills, and even retirement and aging.

John Ballew, an Atlanta-based psychologist and couples counselor, stresses the need for couples to share their fears and concerns. Admittedly, the HIV+ person doesn't always want to talk about HIV but, as Ballew points out, "the biggest danger is that neither talks about it".

SDCs live with the fear and the knowledge that it is likely that the HIV- partner will outlive the other. With this in mind, it may well be best for them to live for the present but they first need to discuss and plan for the future. I recently began reading *Family Hospice Care, Pre-Planning & Care Guide* by Harry van Bommel. I was absolutely amazed at the number of things that need to be considered in planning for the future. In my own case, I realized that these issues were further complicated by the fact that we are a same-sex couple, leading to other potential problems that need to be specifically planned for.

The fact is, my partner and I have not seriously discussed many of these specifics but recent events have made us aware of the need to do so. Further, events have demonstrated that it is important that family members are well aware and advised of what those choices and decisions are. It may be necessary to ensure through legal measures that certain things will happen the way we planned for them.

But we have time, and this is a journey we walk together. We are both growing and learning at the same time at our own pace. We will stumble and catch each other from falling. And we will run and race through life. But also, we will live for the moment and remember to stop long enough to soak up the sun and smell the flowers. We will do all of these things because we are together ... we are one.

Bill Litwin is on staff at the AIDS Resource Centre as the Office Coordinator. His partner is a volunteer and member of the Speakers' Bureau.

Editor's Notes:

1. ARC invites people affected by HIV to share personal stories or concerns by submitting articles to this regular feature.
2. The book *Family Hospice Care* is available at ARC. Ask at reception for your free copy.



Kate Alexander, Editor

This newsletter is the official publication of the AIDS Resource Centre—Okanagan & Region (ARC). It is published four to six times yearly. The materials in this newsletter are meant to be consistent with ARC purposes which are: a) to promote awareness of AIDS and related diseases, b) to develop and provide educational resources, c) to support those living with AIDS and those diagnosed with HIV+, and/or their significant others.

Even so, the opinions and comments within this newsletter are those of the authors and do not necessarily reflect official ARC policy. The newsletter does not recommend, advocate or endorse the use of any particular treatment or therapy described as information. The Board, staff and volunteers of ARC do not accept the risk of, nor responsibility for any damages, costs or consequences of any kind which may arise or result from the use of information disseminated through this newsletter. Persons using the information provided through this newsletter do so by their own decision and hold the society's board, staff and volunteers harmless. Submissions for publication may be sent to our offices at any time; publication deadline is two weeks prior to publication date. Submissions will be returned if a request is made in writing and an address is provided. Reprinting and distributing this newsletter is openly encouraged.

AIDS Walk Top Walker

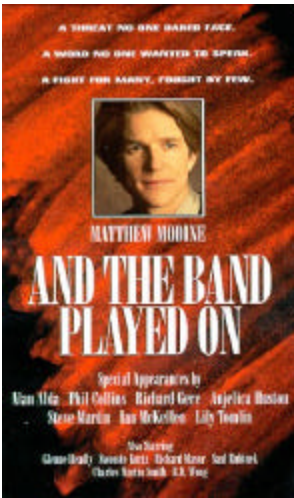
As the top walker for the 6th Annual AIDS Walk, Tracy Hanson raised \$3,103 — the highest amount raised by an individual throughout BC and the Yukon. For his efforts to raise funds to help those in his community, Tracy will receive, courtesy of the Canadian AIDS Society, one round trip ticket to any destination in Continental North America. **Congratulations Tracy!** And a warm thank you to everyone who came out for the AIDS Walk in 2002.



