

reACT-Believe

The AIDS Committee of Thunder Bay
Fall, 1997 Volume 10, Issue 2



AIDS Awareness Week Issue



The Changing Face of AIDS

"Most Canadians think AIDS is someone else's problem. They are sadly mistaken. HIV/AIDS continues to exact an enormous toll on our society. Medical care costs alone amount to at least \$100,000 per person living with HIV/AIDS, but when indirect costs are factored in, this number rises to \$650,000. Most devastating is the loss in terms of human life. More than 14,500 AIDS cases have been reported in Canada and at least 50,000 Canadians have contracted the virus. Each year, between 3,000 and 5,000 people are infected. Over half of these are younger than 25.

The recent good news is that new treatments have helped lead to a decline in AIDS deaths. The disturbing reality is that HIV infections have increased since the early 1990's.

This preventable virus that we have known about for over a decade is spreading. Each year, an increasing number of women, gay and straight youth, Aboriginal people and injection drug users are becoming infected. The rising rate of infection means there is an increased need for new, bolder prevention messages, and increased care and support for people living with HIV.

One way or another, we're all affected by AIDS. I

urge everyone to play safe, to learn more about HIV prevention, and to help reduce the spread of this dangerous and costly virus."

Jann Arden

Canadian singer-songwriter Jann Arden is serving as spokesperson for the Canadian AIDS Society's 1997/98 National AIDS Awareness campaign. The campaign is being launched on September 28, the date thousands of Canadians will be walking to show support for continued AIDS prevention, education, treatment and support.

Under Our Cover . . .

AIDS Awareness Week Schedule	2
"Opening More Doors"	3
AIDS Walk	4
Let's be Social	5
"Dear Robbie"	6
Here and There	7
Parting Glance	8





AIDS Awareness Week Schedule of Events



Saturday, September 27

AIDS Awareness Week Kick-Off Social
for the gay, lesbian, bisexual, & transgendered
community and friends
518 Fort William Road 9:00 p.m.

Sunday, September 28

Thunder Bay AIDS Walk
5 km. walk from Lakehead University Outpost.
Registration at noon, walk starts at 1:00 p.m.
Prizes, games, activities, music, food, friends and
fun!

Monday, September 29

Tree Planting Ceremony
11:30 a.m. Marina Park (Wilson Headland)

Tuesday, September 30

Positive Talk About Staying Negative
A workshop for gay and bisexual men.
8:00 - 10:00 p.m. ACT-B
Information Display - Confederation College

Wednesday, October 1

Bar Night "Ken's Night Out" Confederation
College - Sharkey's Pub 9:00 p.m.
Information Display - Confederation College

Thursday, October 2

Bar Night "Ken's Night Out" Lakehead
University - Outpost 9:00 p.m.
Candlelight Vigil - 7:30 p.m.
Call ACT-B for details.
***"Opening More Doors" Regional Counselling
Conference***
Information Display - Intercity Shopping Centre

Friday, October 3

***"Opening More Doors" Regional Counselling
Conference*** continues
Information Display - Intercity Shopping Centre

Saturday, October 4

Information Display - Intercity Shopping Centre
PHA Retreat (continues Oct. 5 and 6)

Other Events

Information Display - Village Clinic, Thunder Bay District Health Unit, Victoriaville Mall all week
Information Display - Smith Clinic, St. Joseph's Care Group all week
To be announced - Lakehead University, Port Arthur Collegiate Institute

"Opening More Doors"

NW Ontario Regional HIV/AIDS Counselling Conference

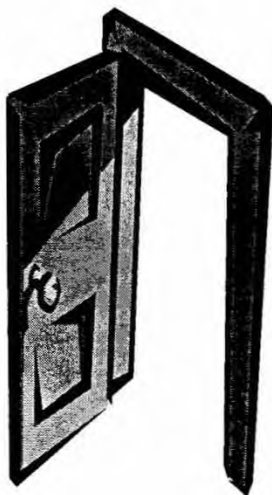
The AIDS Committee of Thunder Bay will be hosting its 6th annual regional counselling conference, "Opening More Doors" during AIDS Awareness Week. This year's conference will take place on October 2nd and 3rd at the Prince Arthur Hotel. Funding for the conference has been provided by the Ministry of Health - AIDS Bureau.

