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FREE SUBSCRIPTION



# KPS Who?

The HIV charity you've never heard of

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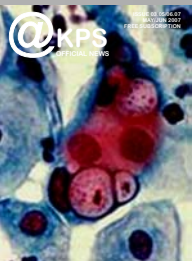
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The articles and opinions expressed in this publication do not necessarily represent the views of KPS.



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*A continuing need*

AND MUCH MORE...

Those who wish to contribute an article and/or story for inclusion in '@KPS' can do so by either sending it to KPS or by e-mail. Your article can be your own experiences, comments or observations concerning HIV/AIDS and other issues involved. For more information about how you can contribute call the KPS Office on 01208 264866.

## KPS Who?

### Open Day

The Kernow Positive Support Open Day is being held at a venue in Truro on **Friday 20<sup>th</sup> April 2007** from 10am until 5pm.

Find out about who we are, and the work we do here in Cornwall to support those living with HIV. The Open Day explores HIV/AIDS from the personal perspective of the trustees and volunteers, which aims to develop knowledge, confidence and understanding, in order to compliment professional development and best practice within the diverse field of HIV.

- Who and why we are here?
- What does the organisation offer?
- What other services are on offer in the county to support those infected/affected by HIV/AIDS?
- How can I get involved and/or become a volunteer?

The Kernow Positive Support Open Day is designed for practitioners, professionals and those who have an interest in this complicated and diverse field, and who have, or desire to have a foundational knowledge of the HIV support and health promotion/work here in Cornwall.

For a booking form and/or further details about this event please contact Kernow Positive Support, P. O. Box 85, Bodmin PL31 1ZN. Telephone 01208 264866. Email: [office@kpsdirect.com](mailto:office@kpsdirect.com)

## Funding update

KPS is still awaiting the outcome of various applications for funding from the statutory authorities for 2007/8. Sadly, our application to the Elton John AIDS Foundation for a third year has been unsuccessful. We hope to report success in our next edition of @KPS, along with the outcome of our applications to Volunteering England and the Big Lottery.

## Services review

As we are still awaiting confirmation of funding for the year 2007/8, KPS will have to review our various support services for the year commencing 1<sup>st</sup> April 2007.

This will include the monthly Peer Support meetings, and our original plans to hold our joint annual retreat weekend along with Thames Valley Positive Support, as unfortunately the funding for these specific projects was unsuccessful.

Naturally, we are looking at alternative funding resources to enable to fulfil a full support service for the coming financial year. We will hopefully reporting progress on this, and announcing further details about KPS and our future service provision at the forthcoming NHS Service User meeting and KPS Open Day

## NHS Service User Meeting 2007

The next service user meeting will be held at 7pm on Thursday 22<sup>nd</sup> March 2007 at the GUM clinic at the Royal Cornwall Hospital, this is following the success of the last meeting held last November.

Once again, a small buffet and refreshments will be made available. If you require further information and details about the next meeting contact Angela Hills on 01872 255044. Alternatively, you can call the KPS helpline on 01208 264866.

## World AIDS Day 2006 donations

December 1<sup>st</sup> 2006 was the 18<sup>th</sup> anniversary of the start of World AIDS Day. During the week leading up to this annual event Kernow Positive Support held a variety of events and raised **£148.86** and we would like to thank everyone who donated. We would also like to say a very big thank you to Fyne Times and their advertisers for their kind donation of **£250.00**. All proceeds will go directly to our 'Peace of Mind' hardship fund.

## monthlypoem

### All individuals deny to surrender

*(A young person's poem about HIV/AIDS)*

To the lifer taker,  
to the orphan maker.  
To the one that brings pain to our hearts,  
to the one that breaks our homes,  
making us destitute.

The one that perpetuates poverty,  
and makes us look for night jobs.  
My brothers become herd-boys,  
my sisters domestic worker, sex workers.  
All of us lost in the world of child labour.

That is when stigmatisation begins,  
the discrimination between me and my peers.  
Somewhere in the back of my mind,  
I am searching for hope.  
But all I find deep in the recesses of my mind,  
is desperation and suicidal thoughts.

How can I find hope, when?  
All I see is poverty-stricken people,  
dying people.  
Don't care attitude among young people.  
Girls' vulnerability to HIV and AIDS.  
Many rape cases and sexual  
offence against young girls.  
High unemployment rates  
in the land of my forefathers.

My beloved country Lesotho,  
they call it the Kingdom in the Sky.  
The Switzerland of Africa,  
But alas, a dying nation.  
It is like a big body with a weak heart,  
if nothing is done soon,  
it will be like a folktale which goes like:

Once upon a time in Africa,  
there was a landlocked country.  
Right in the heart of South Africa  
called Lesotho,  
with its people called Basotho.

© by Reitumese Phooko



**Dear Sirs,** I'm writing in response to the article – '*HIV 16 months later*' – and some of the thoughts expressed in it. I have been HIV-positive since January 2004, actually just gone three years to the day, and I have felt no different now to then and am still not on any medication and maintain as healthy lifestyle as possible. It doesn't mean I gnaw on carrots or lettuce all day, I have my indulgences but I also exercise regularly.

My diagnosis didn't come as a bombshell to me, nor did I find it soul destroying, I had my suspicions that something was wrong, yes I was a bit stunned, but got over that quickly and moved on and all it did was make me an even stronger person as I refused to wallow in it. I must say I was surprised by the comment made in the article "*I thought I would have been on medication by now and feel quite ill. This was the impression I got from people who I knew to be HIV-positive and on medication*". That sounds an awful lot like scare mongering to me by these people, it all comes down to the individual person and their present state of health at the time of diagnosis.