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Website: www.arcok.com

And the Band Played on: video REVIEW

By Robert Lane



A superior, made-for-cable film, this Home Box Office adaptation of Randy Shilts's chronicle detailing the emergence of AIDS in America and the fight against bureaucracy and society for a cure is a taut, outrageous, and affecting true-life drama. Matthew Modine (*Birdy*, *Married to the Mob*) is featured as a doctor with the Centers for Disease Control at the time when the first reports of a disease plaguing the gay community were heard. Modine and his colleagues embark on an investigation that resembles a compelling detective story as they try to track the source of the disease and discover a cure. Their efforts are thwarted by an ambivalent government and a turf war between French

physicians and a celebrated American researcher (played by Alan Alda) who seems to place his own glory above the dead and the dying. Featuring heartfelt performances from a stellar cast including Richard Gere, Glenn Headly, Anjelica Huston, Steve Martin, Ian McKellen, Saul Rubinek, and Lily Tomlin, this impassioned film stands as an impressive and important document of one of the darkest eras in modern human history, and a tribute to the spirit of those who sought to save lives.

Thanks to Amazon.com for this review.

ARC has recently purchased a copy of "And the Band Played On". It is available for you to borrow from our library.

A BOUQUET FOR ARC ...unsolicited!

By James B.

I wish to thank ARC for the opportunity to address an issue dear to my heart. I have been living HIV-positive since 1998. My first year was a year of uncertainties, resentments and anger, and included two serious relapses requiring hospitalization. I lived in denial, referring to myself as having cancer. Soon, thinking it over, I no longer could live a lie. Having been discriminated against as a teenager, because of my ethnicity and religious beliefs, I thought taking on HIV and the discrimination and stigma would be a piece of cake. Fear, and not knowing anything about HIV/AIDS was beginning to take its toll on my sanity and physical health. I needed answers and professional help.

Finally, ARC came into my life as saviours. At the beginning I listened very carefully, and gradually ARC became my cen-

tre of knowledge and help. For the past four years, I have become very versed in raising awareness in my community from which I have had many confrontations with government, business etc., and must say, with all modesty, that I have won all of my arguments and walk proud for what I



stand for – justice and common sense for all minorities.

Which brings me to the issue close to my heart, the well being and rights of people living with HIV and AIDS

With the uncertainties of the existing government, we must unite and stand together. For example, BC's Human Rights Commission no longer exists. At this rate, ARC and other subsidized Government agencies will have to be funded by our communities. As each of you as clients have experienced, they are there for you when problems arise, day and night, without exception, so why can't we help this valuable resource? A few dollars a month, as I have done over the years, will not hurt our pocket books. Before you make that decision, ask yourself, where would you be without them? For me it is a necessity to continue my support financially and otherwise. I have been doing my share; now I ask you to please do likewise!

In ending, I repeat: ARC has been the cornerstone of my well being.

ARC has been the cornerstone of my well being.

Volunteer corner

You can make
a difference in
the fight
against
HIV/AIDS

**By Bill Litwin,
Office Coordinator**

As an agency, we rely on a large group of volunteers to ensure we fulfill our mission of promoting education, awareness, prevention and support for individuals and communities infected and affected by HIV/AIDS in the greater Okanagan Region.

As we enter another year, it is time to extend a special thank you to the many of you who have committed time and energy throughout this past year. You have been key to the success of our many events and fundraisers. Some of you have given of your time occasionally, others regularly and many of you every week or more, but each of you has contributed vitally to our success.

We would like to extend a special welcome to the many volunteers who have joined us in this past year. You have assisted in answering telephones and greeting visitors to our office. You have educated the public and people at risk about HIV/AIDS and Hepatitis C. You have assisted in mailing out our newsletter and other mailings throughout the year. You have updated our databases and spreadsheets insuring we have the most current contact information available at all times. You have volunteered at the AIDS Walk and during the AIDS Awareness & Red Ribbon Campaign.



Volunteer Opportunity: Office Assistant

Duties may include any number of projects involving data entry, filing, mailings, updating databases and other duties associated with a busy office. Computer experience would be useful but we can teach you what you need to know.

For more information and to setup an initial interview please contact Bill Litwin at our office 862 - 2437

As we enter 2003 we are looking forward to introducing some new projects and programs into our calendar of events. These include the Night of a Thousand Dinners; SOLD: Once Twice Thrice - Annual ARC Awareness and Education Auction; an evening of Song, Dance & Entertainment; and a youth-oriented Battle of the Bands. These events are in addition to our regular events including the Annual AIDS Walk and World AIDS Day preceded by the AIDS Awareness & Red Ribbon Campaign.