The conference will offer workshops on HIV counselling issues and the development of support systems in Northwestern Ontario for those living with HIV/AIDS and their caregivers. This year's topics include:

- ◊ Counselling issues relating to the needs of PHAs (Persons living with HIV/AIDS) who have children; such as disclosure, guardianship and treatments.
- ◊ Barriers that people living with HIV/AIDS face in NW Ontario: Issues relating to living in smaller centres, attitudes, confidentiality and accessing resources.
- ◊ Issues relating to youth peer pressure, sexuality and sexually transmitted diseases.
- ◊ Counselling issues related to drugs and other chemical dependencies.
- ◊ Counselling clients on current medical options.
- ◊ Women's issues: creating risk awareness for women leading to the early diagnosis of HIV/AIDS.
- ◊ Pre and post-test counselling for individuals who want the HIV anti body test.
- ◊ Death, dying and the grieving process: a focus on spiritual and emotional issues.

Due to the overwhelming response to the conference, we are currently placing people from outside the city of Thunder Bay on a waiting list. There are still openings for registrants from Thunder Bay. The fee for the conference is \$30.00 which includes all workshops and lunch on Friday, October 3rd. A \$10.00 fee will be charged for those wanting to attend the opening or closing plenaries only.

For more information about the conference, contact Joanne Books, Conference Coordinator at 345-1516 or 346-9388.



***"This is one of the finest
conferences I have attended.
People from around our
region so often feel isolated,
especially when dealing with
HIV issues. It was terrific to
share ideas with others from
Northwestern Ontario.
Excellent!"***

AIDS WALK Thunder Bay

Have you registered for AIDS Walk Thunder Bay yet? It's not too late! Form a team; encourage your friends from work or school to join you. Support each other as you collect pledges. Bring a pet, wear a costume, *have your pet wear a costume*, bring the kids; there will be something for everyone!

This year's Walk will be the biggest and best ever with activities for children, entertainment, food and games. The 5 km. Walk will begin at Lakehead University's Outpost at noon on September 28. As a pledge collector, you will be joining thousands of Canadians in over 60 communities as they help to support the cause of HIV/AIDS.

The lucky person who collects the most pledges will receive a trip for two to Toronto with a stay at the Delta Chelsea Hotel (courtesy of Lakehead Travel, VistaJet and the Delta Chelsea.) Second highest pledge collector receives a night's stay at the White Fox Inn with dinner and breakfast (courtesy

of the White Fox Inn), and third prize is an evening's stay at the Prince Arthur Hotel and show tickets (courtesy of the Prince Arthur Hotel.). Other prizes will be awarded for pledges greater than \$150.00.

All money raised in Thunder Bay stays in Thunder Bay. The pledges you collect are used to fight HIV/AIDS here in Thunder Bay on three levels:

- ♦ **Support Services** for persons living with HIV/AIDS in Thunder Bay and the region.
- ♦ **Education**
- ♦ **Policy and Advocacy**

The active client case load of the AIDS Committee of Thunder Bay has **doubled in one year**. HIV is gaining ground quickly!

Be a part of the solution! Fax your completed registration form to 345-2505, call us at 345-1516, or mail it to: Box 24025, RPO Dwntrn. North, Thunder Bay ON P7A 8A9.

YES! I'll raise money and walk 'til my shoes fall off to fight AIDS and support people with HIV/AIDS. Please send my Walker kit right away.

