

AIDS rates exploding in African-Canadian community: activists

MICHELLE CINELLI
NightViews

TORONTO (CUP)—In 2006, an estimated 40 million people around the world were living with HIV, according to UNAIDS and the World Health Organization. About 4.3 million people became infected in the last year, while three million died from AIDS-related illnesses.

In light of this continued devastation, a forum to carry the momentum from this summer's International AIDS Conference was held in Toronto the day after the 1 December World AIDS Day by the African and Caribbean Council on HIV/AIDS in Ontario (ACCHO), and Africans in Partnership Against AIDS (APPA).

Notisha Massaquoi, director of the Women's Health in Women's Hands Community Health Centre for black women and women of colour, said the black African and Caribbean diaspora in Canada has seen an 85 per-cent growth of HIV/AIDS in the last five years. That rate is similar to those in the US and UK.

"We are all fighting the same issues regardless of where we live," she said. "HIV isn't just something we read about; it's taking an emotional toll on our lives as black women."

Massaquoi said issues of sexism and homophobia need to be addressed, since silence allows members of the community to be victimized.

"Homophobia is driving the epidemic," Massaquoi said. "[The problem is] our belief systems, not promiscuous or immoral behaviour."

Llana James, an ACCHO member and presenter, said HIV is stigmatized as "a gay thing," and viewed as an isolated issue.

According to a 2006 survey by the International Gay and Lesbian Association, 37 of 54 African countries

have some law against homosexuality and criminalize homosexual people. Punishments include up to four years' worth of hard labour, or even the death penalty.

James said the intense threats felt in their communities make gay black people afraid to come out to their families, and consequently they force themselves into heterosexual behaviour they feel is compulsory.

"There is a feeling that to be queer is 'un-African,'" James said. "Queer people are positioned to choose between being black, or being queer."

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**NOTISHA MASSAQUOI,
DIRECTOR OF WOMEN'S HEALTH
IN WOMEN'S HANDS**

She said this argument is useless, and it forces homosexual black people to become invisible in their communities.

One group that is certainly not invisible in the battle against AIDS is young people. Rose-Ann Bailey, a youth program coordinator at the Rexdale Community Health Centre in Toronto, said people aged 15-24 represent 50 per cent of all HIV/AIDS infections worldwide.

Bailey said it's important to teach youth tactics for prevention and safer sex, but she warned they need to learn in a language they relate to so that mainstream music doesn't dominate their education.

Dr Mary Ngoma, head of the department of pediatrics at the University of Zambia, drew attention to the toll on

children. She said children under five represent 20 per cent of those living with AIDS.

Ngoma said children can contract HIV, the virus that causes AIDS, from their infected mothers at birth, from finding dirty needles or infected equipment, or from being sexually assaulted by an infected person. AIDS in children can cause many complicated neurological problems such as cerebral palsy, as well as skin lesions and increased chances of illness.

The hospital in Zambia just started treating children in 2004. Though they weren't sufficiently prepared to open, Ngoma said, they had little choice.

"The difference with children is their dependency on adults," Ngoma said. "If a parent is ill, poor or simply in denial about their child's illness, they cannot care for them. There is inadequate counselling for children."

Ngoma also said a person's treatment with anti-retroviral medications can cost a family up to US \$40 000, and most families with infected children also have an infected parent.

"Who carries the cost?" Dr Ngoma asked. "A three-year-old child may be on anti-retrovirals until they are 60."

According to UNAIDS, the Joint United Nations Programme on HIV/AIDS, more than US \$18 billion will be needed in 2007 to cover the cost of effective prevention, treatment, care and support programs in low- and middle-income countries.

Esther Baah Amoako, an ACCHO coordinator, spoke about the Keep It Alive AIDS campaign launched by ACCHO to raise awareness locally and internationally, and about the power of co-operative work in the global village.

"AIDS is something that affects us all and there is victory for hard work, collaboration and teamwork," she said.

Students say yes to ADHD drugs

Medical experts worry students in professional health programs are ignoring what they've learned and abusing prescription meds to boost their study time

SANA SHAHRAM
The Ubysey

VANCOUVER (CUP)—In professional health programs such as medicine or pharmacy, students are being equipped with knowledge that can be used to abuse the health-care system to their benefit. And, while many forego this practice, others don't.

Students are increasingly finding that the drugs, such as Dexedrine—a drug that functions to lessen fatigue, increase mental activity, elevate mood and create a general feeling of well being—can be helpful in increasing their capacity to study for long hours.

"You can just take a bunch of Dexedrine in the morning, and then you can sit in the library for up to 16 hours without getting tired, and it helps you focus too—fewer distractions," explained a pharmacy student at UBC who wished to remain anonymous.

Ritalin and Dexedrine, both amphetamines—a drug class that includes cocaine—act as stimulants of the sympathetic nervous system and are intended as therapy for people who suffer from Attention Deficit Hyperactive Disorder (ADHD).

"You can get used to it. Once you

experience the relative ease of studying with Dexedrine, it's hard to study without," added the student. "It's like, why would you put in the extra effort when you can just cram in one night with Dexedrine and achieve the same results?"

High doses of Dexedrine can result in euphoria, but upon withdrawal it can revert to severe depression and lethargy. These side effects, along with the risk of developing heart arrhythmia and a whole host of related conditions, were why Elinda Ho, the attending doctor in the student clinic, was surprised this kind of abuse was happening.

"Students in the health programs at UBC should know better than anyone else the kinds of side effects these drugs can have, that's why I am surprised this would be happening," she said.

Ho explained that prescriptions for these drugs aren't given easily because of their potential for abuse, and because of their street value: Ritalin is used to cut cocaine, a practice that is common in Vancouver.

The procedure for detection of ADHD is not foolproof. If someone presents with symptoms potentially relating to the disorder, they're usually

sent to an ADHD clinic where they undergo several tests to evaluate their condition. The tests are verbal, and someone who's aware of what's being looked for could presumably fake it.

"That's a lot of hassle to go through though, and can potentially not result in a prescription," Ho said. "I would think that would be deterrent enough for these kids in comparison to the minor edge the drug might get them."

Still, in the competitive world of UBC, even a minor edge can be life altering. But not all students are choosing this route.

Logan McNeil, a third-year pharmacy student, said that although he knows he could potentially have access to the drug, he prefers to study the old-fashioned way.

"It's really a matter of ethics, I think. I mean, in anything competitive, school or sports or otherwise, there are always going to be people who are looking for an unfair advantage," he said.

"Ethically, though, you would hope most people don't, and are just willing to put in the hard work. Especially in professional programs where knowing the information is vital to your job."

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