Needless to say, all of these events provide ample opportunities for volunteers to become actively involved in our agency and its activities. We invite each of you to renew your volunteer commitment in 2003. Further, we invite you to involve a friend or family member as a volunteer. For information about volunteer opportunities please give me a call at the ARC office 862-2437.

Thank You

Food bank

**By Melissa Hill,
ARC Program Coordinator**

Well, Christmas is over for another year, and in the aftermath of a season of festivities, parties, gift giving and family, many people face a long struggle to recover from the expenses of the holidays. The Kelowna food bank is not exempt from this. After filling the needs of the community, providing hampers and donations to make Christmas a little brighter for those in need, January promises to be difficult. Now more than ever, with the cuts to BC's social programs, the need has grown in Kelowna and will continue to grow in the coming year.

To recognize and support the efforts of the Food Bank, we at ARC have taken the initiative to gather food items on an ongoing basis. Come the New Year you will notice a box near the reception desk for the collection of non-perishable food items. We ask that you consider helping ARC support the food bank in our efforts to give something back for the support they have shown, and to recognize this valuable and necessary service. Thank you for your support!

By Terri Ross,
Client Support Worker

DISABILITY BENEFITS

Well silly season is over and we hope that everyone managed to get through the holidays without too many bumps and bruises. Now that it is January we would like to remind our clients that the deadline to have your re-applications for Disability Benefits is fast approaching. Many of you do not need to worry as your benefits will continue undisturbed, but for those of you that were sent a new application for benefits please make sure that you have it completed by your physician, assessor, and yourself. **The deadline for the re-applications is January 15, 2003.**

ACCESS PASS

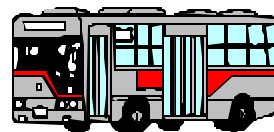
Parkinson Rec centre

Also now that many of you have made the New Year's resolution to get back in shape the **Parkinson Recreation Centre (PRC)** has a program called the Access Pass for people that are on disability. The Access pass allows you to use the pool; gym and weight room, and the AIDS Resource Centre will help with the cost of this pass. You can go to PRC on **Tuesdays between 10 a.m. and noon** to do an intake; you must bring identification with you as well as a cheque stub proving that you are on disability. The Access pass is very reasonably priced, so take advantage of this program and get out, socialize, and get in shape!!! If you have any more questions about this just give your support worker a call.

REIKI & healing touch

Toshie continues to volunteer her time to provide free Reiki and Healing Touch to our clients. She provides a wonderful service that is healing emotionally and physically. If you have any stress, pain, discomfort and/or general malaise then you will benefit from her services. Healing touch has helped many of our clientele and we would hate to lose her because of lack of interest. So please sign up for a Reiki session – call your Client Support Worker and she will book you an appointment to see Toshie.

BUS PASS PROGRAM



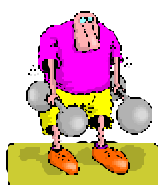
On a different note just a quick reminder for those of you that use the public transit system (i.e. bus), the AIDS Resource Centre continues to help our clients access the bus pass program through the Ministry of Human Resources, all you have to do is call **1-888-661-1566** to order your bus pass. Bring in the signed application and let us take care of the rest.

OUC SOCIAL WORK PRACTICUM STUDENT

We would also like to introduce you to **Willow Lloyd**, who will be doing her fourth year Bachelor of Social Work practicum with us and will be around the office as well as in Vernon and Penticton from January 7 till April 22, 2003. Some of you may already know Willow, as she worked as a Condom Cop for two years in the summer. During her practicum she will be working on many Client Support projects including a Needs Assessment for a Client Support Group, a Self Esteem Workshop, as well as one on one Client Support Meetings. Occasionally she may travel with Chris Jenner to Vernon and Penticton, so be nice to her, as we all want to make a good impression on her! (We may want her to apply for a job when she graduates) She is very funny, cute, and smart as a whip, so come down and meet her.