For me too one day I will need to go onto medication but I view it as a helping hand. My immune system at present is fighting the infection without any aid and when the time comes albeit I won't be happy about needing outside help I know not taking the medication when it is offered will be all the worse for me. Yes there maybe a side effect of the medication but a lot of it is trial and error until finding the drugs that suit you. Nowadays people still want the disease to be seen as a death sentence when frankly it isn't! Medication is there and it goes along the same line of being diabetic. It's more in keeping with maintaining a healthy lifestyle (*which we should all be doing whether we are HIV-positive or not*).

**Matt.**

**Dear Matt,** thank you for your response to the recent article '*HIV 16 months later*' that appeared in our last edition. We are always interested in the views and opinions of our readers, as you are aware living with HIV affects people in many different ways. There is neither a wrong or right way of dealing with such a life changing event. Sometimes, opinions and the understanding of how this disease affects individuals can be reflected in personal experiences and naturally that which is influenced by others. Those who are newly diagnosed may live a healthy life for many years, others have trepidation and fears of what may happen in the future, whilst another has a positive attitude and outlook and gains an inner-strength in what may be an uncertain future. We all have to be aware that playing 'ostrich' may sand our outlook at an important stage of our life.

I was diagnosed over 21 years ago, and over that time have experienced so many different emotions including those expressed by the author of the article you mentioned, and indeed those expressed by you. It has

seen me through an immense amount of sadness and grief, for many dear friends, and my own health issues and mortality. After so many years I have quoted the saying; '*For the grace of God go I*', innumerable times, and yet I personally have no particular religion. But I believe it sums up my own situation in a very few words. Personally, I neither eat healthily; exercise and I have never been very good at adherence to the HIV medications I am supposed to take. Not that this lifestyle should be recommended. Indeed, my consultants, doctors and healthcare professionals continually remind me of the dangers. Many people have said to me 'I am chancing my arm'. Perhaps they are right, and my apparent recklessness will come back to bite me someday.

You mentioned scare-mongering regarding the article. Moreover, I think this may be an inherent fear by many that having HIV is still effectively an uncertain future and sometimes it may appear others perpetuate that fear. We all have to remember some people may never come to terms with that fear, and may portend disaster, as you appear to purport that some still associate HIV as a death sentence, and that it is no such thing. Remember, HIV still has no cure, and relating HIV as going along the same line of being diabetic, I would respectfully remind anyone, is rather short-sighted and a bit of a misleading and sweeping statement. The only real similarity I would say is that at this present time research currently states medications needed to control both conditions is normally for life.

Confused? So are most people on medication and the same might be said of some of the professionals. Amongst other things such as; dosage and combination changes, drug resistance and hypersensitivity, which in my opinion research and development will overtime change those ever-change goal posts we hear about. A lot of information to take in even for those diagnosed long-term, a minefield for those drug naïve and/or newly diagnosed. Lest we forget many people who only present HIV-positive at a later stage, and have immediate health problems and/or have an AIDS defining illness. Again, I hear my own words '*for the grace of God go I*', I personally went for an HIV test as I had considered I had put myself at risk, and subsequently did not have any health problems for many years. Perhaps one could say 'time to prepare', does that make me a pessimist? Does that make me my own scare-monger. I would prefer to see it as optimism in an otherwise uncertain future, which has served me well.

HIV drugs and their side-effects are yet another issue for many. Some people have severe side-effects; some have only a few, some claim to have none. Some do well, on their first combination, many have to change. Some won't take medication, some run out of options. Most in the third world have none of these options. You mentioned trial and error, which I would agree. At what stage at your diagnosis should you consider taking the medication? Naturally, everyone should listen very carefully to their HIV specialist. Seek a second opinion if you are unsure, make sure of all the facts as there is plenty of professional, reliable and easy to understand information out there. Equally, there is a lot of misleading and bad information, which could be other people's opinions, and the good old bad old Internet. An informed choice and the options available to you can go a long way in maintaining your ongoing health.

I attempt to live with a very positive outlook, although my ongoing health has deteriorated over the years. My 'life-limiting' HIV disease still scares me gutless at times as well as giving me a form of inner-strength. I never thought I would reach 30 – I never thought I would reach 40 – I never even considered 50 – However, I look forward to being 60 and beyond – *for the grace of God go I...*

**David.**

## Drug-resistant HIV strain worries doctors

A strain of HIV that is resistant to two types of treatment has been discovered in America. Four men in Washington state were diagnosed with strains of highly-resistant HIV (*HR HIV*) between 2005 and 2006. Researchers now say that these strains are very similar, indicating that the four men may have had sex or shared injection equipment with common partners. Of the 16 HR HIV cases diagnosed by Seattle King - County Public Health Department, the recent four cases found have proved resistant to more anti-HIV drugs than the other 12. This means that once the four men contract AIDS, treatment for them will be extremely limited.

Dr. Peter Shalit, director of HIV/AIDS research at Swedish Medical Centre and member of gay rights group GLAAD, claims that the new strain may also be able to spread more quickly and easily than previous types of HR HIV. As it is unusual for four men with no known connection to each other to have the same strain of the virus, the Public Health Department fears that the new form of HIV may still be spreading quickly through the community. The only other multi-drug resistant strain of the virus known to health authorities was a single case in New York in 2005.