Name: _____

Street Address: _____

Apt. No.: _____

City: _____

Province _____

Postal Code: _____

Home Phone: () _____

Work Phone: () _____

Fax: () _____

Employer/School/Organization _____

Team Name (if any): _____

Age: ☐ under 18 ☐ 18 - 25 ☐ 26 - 35 ☐ 36 - 45 ☐ over 50

Sex: ☐ M ☐ F

- ☐ Please send me 1 2 3 4 5 Pledge forms. (circle one)
- ☐ I'll take the lead in forming a team. Please send me a Team Leader's kit.
- ☐ In addition to walking, I can volunteer my time. Please call me.
- ☐ This is my first AIDS Walk Canada.
- ☐ I can't make it on September 28. I want to donate. Please call me.



AIDS WALK CANADA
A PLEDGE IN THE FIRST STEP

Protease Inhibitors

by Deirdre MacLean, CATIE

This document has been reviewed by CATIE's treatment information staff but not yet by an external reviewer.

General:

Protease inhibitors are a new class of drugs taken to fight HIV infection. Saquinavir (sold as Invirase), zidovudine (ZDV), and didanosine (ddi) are approved for sale in Canada. Several other pharmaceutical companies have protease inhibitors in development. Agouron's protease inhibitor nelfinavir (Viracept) is in Phase III clinical trials. Glaxo-Wellcome, in partnership with Vertex, has Phase II trials underway of a product known as 141W94 (if you're reading G - W material) or VX-478 (if you're reading Vertex material). Pharmacia & Upjohn have a third generation protease inhibitor under development. Many other manufacturers are also working on HIV protease inhibitors.

Drugs that fight HIV infection are called "antiretrovirals" because HIV is a retrovirus. These drugs interfere with the viral life cycle in order to stop, or at least slow down, the progression of HIV disease. A brief review of how HIV replicates will help explain where and how antiretroviral drugs work.

How HIV infects cells

The core of HIV is made up of two strands of the genetic material called RNA wrapped in a protein coat. It is surrounded by an envelope made of fat and protein. HIV is not alive. All living things, even single-celled organisms like bacteria, fungi, or protozoa, must breathe, eat, excrete, and reproduce. Viruses do none of these, except reproduce.

The process of making more viruses is referred to as **replication** rather than reproduction because the virus simply makes copies of itself. Replication can happen only after HIV has inserted its genetic material into the genetic material of a cell.

Once HIV has entered the body, it infects cells which have a CD4+ receptor on their surface. A cell is covered with different receptors, like a face can be covered with freckles. Cells use receptors to communicate: they let information, in the form of tiny molecules, in and out of

cells. Different types of cells have different receptors. The HIV envelope has "spikes" on it, called gp120, which happen to fit into the CD4+ receptor on a cell's surface and act like a key, unlocking the receptor and allowing HIV to enter the cell. Two kinds of immune system cells have CD4+ receptors and can be infected by HIV: macrophages and CD4+ lymphocytes (also called "T4 cells" or "CD4+ cells").

After HIV has bound to the CD4+ receptor, it enters the cell and begins the process of replication with the help of its own chemical messengers called enzymes. First, the enzyme **reverse transcriptase** converts the genetic material of the virus (RNA) to match the genetic material of the cell (DNA). Then, this new viral DNA (also called proviral DNA) enters the nucleus of the cell. A second enzyme, **integrase**, inserts the proviral DNA into the cell's own DNA. The virus has now "hijacked" the cell and starts making new viral RNA.

Some of this RNA will become the genetic material contained in new viruses. Other viral RNA will go on to make the proteins which will coat the new virus. These proteins are produced as long strands of polyprotein which must be cut into the appropriate sizes. The enzyme protease (or proteinase) works like scissors to cut or cleave the polyprotein. Finally, the viral proteins and viral RNA are assembled into new HIV and bud off the cell's surface.

How protease inhibitors work...

Protease inhibitors are drugs that interfere with the action of the protease enzyme. They block the scissors-like action of protease so that new viral proteins cannot be cut to the right sizes. If the viral proteins are not the right size or shape, new virus cannot mature, and as a result, will not be able to infect other cells.