OUTREACH (VERNON & PENTICTON)

Penticton and Vernon clients will be pleased to hear that **Chris Jenner** will continue to visit Vernon every Friday for half days (12 noon till 4 p.m.) and Penticton every second Tuesday. She is currently finishing her last semester of the Social Work program and is doing her fourth year practicum at Crossroads Detox Centre. Luckily for us, they have agreed to set up her schedule so she can continue to work for ARC on Tuesdays and Fridays.



Some statistics...

By **Brian Mairs,**

OAAS Program Coordinator

The Okanagan Aboriginal AIDS Society has been funded for two contracts. Health Canada has funded research and community capacity building for Urban Aboriginal populations (off reservation) in the Okanagan. The Interior Health Authority has funded a similar, parallel project to cover the Aboriginal population living on First Nations land in the Okanagan. At this time we are establishing a baseline by way of surveys, and we have some selected statistics for your information. These are only preliminary findings and do not represent the final baseline numbers for either project.

1. Age: ranged from 15 to 73 years young

2. A community problem: 41.6% of respondents either do not know if HIV/AIDS was a problem or said that it was not a problem in their community.

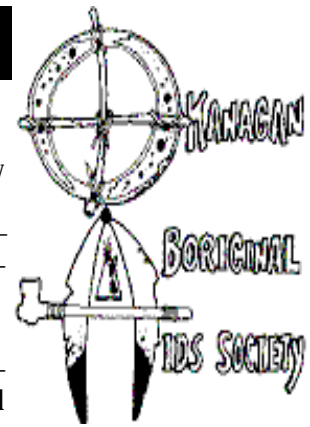
3. General knowledge of HIV/AIDS: 83% are

aware that somebody can be HIV+ and not know it without testing. Very high knowledge of risk factors (between 83% - 91%), with one anomaly - 25% think that they can contract HIV from kissing.

4. Community based STD/HIV prevention services: It was great to see that 75% of respondents know that they could get free condoms, and 66% know about a community based needle exchange program. However, only 50% are aware that HIV testing was available and only 25% know that they can get pre- and post counselling services when they were being tested.

5. Education: 66% of the respondents have been educated to at least Grade 11, while 4% have less than Grade 8 education.

This is a small sample of the information we are gathering so that we can develop community-based education plans and eventually, a HIV/AIDS resource handbook for Aboriginal people in the Okanagan



(250) 862-2481
www.oaas.ca

Okanagan aboriginal Leaders' conference

By **Buffy Mills,**

Conference Coordinator

OAAS hosted an Aboriginal Leaders' Conference at the end of October. It went extremely well, and all that is left for me to do is the final report, which will be available December 30. The evaluations indicate an overall excellent rating for conference proceedings, meals, accommodation, and entertainment. The speakers were given high marks for their presentations, but a few comments suggested some of the content did not follow the agenda, and some was probably too explicit for a few community members, especially elders.

Diane Goossens was excellent in facilitating both the timeline and mind map processes. The timeline put the devastating effects of HIV/AIDS and Hepatitis C in perspective, as it

demonstrated how each of these diseases had touched the lives of many of the participants. The mind map illustrated the services that are available to those who are suffering from these diseases. Interestingly, while it appears there are many



support agencies for infected and affected people, there is a considerable gap in services in the Okanagan. Accessibility is an issue because many of the agencies are not in the region.

Many of the participants made commitments to encourage and

nurture change in their communities. Their choices included: getting involved with their community health department, working toward implementing harm reduction programs, developing biohazard protocol policy, implementing capacity building programs, and facilitating a change in attitudes towards individuals with HIV/AIDS and Hepatitis C through education.

Unfortunately, there was a significant shortfall of leaders at the conference, with only one Chief and a few council members present., leading to a shortage of decision-making capacity . However, all the participants were passionate about committing to the changes needed in Aboriginal communities. The energy generated from the conference was truly inspiring and I left it feeling recharged and refreshed.