Lisa Power, Head of Policy at Terrence Higgins Trust said, "*Multi-drug-resistant HIV is the result of treatment, which fails, either because the drug is not strong enough, or because it is not taken at the right time. Multi-drug-resistant strains of HIV can be passed on.*" Bob Wood, HIV/AIDS programme director for the Seattle King -County Public Health Department, says "*This is mostly about behaviour. Men who have sex with men need to know that drug-resistant strains can and are being transmitted and may be much less treatable,*" according to the *Seattle Post Intelligencer*.

All four men have had multiple male sexual partners and have used methamphetamine, known as crystal meths. Wood, a gay HIV-positive man, claims that unsafe sex has recently increased within the local gay community, particularly amongst drug users.

## AIDS Campaigners have called for a black HIV awareness day in Britain

The UK needs to consider a large national black awareness day and talk about real issues. It's got to be something of substance, not just a PR exercise. Black people are disproportionately affected by HIV in the UK, with a third of sufferers born in Africa. The highest concentration of HIV cases is in Lambeth, south London. Rhon Reynolds, deputy chief executive of the African HIV Policy Network, has been reported as saying black people needed to take "*ownership*" of the drive to raise awareness and prevent the disease spreading.

Last year arts minister David Lammy marked World AIDS Day by taking an HIV blood test, but other celebrities have been reluctant to take a stand. Arsenal star Thierry Henry backed an HIV-awareness campaign by the UK charity Body & Soul last year, but experts believe even more leadership is needed to change attitudes. Reynolds says he hopes a new generation of musicians, politicians and faith leaders can help take the stigma away from talking about condom use, drugs and gay sex. In Britain black people accounted for half of all new HIV diagnoses, while a third of people living with HIV are black Africans. The 2004 figures show 57% of HIV positive people reside in London, with the highest prevalence in Lambeth.

## New class of HIV treatment

New York (*Reuters*) - Pfizer Inc. said in February this year its HIV treatment *maraviroc* will receive an accelerated review from regulators in the United States and Europe. If approved by the regulatory agencies, *maraviroc* would be the first in a new class of HIV/AIDS treatments called CCR5 antagonists that work by blocking viral entry, the drug maker said.

Most existing HIV drugs work inside the body's immune cells, after the virus has infected a patient. Rather than fighting HIV inside white blood cells, CCR5 antagonists prevent the virus produced by infected cells from entering uninfected cells by blocking its predominant entry route, the CCR5 co-receptor. The U.S. Food and Drug Administration grants accelerated reviews to potential medicines that could represent a major improvement over current treatments. The expedited process means the agency will decide whether to approve the drug within six months, rather than the more typical period of up to one year.

## Living Proof

The National Long Term Survivors Group is a Registered Charity that holds three retreat weekends per year. If you have been diagnosed for 5 years or longer you are eligible to attend these restful weekends.

Currently these weekends are being held at Shallowford House near Birmingham. You can now obtain sponsorship from Kernow Positive Support. For further details regarding NLTSG please contact KPS on our Help line 0n 01208 264866 or alternatively, Keith on 07967 430797. Email: mail@nltsg.org

Website: [www.nltsg.org](http://www.nltsg.org)

## Tyddyn Bach Trust



RESPIRE  
IN  
WALES

[www.tyddynbach.co.uk](http://www.tyddynbach.co.uk)

Tyddyn Bach Trust is situated on a hill leading down to the North Wales coast in a small town called Penmaenmawr, a few miles from Llandudno. The Centre has 4 guest rooms with a large lounge, dining room and garden. Good food and friendly staff and volunteers.

Craiglwyd Road, Penmaenmawr,  
Conwy LL34 6ER. Tel: 01492 623322

e-mail: [info@tyddynbachtrust.org.uk](mailto:info@tyddynbachtrust.org.uk)

[www.aidsmap.com](http://www.aidsmap.com)



**Kernow  
Positive Support**

Peace of Mind Hardship Fund

**01208 264866**

Email: [office@kpsdirect.com](mailto:office@kpsdirect.com)

Website: [www.kpsdirect.com](http://www.kpsdirect.com)

## importantnews

### STDs increase in the South West by 34%

A New campaign has been launched after figures revealed the number of cases of sexually transmitted diseases (STDs) in the region has risen by more than 30 per cent. The figures show 9,704 young people in the south west were diagnosed with STDs in 2005, up 34 per cent from the year 2000. Now NHS South West has launch a television radio and magazine campaign called Condom Essen, part of a national Contraceptive Awareness Week organised by the Family Planning Association and Contraceptive Alliance. Organisers are hoping to spread the message to sexually active young adults to make condoms essential wear when they are out 'on the pull'.

This year's Contraception Awareness Week follows a survey testing public knowledge of sex and reproduction, which found a widespread confusion and misunderstanding on some of the most basic facts. Dr Gabriel Scally, regional director of NHS South West, said that by using a condom the chance of infection is drastically reduced. She said: "Sexually transmitted infections such as gonorrhoea, chlamydia and herpes are spreading fast among young adults and these adverts highlight how hard these diseases are to spot. Some infections can have devastating affects on your health and if untreated, can lead to infertility in women and sterility in men. To help prevent the long-term consequences of these diseases, screening at least once a year is recommended for all sexually active people under 24. Call your local clinic to book an appointment."

Bath and North East Somerset Primary Care Trust expressed concerns over the sexual health of youngsters during the Christmas holiday period. In early January, it revealed that record numbers of people from the area had logged on to its own contraception advice website:  
[www.ccardfreecondoms.co.uk](http://www.ccardfreecondoms.co.uk)

### National sex health funding call

Sexual health care should be funded nationally in England to ensure people do not miss out, campaigners say. They warn that government funds are not getting through because local healthcare providers need to use the money in other areas. A survey of sexual health doctors also says patients are often unable to book appointments, and that some doctors are having to offer the cheapest HIV drugs. A Department of Health spokesman said services did need to be improved.