Protease inhibitors not only work at a different stages in the viral replication cycle than reverse transcriptase (RT) inhibitors, they also work in different cells. As mentioned above, both CD4+ lymphocytes (CD4+ cells

or T4 cells) and macrophages can be infected by HIV. CD4+ lymphocytes usually die within 48 hours of being infected with HIV. Macrophages, however, may live for several months, continually producing new virus. Thus macrophages become "reservoirs" of HIV. RT inhibitors (like AZT, ddI, ddC, d4T and 3TC) seem to work only in CD4+ lymphocytes, but test-tube studies of protease inhibitors indicate that they may work in both CD4+ lymphocytes and macrophages.

Drug interactions

The protease inhibitors, and many other drugs, are metabolized (broken down) in the liver through the actions of the cytochrome p450 enzymes. Some drugs can inhibit these enzymes, which means that they perform less effectively. Others can induce these enzymes, which means that they perform more effectively. Potentially dangerous drug interactions can result. For example, taking a drug which induces the actions of p450 enzymes can cause a second drug to be metabolized more efficiently; which may lead to reduced levels of the second drug in the body. As a result of the lower levels, that second drug may not have a beneficial effect. A drug which inhibits the p450 enzymes can cause higher levels of a second drug to circulate in the body, which could produce potentially dangerous side effects.

Side effects

Although protease inhibitors are more powerful drugs than nucleoside analogues, they seem to be better tolerated. However, all three drugs can cause side effects that range from mild and annoying to severe and potentially dangerous. In clinical trials to date, the most commonly reported side effects of saquinavir are weakness or fatigue, nausea, diarrhea and headache. Ritonavir, especially in the first three or four weeks of treatment, can cause moderate to severe nausea, vomiting and diarrhea. "Dosing up" from half the recommended dose to the full dose over two weeks can help reduce the side effects. Indinavir users must drink an extra 1.5 litres of water daily in order to prevent kidney stones.

Resistance & cross-resistance

Over time, as HIV makes copies of itself, the virus can change its structure. These changes allow HIV to resist the effects of antiviral drugs. Resistance to protease inhibitors seems to appear after 12 weeks of treatment. Combining protease inhibitors with one or more nucleoside analogues may delay the development of drug resistance. To limit the risk of developing drug resistance, protease inhibitors should be taken every day, precisely as prescribed. If a dose is missed, the next dose should be taken as soon as possible. Never double a dose to make up for missing one.

Some studies, both in test tubes and in people, have shown that protease inhibitors may be cross-resistant. This means that if HIV becomes resistant to one brand of protease inhibitor, it may also be able to resist the effects of other protease inhibitors. The development of cross-resistance will limit the choices of antiretroviral treatment. For example, ritonavir and indinavir are cross-resistant, which means that someone will probably not benefit from switching from ritonavir to indinavir.

Summary: the good stuff

Many researchers, clinicians, and people living with HIV are understandably excited about the arrival of the protease inhibitors. Dramatic results in CD4+ lymphocyte increases and viral load drops to below detectable levels have been reported. There have also been reports of ailments like persistent thrush or hairy leukoplakia clearing up after a few weeks or months of using protease inhibitors. If these promising results last for two or three years, protease inhibitors, especially when used in combination, will be a major step forward in HIV treatment.

Reproduced with permission from Community AIDS Treatment Information Exchange (CATIE). For more information contact the CATIE's Information Network at 1-800-263-1638.

AIDS AWARENESS WEEK KICK-OFF SOCIAL

*an event for the gay, lesbian, bisexual & transgendered
community and friends*

Saturday, September 27, 1997

St. John Ambulance

518 Fort William Road

9:00 p.m. till 1:00 a.m.