HIPPO update

By Navin Vasudev and Mark Perry,
HIPPO Coordinators

The last couple of months have been a time for meetings, networking and skills building for the HIPPO team. These conferences will contribute to our Hepatitis C prevention work. As always, we have been out in the community giving presentations and networking on Hep C, focusing on youth, aboriginals, personal service establishments, and schools.

Navin attended the second **Skills Building Workshop for Hepatitis C Projects** in BC, which was held in Vancouver from 4th December – 6th December 2002, organized by Health Canada. Around 15 regional groups attended. The gathering was very focused, achieving a lot in a short time. From sharing of experiences to discussions on partnership, fund raising, volunteer management, the workshop incorporated discussions as well as skills building. Health Canada also provided updates on the next phase of the projects, reflecting on the process of review of project proposals submitted by most organizations.

Mark attended the first **Canadian Harm**

Reduction Conference in Toronto. This was a very exciting and informative workshop. A highlight was the diversity in background of the participants, who included current and past drug users, and representatives from service organizations and Health Canada. Some of the topics covered were: moving harm reduction into the mainstream, harm reduction in prisons, harm reduction in aboriginal communities, drug policy reform, and treatment for addictions. As well there was a screening of a documentary movie called *FIX: the Story of an Addicted City*. This very powerful movie was filmed in Vancouver, and looked at arguments both for and against harm reduction. We hope this movie will come to Kelowna in the near future.

The next few months is strategic to the project as HIPPO will soon enter its final quarter. We have reviewed our plans, and will be working on time-lines so we complete the project on time. As always, we would be more than happy to help you with your questions and concerns around Hepatitis C.



HEPATITIS SUPPORT Groups

VERNON:
HepLife. Call Sharon at
545-3092.

KELOWNA:
HEPKOP. Call Lisa or
Elaine at
766-5132 or 768-3573.

PENTICTON:
**Hepatitis Support
Group.** Call Alex or San-
dra at 487-1589.

WHAT IS HARM REDUCTION?

By Mark Perry, HIPPO
Education Coordinator

Harm reduction is a new approach to dealing with social problems such as drug use and addiction. To fully understand harm reduction we have to look at the traditional approach to drug use. This has been to legalize some drugs and criminalize others based on a scale of perceived morality.

The criminal justice system attempts to enforce abstinence from illegal drugs. Remember the slogan, "just say no". In reality, this approach to drug use has not

worked. People have chosen to use illegal drugs, and are continuing to use them. The "just say no" approach has put tremendous pressure on the criminal system, without decreasing drug use. Other consequences to society as a result of illegal drug use are ambulance and medical costs to treat overdoses, organized crime, and crimes committed by users to support their addictions. Drug users have been pushed to the fringes of society. This marginalization has increased users' risk of catching and spreading disease, led to users' difficulty in

keeping jobs, and caused the crime rate to increase.

So, what is harm reduction? In short, the harm reduction approach recognizes that some people are going to continue using drugs, so it attempts to minimize harm. That is, the harm to both drug users and overall society. Some harm reduction initiatives are needle exchanges, methadone programs, heroin maintenance programs, and safe injection sites. To some, this seems counterintuitive; they believe that these initiatives will en-

(Continued on page 9)

Harm Reduction

(Continued from page 8)

courage drug use. However, harm reduction models already in place in Europe have shown to decrease the crime rate, decrease the spread of diseases such as HIV and Hepatitis C, and increase As well, the European models have shown that drug use has not increased. By providing harm reduction tools such as clean needles, intravenous drug users are less likely to share needles and contract diseases. Safe injection sites not only provide tools such as clean needles, but also decrease overdoses and death by providing a safe place to inject. They put users in touch with people who can help them, and keep IV drug use off the streets and out of the parks. Methadone and heroin maintenance programs decrease both crimes committed by addicts to support their habits, and the organized crime rings that are providing the drugs. Harm reduction treats addiction as a medical problem, rather than a moral problem, and that appears to be the direction Canada is headed.