#### Turned away

The survey, carried out by the Terrence Higgins Trust, the British HIV Association (BHIVA), the British Association for Sexual Health & HIV (BASHH) and Providers of AIDS Care and Treatment (PACT), looked at local sexual health services in England in 2006. The government announced in 2004 that £300m would be set aside for sexual health. But the survey, which has been carried out for the last five years, has consistently found that although the government is allocating money, it is not passed on to clinics by primary care trusts (PCTs).

Staff at 65 out of the 152 PCTs in England responded to the study. Just under 60% said money had been diverted away from sexual health services and over half said they often or sometimes had to turn patients away. They said the introduction of a 48-hour access target meant clinics were often focused on offering appointments within that time, and would not let patients book slots further ahead. Other clinics were offering walk-in appointments, but patients often had to arrive extremely early and queue in public. In addition, a third of the doctors said they were either discussing or had already implemented restrictions on prescribing of HIV drugs, meaning patients were given the cheapest option. The survey does not show patients are suffering from the change, but the campaigners fear it could be a growing trend.

#### 'The only way'

Lisa Power, head of policy at the Terrence Higgins Trust, said it was crucial people could easily access clinics. "We know that of the people with sexually transmitted infections who have difficulty getting appointments, a third will continue to have sex," she said. "This is a national problem that's not being addressed at a local level. The only thing that's ever going to work is if money is ring-fenced. This is not politically popular, but it would seem to be the only way to ensure money for sexual health services is not diverted elsewhere." Dr Gill Morgan, chief executive of the NHS Confederation, which represents primary care trusts, said: "We have called for a separate investment fund for health improvement to prevent longer-term projects being squeezed by the more immediate demands of running a health service. Currently, initiatives to improve long-term health of communities compete for resources with day-to-day service provision."

Shadow Health Secretary Andrew Lansley agreed funding should be ring-fenced. "Public health budgets need to be ring-fenced... to prevent short-term financial pressures undermining long-term public health strategies, and connect national aspirations with local action," he said. But Dr Mike Dixon, chairman of the NHS Alliance, said ring-fencing was an "unrealistic idea". He said the move now was towards GP practices commissioning care themselves, and that might be the way to improve sexual health care. A Department of Health spokeswoman said improving sexual health services was an NHS priority and that significant progress had been made, although she agreed more work was needed. But she added: "Ultimately, funding arrangements are a matter for the NHS, and PCTs must be free to prioritise their local funding according to local needs."

### Global HIV spending 'unjustified'

Developed nations and international aid agencies are spending too much money on fighting the spread of AIDS, it has been claimed. Writing in the British Medical Journal, Roger England, chairman of the Grenada-based Health Systems Workshop, says that HIV funding is being spent "inefficiently and sometimes counterproductively".

In 2000 eight per cent of global health aid was allocated to combat HIV/AIDS and Dr England predicts this will rise to 25 per cent by the end of the current year. He claims that when measured by disability-adjusted life years (DALYs) lost, HIV only contributes to five per cent of the burden of disease in low and middle-income countries. The charity chairman adds that although AIDS causes 2.8 million deaths every year worldwide, this is still less than deaths attributable to diabetes. He says that funding could be better spent on bed nets, immunisation programmes or family planning, claiming that HIV interventions are "not cost effective enough to justify this disproportionate spending".

But countering Dr England's claims, the Joint UN Programme on HIV and AIDS (UNAIDS) says that current resources allocated to combating AIDS are only half of what is needed for a "comprehensive response". "Poor coordination between different stakeholders in affected countries also impedes effective spending," writes UNAIDS' Paul de Lay. "This is compounded by weak institutions and regulatory policies, poor governance, and in some cases corruption." A separate article in the *Lancet* medical journal in February 2007 questions the use of data from voluntary HIV counselling and HIV testing clinics across Africa. Researchers from the London School of Hygiene and Tropical Medicine write: "In view of the problems inherent in both obtaining and interpreting surveillance data from voluntary HIV counselling and testing centres, prudence should be exercised before extensions to routine data collections by providers of HIV counselling and testing services are recommended."

## HIV man recklessly infected woman

A man has been found guilty of knowingly infecting his former partner with HIV and Hepatitis C. Giovanni Mola, 38, had denied culpably and recklessly failing to say he had HIV to the danger of the woman's life. Mola committed the offence between September 2003 and February 2004, at a flat in Edinburgh's Home Street and elsewhere in the city. The Italian chef will return to the High Court in Glasgow to be sentenced on 7<sup>th</sup> March. Mola was expressionless as the jury of eight women and seven men returned a majority verdict after deliberating for 80 minutes. Judge Lord Hodge told Mola that the indifference he had shown towards his victim, known only as Miss X, had been "deeply disturbing". During the trial, Mola denied claims that he had bedded 200 women. The court also heard how Mola never wore condoms and "aggressively" refused to do so. Following the verdict, Lord Hodge told Mola: "You've been convicted of a very serious sexual offence against Miss X. You've caused her lasting damage. While you've been struck by tragedy in acquiring HIV and Hepatitis C from a former girlfriend, it's deeply disturbing that you should have been prepared to show such indifference to the health and welfare of Miss X."