Cost: \$6.00



Halloween Social

*a joint project of the AIDS Committee of
Thunder Bay and Community Partners*

Friday, October 31, 1997

Location to be announced

(call 345-1516 for details)

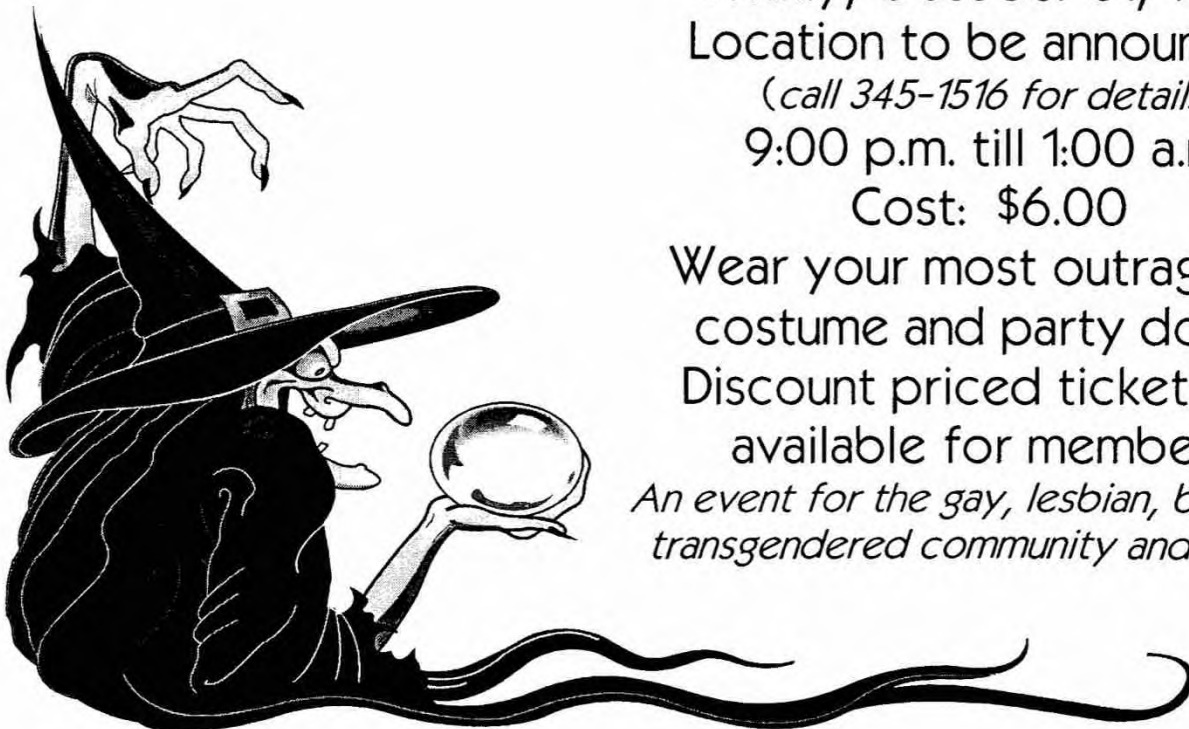
9:00 p.m. till 1:00 a.m.

Cost: \$6.00

*Wear your most outrageous
costume and party down!*

*Discount priced tickets are
available for members.*

*An event for the gay, lesbian, bisexual &
transgendered community and friends!*



dear robbie; IMHO

by Rob MacKay

"dear robbie; IMHO", will attempt to answer all those hard to ask questions in a fun and informative way.

If you are one of those acronym hounds and can't quite figure IMHO, it stands for "In My Humble Opinion". However, a good friend of mine once told me that it really means you can say whatever you want in print, as long as you end it with IMHO.



dear robbie,

People keep calling me an "AIDS Victim". This bugs me because I don't feel like a victim at all. What's your take on this, how could I respond?

Signed,

Victim no more.

"Victim Noun: One who is harmed or killed by another: a victim of a mugging" That's the definition according to The American Heritage Dictionary. Looks like we are victims after all... NOT. What that definition does not say but implies is that the "harm" was intentional. In my case and in many others there was no intent to cause harm. I don't feel like a victim and therefore I am not one. Individuals and the media have used the "victim" word to describe People Living with HIV/AIDS for years. We can't let a single word be used to clump us all into one big group. When someone uses the word to refer to me, I simply correct them. Victim no more, It's time for you to define for yourself whether or not you are a victim of HIV infection, and be bugged no more.