"In essence, a policy of harm reduction requires an approach of pragmatism rather than purism--an acceptance that it may sometimes be better to go for a probable silver than a possible gold."

- John Strang

Volunteer Opportunity: Office receptionist

Duties include answering the telephone, greeting visitors, receiving deliveries and other front office duties. Volunteers must be friendly, professional, and feel comfortable in a busy office setting. Computer experience would be useful but we are willing to teach you.

For more information and to set up an initial interview please contact Bill Litwin at our offices 862-2437.



AIDS Awareness Week, 2002

By Melissa Hill
ARC Project Coordinator

Another year has passed marked once again by AIDS Awareness Week and World AIDS Day, December 1st. This year's theme was Stigma and Discrimination, a theme that underlies almost everything that AIDS Service Organizations do in their work towards prevention. For those of you who braved the public face of AIDS and donated your time to collect ribbons I commend you and extend a heart-felt thank you. Few realize how very real discrimination is, and how still, even today after 20 years of fighting it, stigma is present for those living, supporting, and working within the scope of HIV/AIDS. It is always a surprise to those who collect for rib-



bons what a challenge it can be, how the perceptions of some people can be so skewed from reality. I truly believe events such as the Red Ribbon Campaign stand for more than collecting donations. They are eye-openers, especially for people who are surrounded by the impacts of HIV/AIDS everyday, who have perhaps found a place of comfort where the stigma does not reach them as much as it may have once. Events like the ribbon campaign teach us that there is still a long way to go. You are not only collecting money, you are showing people that HIV is not a disease of fear and isolation, and that there is hope for tomorrow. Again, thank you for all of those dedicated and brave souls who took some time to raise awareness—you are truly making a difference.

If all you know about me is that I have HIV, then you don't know anything about me.



Anytime. Anywhere. Anyone.
HIV/AIDS does not discriminate.
AIDS Awareness
Week 2002

NOTICE BOARD

Okanagan Entertainment Book, 2003

ORDER YOURS NOW!

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ARC Hours

Effective immediately, our client service hours are **9:00 a.m. to 4:00 p.m.**

Client Support Hours

Kelowna

Terri Ross has drop-in hours at ARC on Thursdays from 9:00 a.m. to noon. At other times, an appointment is necessary. Chris Jenner takes care of out-of town clients.

Vernon

Every second Friday, including Jan 3, 17, 31, Feb 14, 28.

Princeton

Please call for an appointment, which will be on the second Tuesday of the month.

Penticton

Every second Tuesday: Jan 7, 21, Feb 4, 18.

If you live outside the Kelowna free call area, call **1-800-616-2437** to book an appointment. In Kelowna, call 862-2437.

ARC News On Line

www.arcok.com

Please contact Kate to receive an e-mail notification when each newsletter is published:

kalexander@arcok.com

Electronic transmission of newsletters would save ARC printing and mailing



Free Coffee

Starbucks provides FREE coffee for our clients. Please ask at the reception desk for your coffee the next time you

Reiki & Healing Touch

Enjoy the relaxing and balancing benefits of a quiet hour with Toshie. Call 862-2437 to book your free Tuesday session.

Speakers' bureau



Would you like a speaker to come to your group or organization? We have over 20 trained volunteer presenters, who can appeal to audiences from kids to seniors, church groups to sex-trade workers. We can do anything from one-hour "speaks" to two-day workshops on HIV/AIDS and Hepatitis C. Some of our speakers are living with HIV or HCV, and will enrich the presentations with descriptions of their personal experiences. All presentations are interactive, and we strongly believe that there's no such thing as a stupid question. To book a speak, call Kate Alexander at 862-2437, educator@arcok.com

Volunteer Opportunity: Speakers' Bureau

ARC Speakers address groups such as community agencies, youth groups, schools, businesses, educators, and university students. The only requirement is that you can learn to be comfortable speaking in front of groups. We provide comprehensive training and mentorship to enable you to speak about and answer questions on HIV/AIDS and/or Hepatitis C.

For more information and to set up an initial interview please contact Bill Litwin at ARC: 862-2437.