The couple began their relationship after they got chatting in a shop in the summer of 2003. During the trial the victim told the court that she had been a virgin before she met Mola. 'Waiting to die' Miss X received the positive test results a month after the relationship ended. Mola was arrested and went on the run to Italy, before being extradited last summer to face trial. The woman, who was not in court to hear the verdict, has since undergone medical treatment and is seeing a psychologist. She told the court during the trial: "I feel like it's murder. I know it's a bit extreme, but I'm waiting to die." The court heard that her sister is the only member of her family who knows about her diagnosis. Mola's conviction for knowingly infecting his former partner is the second of its kind in Scotland. Stephen Kelly was found guilty by majority verdict of reckless conduct after a trial at the same court in March 2001.

## Bill to make GPs give out condoms

A Labour MP has introduced a private members' bill to make GPs provide free condoms. Natascha Engel, MP for North East Derbyshire, said: "We need to make it easier for young people to get hold of free condoms." Unlike family planning clinics, most GPs do not give out free condoms. The bill would amend this, and require surgeries to promote the service. Anne Weyman, chief executive of sexual health charity fpa, said: "It is high time condom distribution within the NHS fell in line with the needs of the young British public."

## HIV privacy threatened by NHS database

People with HIV will have details of their names, treatments and status placed on a central national register if government plans for a new medical database go ahead. Sensitive personal information could be handed over without the consent of patients or doctors, a top computer scientist has warned. Cambridge University Professor Ross Anderson revealed how during the 1990s the NHS secretly created a national register of everyone being treated for HIV. The secret register broke laws going back to World War I that guaranteed sexual medical privacy. After Anderson and leading doctors challenged the Health Department about the legality of the register, he said, the government passed a new law allowing ministers to take control of personal health information and move it around as they wished. He believes that the HIV register is still unlawful, as European laws prohibit collecting data without patients' consent. Hundreds of thousands of health staff could then access the system. Campaigners believe that people with HIV would be at particularly serious risk if police, insurers, or airlines got hold of their information. Ten people with HIV have already faced prosecution for transmitting the virus. HIV-positive people who travel to the United States without declaring their status could face imprisonment on arrival if airlines acquired and passed on health information under arrangements devised for fighting terrorism.

## worldnews

### Circumcision fever begins to sweep Swaziland

Male nurse Moshoeshe Makhubu has helped in many circumcisions but is visibly nervous as he prepares to undergo the snip himself, a procedure he grudgingly admits may boost chances of remaining HIV-free.

In Swaziland, staying clear of the virus is hard as close to 40% of adults are living with HIV/AIDS, the highest infection rate anywhere in the world according to the United Nations Children's Fund (Unicef).

Trials in Kenya and Uganda have shown that circumcision, while not providing complete protection for the man, dramatically reduced the number of new infections.

### Brazil to install condom vending machines in schools

Brazil's Ministry of Health in February pledged to continue plans to install condom vending machines in schools nationwide as part of the country's HIV prevention efforts, *Reuters/Washington Post* reports.

The health ministry recently launched a contest for technical schools to design an improved condom vending machine and will award the winning team with \$25,000. Trial vending machines might be installed in schools as early as 2008, and the health ministry aims to install the machines in bars, clubs and 24-hour gas stations. In addition, a survey recently released by UNESCO found two-thirds of parents responded that they approve of the government offering teenagers increased access to no-cost condoms and sex education.



This Fact Sheet provides information about helplines that can provide information and support for people with HIV. Some of the organisations and helplines listed are dedicated to HIV, whilst others provide information and support on other issues, such as debt, immigration and asylum, disability, legal issues and sexual health.

**Brook**  
0800 0185 023

Brook provide free and confidential information on sexual health and contraception to the under 25s. The helpline is open 9am - 5pm, Monday to Friday.

**Citizens Advice Bureau**  
Consult telephone directories for your local office or visit: <http://www.nacab.org.uk> Free, confidential advice on debt, employment rights, immigration and the law.

**Community Legal Service**  
0845 608 11 22  
Monday to Friday 8am - 8pm and 8am - 6pm Saturday and Sunday. Established by the government, the Community Legal Service is designed to help people find free, local legal advice.

**DIAL UK**  
01302 310 123  
National organisation for a network of over 140 local disability and advice services.

**Disability Rights Commission**  
08457 622 633  
Helpline open 8am - 8pm Monday to Friday. An independent body that works to secure the civil rights of people with disabilities.

**fpa**  
0845 310 1334  
Formerly known as the Family Planning Association, fpa provide contraception and advice about sexual health. Helpline open 9am - 7pm Monday to Friday.

**Haemophilia Society**  
0800 018 6068  
The helpline is open 9am - 5pm Monday to Friday.

**i - Base**  
0808 800 6013  
i-Base run a specialised information support service by phone where you can discuss any aspect of HIV treatment in confidence. This is a freephone number within the UK. Mon, Tues, Wed 12pm - 4pm.

**Kernow Positive Support (KPS)**  
01628 603400 – 0118 950 3375  
Cornwall based HIV support charity giving those living in the area information and support. Helpline open 10am – 4.30pm Mon/Wed/Fri. 5.30pm – 7pm Tues/Thurs.

**MIND**  
08457 660 163  
The information line of MIND, a mental health charity, is open Monday to Friday 9.15am - 5.15pm and provides information on mental distress, treatment, support and services.

**National Sexual Health Helpline**  
0800 567 123  
This is a 24 hour national phoneline offering confidential advice, information and referrals on all aspects of sexual health and HIV to anyone.

**National Federation of Information Advice Centres**  
020 7407 4070  
Network of information and advice centres, providing a point of contact to providers of support services.

**NHS Direct**  
0845 4647  
A service that provides 24 hour confidential health information. It is open every day of the year.