IMHO; robbie.

dear robbie,

Why do you think people are still having such a difficult time practicing safer sex? I know that it's a real drag to use a condom every time, but I will because I want to be safe, what do you think?

signed,

Rubber boy.

Dear Rubber boy,

I wish I did have the answer to your question! If we knew exactly why people don't always follow safer sex guidelines, the work of our education departments would be a lot easier. The truth is there are almost as many reasons why safer sex fails as there are people having sex. They break down into three main categories. Don't like condoms, "I'm not going to get it", and lack of education. The most common complaints about condoms are they take away spontaneity, intimacy and reduce sensations. The ones who don't think they will get HIV have a sense that they are invincible. Although not limited to, often these are younger people. Lack of education is not necessarily caused by the information not being available, but barriers between the information and the people that need it. These barriers include Organized Religion, School systems, conservative parents and others.

That is a quick look at some of the reasons safer sex is not always practiced. The question now becomes, "How do we address these issues and effect change?" Many things have been tried by our educators, some successful others not so successful. I would LOVE to hear from my readers on their ideas! How about it? You be "EDUCATOR FOR A DAY"!

IMHO: robbie

Please send your education ideas for "dear robbie" to *reACT-Believe*. Address is on page 8.

Here and There . . .

OOPS! You May Have Expired!!!



Don't check for your death certificate. But do check your **membership card**! If your membership card says 1997, you are alive and well and an eligible member of ACT-B. If your card has any previous year, or you don't have a card, you are in real trouble!

ACT-B's Annual General Meeting (AGM) is fast approaching. It will be in November (exact date and location still to be determined). But you must be a current, eligible member at least 30 days prior to the AGM to be able to vote. Members elect our Board of Directors. Most members renew their membership in the fall, prior to the AGM. If you take out a new membership now, it will be good for the remainder of 1997 and all of 1998.

We need your active, alive support. Please renew your membership now (use the handy form on the last page of this newsletter). And call us next month about the date, location and special guest speaker for this year's AGM!

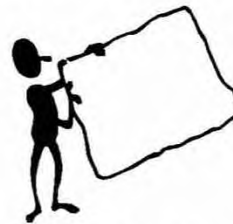
Fort Frances AIDS Committee???

Some folks in the Fort Frances area have been busy generating interest in the development of an AIDS Committee or group. If you live in the area and would like to get involved, please call Mary King at (807)274-3266.

"Learn New Skills and Network on Current Critical Issues in HIV/AIDS"

"Breaking News . . . in HIV/AIDS: Getting Together - Learning Together", a skills building symposium featuring institutes in treatment, prevention, education, care/counselling/support, and organizational development will be held at the Westin Harbor Castle in Toronto, ON, January 15 - 18, 1998. Health care professionals (doctors, nurses, social/mental health workers), and policy makers will join with the staff and volunteers of AIDS service organizations to learn new skills, network, critique best practice models in HIV/AIDS work, and share their perspectives on current and critical issues in HIV/AIDS.

For registration information, contact Lorie Dunbar at the Canadian AIDS Society, (613)-230-3580, ext.119.



Trivia Quiz

Can you name this ACT-B board member? Who -

- ♦ Attended an international AIDS Conference in Amsterdam and had his wallet stolen?
- ♦ Spent until 5:00 a.m. at the police station filing his report - only to receive a copy written in Dutch?
- ♦ Had the suitcase with ALL the souvenirs "go missing" on the way to the Amsterdam Airport?
- ♦ Manage to make it back to Canada with no I.D.?

If you guessed Pius White, you would be correct! Despite all these DISASTERS, Pius reports that the conference was an excellent way to make many personal and professional contacts. The highlight of the journey was attending the AIDS Memorial Day services. Pictures from his trip are on display at ACT-B.

Goodbye Jo-Ann!!