**Positively Women**  
020 7713 0222  
The helpline is open 10am - 1pm Monday to Friday. Positively Women provide peer support to women living with HIV and services include advocacy, information on treatment, and crèche facilities.

**Refugee Council**  
020 7346 6777  
Advice line open Monday, Tuesday, Thursday and Friday, 10am - 1pm and 2pm - 5pm. The Refugee Council is the largest organisation in the UK working with asylum seekers and refugees.

**The Samaritans**  
08457 909 090  
The Samaritans are open 24 hours every day of the year. The Samaritans are available to anybody who is going through a personal crisis and thinking of taking their life or are lonely or depressed and feel that they have no one else to turn to for support.

**THT Direct**  
0845 1221 200  
THT Direct is a specialist HIV telephone and information and advice service provided by the Terrence Higgins Trust. THT Direct is open 10am - 10pm Monday to Friday and 12noon - 6pm at weekends.

**UKC**  
*(UK Coalition of People Living with HIV and AIDS)*  
020 7564 2180 *(general enquiries)*  
A national organisation made up of people living with HIV and AIDS. Services include advocacy. The UKC is also the publisher of Positive Nation.





The general public have a worrying lack of knowledge and understanding about sex, a survey suggests. A poll of 495 people by the Family Planning Association found some thought exercise or urinating after intercourse could prevent pregnancy. The FPA said better sex education was needed, with researchers at Coventry University calling for lessons to be tailored to pupils' sexual experience.

The government said it was up to teachers to decide on sex education. All secondary schools are required to include sex education as part of their teaching programme, but there are no rules over the content, leading to complaints that lessons are too biological.

The FPA survey, published to coincide with the start of Contraceptive Awareness Week, found that half of people did not know when was the most fertile point of a woman's menstrual cycle.

A third thought exercise, douching or urinating after sex could stop fertilisation and 89% did not realise sperm could live inside a woman's body for up to seven days. On sex education, only 4% said their experience at school was excellent, 38% described it as poor and 18% said they did not get any.

Anne Weyman, chief executive of the FPA, said: *"This survey exposes how far the current system of providing sex education is failing and also that people are acutely aware that it is letting them down. Reproductive biology is the only statutory part of the national curriculum and even this isn't achieving acceptable standards."* The FPA also said that better access to sexual health clinics could help improve adults' knowledge.

#### Experience

Coventry University researchers agreed sex education standards were not good enough, pointing out that different pupils had varying degrees of sexual experience and needed different teaching. In a survey of 3,800 pupils aged 13 to 16, they found a quarter were sexually active, with nearly half of those not using

contraception every time. The team suggested teachers could use computer programmes to offer tailored education. Lead researcher Professor Louise Wallace said: *"Much of the teaching in schools is too biologically based."*

Pupils needed to be given "sex and relationship education that equips them with the knowledge and skills to inform their choices". The Department for Education and Skills said all secondary schools should provide sex education. But a spokeswoman said it was up to teachers to use their *"professional judgement"* to decide what to teach in the classroom. She added: *"All parents have a statutory right to withdraw their children from all or part of sex education lessons, but not from statutory science lessons."*

As a typical example of this lack of understanding by the public, North Tyneside Primary Care Trust (PCT) attempted to quell fears over the opening of a sexual health clinic that have been opposed by residents in Shiremoor. At a public meeting local residents spoke out against the clinic in their street.

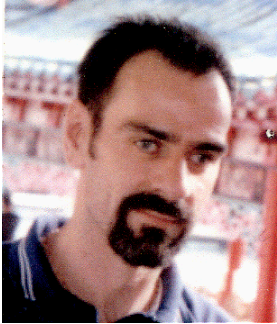
Upset locals claimed the centre, formerly used as a doctors' surgery before being closed, is in the wrong locality and people living nearby would be too embarrassed to visit. They also highlighted fears that it could devalue their properties and is inappropriately placed next to a first school.

But PCT officials said that they have received information from a large proportion of residents who welcome the service, expressing relief the building is being saved from vandals. The Clinical nurse lead at the newly proposed facility believes that stigma surrounds sexual health and added that the centre has not technically had a 'change of use'. Speaking at a public meeting she said: *"Sexual health is very important and people should be encouraged to have regular check-ups. It is not a 'sex clinic', it's a sexual health service and is not just for diagnosing sexually transmitted infections. It will offer a range of services from smear tests where we hope to diagnose cervical cancer early in women. The service will test all women, including performing three yearly smears for women over 25. We aim to help people make healthy choices, we do pregnancy tests and advise on contraception for all ages with a specific service for young people. It will be much more convenient for local people who currently have to go further a field for treatment – here people will be seen quickly and confidentially."*

Sexual health is listed among the top five priorities to be tackled by the government parallel with obesity, smoking, alcohol, and lack of exercise.

# noticeboard

## TVPS Trustee retires



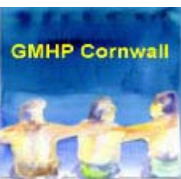
On behalf of the TVPS Board of Trustees and members we would like to say a big farewell to Bill Sloan, who announced his retirement as Chair of the TVPS board last August. Bill tendered his resignation as a trustee on the 8<sup>th</sup> February this year. Bill has been a trustee of TVPS since April 2000, becoming Chair in October 2002. Bill has seen TVPS through some extremely difficult times. Some of these have of necessity been behind the scenes, for legal and confidentiality reasons, and Bill worked many long hours to protect the interests of TVPS and its members. Some of these have been much more visible, and as many people know Bill left his home in Cornwall for several weeks during

the summer of 2004 to staff the TVPS office when TVPS was without a General Manager.

As some of you are aware Bill has been instrumental in setting up an HIV charity (*Kernow Positive Support*) based in the rural depths of Cornwall, and it is his wish to concentrate on the development of this new and exciting initiative. TVPS is delighted to hear about the continuing success of KPS, and that Cornwall now has an HIV support structure, that we in the Thames Valley over many years take so much for granted. Naturally, we are very sorry to see Bill leaving us, as his support and dedication to TVPS will be very much missed. We wish Bill and his partner well for the future, both for KPS and on a personal level.

Val Lyness – Thames Valley Positive Support (*Chair – Trustee*)

### GAY MEN'S HEALTH PROJECT - Cornwall



The gay men's health programme (*GMHP*) is developing a strategic approach to engage organisations in tackling the stigma and discrimination associated with HIV/AIDS issues and

to promote positive messages about gay men's health. The programme aims to help mainstream services meet the health needs of gay and bisexual men, through advice and consultancy and developing appropriate resources and training. For further information about any of the above services or if you would like to volunteer to support the programme by providing information and safer sex resources.

Gay Men's Health Coordinator Health  
Promotion Service Wilson Way Pool,  
Redruth Cornwall TR15 3QE.  
Telephone: 01209 313419.



0808 8000 306

**Nightlink** is a county-wide free-phone listening service for anyone who is experiencing or has experienced emotional distress.

**Nightlink** is also available for people supporting those in emotional distress and anyone who feels they would like to discuss their difficulties in confidence. **Nightlink** is run by trained volunteers and paid workers who have experience of mental health issues and empathy for people in distress.

### When is Nightlink available?

7 days per week  
5pm-Midnight



@KPS

Subscribe to our  
bi-monthly newsletter  
6 Issues £10.00 (incl: postage)  
Free Subscription for those living with HIV

One Click is all we ask!

[KPS Online](http://www.kpsdirect.com)

[www.kpsdirect.com](http://www.kpsdirect.com)

## inmemory

### George

Passed away on 20<sup>th</sup> January 2007.

*Our thoughts go out to his partner,  
family and friends at this time.*

### Friends at KPS

If you would like to remember a family member or friend contact the KPS Office on 01208 264866

## Local HIV Healthcare Centres

**WORRIED ABOUT HIV?**

**Kernow Positive Support**  
**01208 264866**

Charity No. 1104947

### THE ROYAL CORNWALL HOSPITAL (Treliske)

Genito-Urinary Medicine Department  
(*Sexual Health Clinic*)  
Truro, Cornwall TR1 3LJ  
Tel: 01872 255044 (9.00am-5.00pm)

### DERRIFORD HOSPITAL (Plymouth)

Genito-Urinary-Medicine Department  
(*Sexual Health Clinic*)  
Derriford Road, Plymouth, Devon PL6 8DH  
Tel: 01752 763910 (9.00am-5.00pm)  
*Appointments Only*

## Odds & Ends

By Sixpence Simpson

Here is another instalment of Odds and Ends 'shorts' by yours Sixpence Simpson.

Send them in to office@kpsdirect.com or write to:  
Sixpence Simpson, P.O. Box 85, Bodmin PL31 1ZN.

Overheard this on a London bus:

**First Woman:** "I don't know what to get Fred for his birthday."

**Second Woman:** "Why don't you get him a book?"

**First Woman:** (after a moment's thought) "Nah, he's already got a book."

Odds & Ends



Sixpence Simpson

## KPS QUIZ

Win a mystery prize

Return your answers to the KPS office before the end of March 2006 and the most correct answers will be put in a draw to win a special prize. Answers and winner announced in our May/June 2007 issue.

1. Name 2 countries that surround Chad?
2. What is the folk singer Dylan's first name?
3. Where are the islands of Kauai, Maui & Molokai?
4. What is a dreamcatcher?
5. What were/are Shakers well known for?
6. What country does the furniture/general store 'Ikea' come from?
7. When is the only time the Union flat can be called the Union Jack?
8. Who played Jeeves & Wooster?
9. What country is the setting for Neighbours & Home and Away?
10. What do the letters R.A.M. stand for in computer technology?

**Answers to last month's quiz:** 1. Doctor Who. 2. Pluto. 3. Pauline Fowler. 4. Racal. 5. Ken Russell. 6. Blue Whale. 7. Devon. 8. Sir Ranulph Fiennes or Charles Burton. 9. Vlad the Impaler. 10. Jason Alexander.

## Dear Dame Dolly

**Dear Dame Dolly,**

I have heard that KPS was unsuccessful in their application for funding for the monthly Peer Support meetings for the next financial year, and in particular, that KPS may not be able to hold the annual retreat weekend. I have gained a great deal of support from attending the Peer Support meetings, and also the opportunities of meeting people living outside the county at the previously held retreat weekends.

**Concerned.**

**Dear Concerned,**

The concerns you raise are always a worry to us. Funding for the Peer Support meetings actually ran out in December 2006. Naturally, we were hoping that our request to the Elton John AIDS Foundation for a further year was going to be successful. However, due to the number of applications and limited resources they were unable to support this project for a further year. We will endeavour to source alternative funding to continue this important support service after our April meeting which we have booked and are already committed to. We would also hope that TVPS will still be able to commit to the annual retreat weekend and enable our clients to join them.

**Dame Dolly.**



Dorothea Tovelopeski

Send in your letters to:  
Dame Dolly Tovelopeski  
KPS' very own Agony Aunt.



By Miss Terri

**ARIES (21<sup>st</sup> March – 20<sup>th</sup> April)**

Some unusual celestial influences inspire you to take a different tack with a troublesome type in your life. To your surprise, they work!

**TAURUS (21<sup>st</sup> April – 21<sup>st</sup> May)**

Tidying up the surrounding chaos also means you cut off a good number of nascent possibilities. Learn to make your peace with the mess that's in your immediate vicinity.

**GEMINI (22<sup>nd</sup> May – 21<sup>st</sup> June)**

It's tough to believe, but this happened in your life for a reason. It could be that this is something you've been trying to grapple with (unconsciously, at least) for some time.

**CANCER (22<sup>nd</sup> June – 22<sup>nd</sup> July)**

Rose-colored glasses are a lovely fashion accessory, but they can impede you if you wear them for too long.

**LEO (23<sup>rd</sup> July – 23<sup>rd</sup> August)**

Talking about how bad a situation is can be helpful, but after a certain point, it becomes a self-fulfilling prophecy. Think about actions you could take to improve matters.

**VIRGO (24<sup>th</sup> August – 22<sup>nd</sup> September)**

Your powers of perception are heightened thanks to these sensitive celestial energies. The solution to a tricky situation suddenly is crystal clear.

**LIBRA (23<sup>rd</sup> September – 23<sup>rd</sup> October)**

Understanding the language of symbols helps you see just how rich and alive with possibilities your life is.

**SCORPIO (24<sup>th</sup> October – 22<sup>nd</sup> November)**

If you want it, you can have it. If you can imagine it, you can achieve it. The first step to achieving success is learning to want the right thing, then being able to visualize it. Go ahead and use your imagination.

**SAGITTARIUS (23<sup>rd</sup> November – 21<sup>st</sup> December)**

That old chestnut about it being better to have loved and lost than never to have loved at all? It's truer than you think. Remember, the heart isn't just a physical muscle, it's a spiritual one too. Exercise it.

**CAPRICORN (22<sup>nd</sup> December – 20<sup>th</sup> January)**

The spiritual plane has much information to contribute about your material situation. You have higher sources within you. Access them and you can gain a new perspective on a thorny situation at work.

**AQUARIUS (21<sup>st</sup> January – 18<sup>th</sup> February)**

It's important to get a read on all the cues coming your way. So pay attention to the words, but pay just as much attention to the body language, tone of voice, and most of all, your own heart.

**PISCES (19<sup>th</sup> February – 20<sup>th</sup> March)**

A little escapism isn't a bad thing, especially if you're conscious that that's what you're doing. Indulge in a romantic movie or a long discussion with your best friend about what you woulda-coulda-shoulda done.

# diaryofevents

## MAR/APR 2007

## FACT OR FICTION?

### advice support clinic

KPS Drop-in Advice is available every Tuesday 10am – 1pm.

Home visits are also available.  
(Contact KPS and/or your local clinic for further details on this community outreach project)

the knowledge spa  
Royal Cornwall Hospital  
By appointment.

### kps peer support

Wednesday  
17<sup>th</sup> January 2007  
14<sup>th</sup> February 2007  
14<sup>th</sup> March 2007  
11<sup>th</sup> April 2007  
(7pm – 9.30pm)

For further information and the venue for these informal and popular evenings, contact the KPS help line and/or your healthcare specialist at your local HIV Treatment Centre.

### kp telephone helpline

01208264866

monwedfri  
10am – 4.30pm  
tuesthurs  
5.30pm – 7pm



VISIT OUR  
WEB SHOP @  
[www.buy.at/kps](http://www.buy.at/kps)

Every purchase benefits  
Kernow Positive Support



Counselling available  
from qualified  
professionals

### Gambian president claims he can cure AIDS

The president of Gambia has claimed the personal ability to cure HIV-AIDS within three days. Yahya Jammeh, who has no medical training but boasts an "extensive knowledge of traditional herbal therapy", said that he would personally cure Gambians struck down by the epidemic after announcing what would be one of the great breakthroughs in medical science, if true.

"I am not a witch-doctor," said Mr Jammeh, who seized power in the tiny West African country in a coup 12 years ago. "In fact, you cannot have witch-doctor. You are either a witch or a doctor." A government statement hailed Mr Jammeh's medical prowess, declaring that he had outwitted the world's experts. "As the world's scientists and medical doctors continue to scout for an HIV/AIDS cure, which they have not been able to find for the past 20 years, the Gambian leader President Yahya Jammeh disclosed that he has the cure for the HIV/AIDS pandemic as well as asthma," it said.

Mr Jammeh, 41, has not disclosed any details about his alleged cure, save that it involves African herbs. After this treatment, an HIV positive patient will, he says, test negative after three days. Gambia's health minister, Tamsir Mbow, enthusiastically endorsed this claim. "We cannot actually tell you the type of herbs we are using presently. It will be known to the whole world later," he told the BBC. Mr Jammeh, who won a widely condemned election last year after jailing opposition leaders and journalists, claims that he can cure asthma "in five minutes".

### complementary therapies available from KPS include:

Massage, Aromatherapy, Reflexology, Homeopathy, Reiki, Herbalism Naturopathy, Relaxation Therapy, Beauty Therapy, Buteyko, Traditional Spiritual Energy, Healing, Shiatsu.

For further details contact the KPS Office on 01208 264866.

### contact details

Kernow Positive Support  
P.O. Box 85  
Bodmin PL31 1ZN

Tel: 01208 264866  
Fax: 01208 77950

Email: [office@kpsdirect.com](mailto:office@kpsdirect.com)