The AIDS Committee of Thunder Bay bids a fond farewell to Jo-Ann Jacomb, Volunteer Coordinator and editor of reACT-Believe. She leaves to pursue a career in theatre and music. Good luck Jo-Ann!



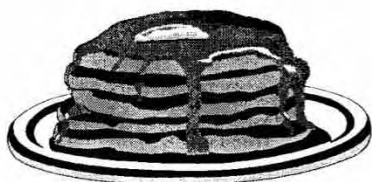
Parting Glance



Thank-You Thunder Bay!

This summer, the AIDS Committee of Thunder Bay hosted our second annual "Cheesecake Challenge" at Harbourfest. We were able to raise \$400 from this event and would like to extend our thanks to all who entered, judged and volunteered. Special thanks go to Anne Ciemny and Joyce Barnes for coordinating this event. We would also like to thank the Thunder Bay Art Gallery - Gallery Gifts, Thunder Bay Whiskey Jacks and Magnus Theatre for donating great prizes!

On August 20, we held an AIDS Walk Media launch and Pancake Brunch. Many volunteers helped to make this event possible. We extend our sincere thanks to Marge Cross, Lisa Clarke, Raili Clarke, Madysen Clarke and Myra Thompson for flipping the best pancakes this side of Finland! Ann Garwood also did a terrific job of soliciting donations of food from Maltese Grocery, Village Market and Safeway. Thank you all for making the pancake brunch possible!



The AIDS Committee of Thunder Bay acknowledges and thanks our various funders:

- Ontario Ministry of Health - AIDS Bureau
- Health Promotion and Programs Branch, Ontario Region, Health Canada (ACAP)
- All of the people involved in general fundraising and the support of many local businesses and individuals.

The opinions and medical information offered by "reACT-Believe" are those of the individual authors and not necessarily those of the staff and Board of Directors of the AIDS Committee of Thunder Bay. Medical information offered should be used at your own discretion. Please consult your doctor.

Please address any comments or concerns to

reACT-Believe
P.O. Box 24025
RPO Downtown North
Thunder Bay ON P7A 8A9
(807) 345-1516

ACT-B Advisory Council

Fred Ball	Director, Regional Public Health Laboratory
Mary Lee Barry	Ogden East End CHC
Douglas Cave	Addiction Research Foundation
Richard Atkinson	Co-Chair
Gail Linklater	Crossroads Centre
Dr. Gordon Milne	Family Physician
Murray Nielsen	Thunder Bay Indian Friendship Centre
Diana Smith	Public Health Nurse, Thunder Bay District Health Unit
Nicky Tittley	Safety Coordinator, Thunder Bay Regional Hospital
Rev. Don Uhryniw	Current River United Church, Council of Clergy
Pius White	Co-Chair

ACT-B Board of Directors

Rick Atkinson	Joyce Barnes
James Budd	Charlene Burford
Deborah Emery	Carmen Klassen
Steacie LaChance	Brenda LeSage
Rob MacKay	Bruno Valente
Pius White	Darryl Williams, President

ACT-B Staff

Janet Adams	Substance Use Outreach Project
Christa Alsch	Secretary
David Belrose	Education Coordinator
Sheila Berry	Support Services Coordinator
Joanne Books	Counselling Conference Coordinator
John Books	Fund Raising Coordinator
Daryle Cano	Support Worker/Health Promoter
Jo-Ann Jacomb	Volunteer Coordinator
Lawrence Korhonen	Administration Coordinator
Kyle Poluyko	Development Assistant
Michael Sobota	Executive Director
Carri Whidden	AIDS Awareness Week Coordinator

reACT-Believe Contributors

Jo-Ann Jacomb	Editor
Rob MacKay	Writer ACT-B staff & volunteers

Yes! I want to become a member of ACT-B! I know that my contribution will really count! Here is my donation of \$10.00 __, \$20.00 __ or \$50.00 __.

Name:

Address:

City, Province & P.C:

Telephone: