

THE CIRCLE of hope NEWSLETTER



The First Nations
and Inuits of
Quebec HIV
and AIDS
Strategy



Autumn 2015

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“ To work together in the spirit of honor
and respect towards a holistic
HIV/AIDS strategy for the First Nations and Inuits of Quebec ”

EDITORIAL

Greetings!

As part of Aboriginal AIDS Awareness Week, which will take place December 1 to 5, 2015, the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) will be pleased to launch the awareness campaign created by three former students of Kitigan Zibi Kikinamadinan School.

The materials produced by the winning team are sure to be a hit, featuring a video with stop motion animation and a meme. We invite you to promote the campaign materials on your network!

Last October, I had the opportunity of attending the 3rd Annual HIV/AIDS Conference entitled "Impacts on Individuals, Families and Communities" in Montréal. There were several inspirational presentations on a variety of themes: reproductive justice, maternity and HIV, HIV prevention in prison settings, hepatitis C, and employment- and housing-related issues for people living with HIV, among others. Finally, tribute was paid to Harvey Michel for his exemplary service to the fight against HIV among Aboriginal people. Congratulations to the organizers!

And on that note, happy reading!

Remember that you can always submit texts on topics you think would be of interest to readers and on activities in your community.

Marie-Noëlle Caron
Public Health Advisor

THE CIRCLE OF HOPE NEWSLETTER

This Newsletter aims to provide an information and communication platform to all the people affected by HIV and AIDS among the Quebec First Nations and Inuits. It also aims to provide an update on the FNQLHSSC HIV/AIDS-related projects. If you wish to subscribe to receive your free copy of the newsletter, or if you wish to publish a text, personal account or open letter, please contact the FNQLHSSC at 418 842-1540. The opinions expressed in this Newsletter are those of the authors and do not necessarily reflect the official positions of the FNQLHSSC.



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Graphic design: Siamois graphisme

CONFERENCES AND TRAININGS TO COME

▶ ANAC 2016 National Forum

Aboriginal Nurses Association of Canada
February 15 to 17, 2016
Montreal, Quebec

▶ 25th Annual Canadian Conference on HIV/AIDS Research - CAHR 2016

Canadian Association for HIV Research (CAHR)
May 12 to 15, 2016
Winnipeg, Manitoba

▶ 24th CANAC Annual Conference - 2016

Canadian Association of Nurses in AIDS Care (CANAC)
May 19 to 21, 2016
Halifax, Nova Scotia

STBBIS NATIONAL TRAINING PROGRAMS

Visit www.espaceitss.ca/calendrier.html for a detailed training schedule!

Topics in the spotlight:

- Drug use and STBBIs
- Substitution treatments for opioid drug users
- Homosexual realities
- Sexuality and drug use among struggling youth
- Nursing practice in the field of HIV
- Partner notification

CATIE News

People living with hepatitis C in Canada want more information about living well and getting treatment

Many people in Canada are affected by hepatitis C. An estimated 332,414 people were antibody positive for hepatitis C in Canada in 2011. This means they had evidence of a current or past infection with hepatitis C. An estimated 220,697 to 245,987 Canadians had chronic hepatitis C infection in 2011.

In 2014-15, CATIE undertook a national needs assessment of clients engaged in hepatitis C care. The needs assessment was designed to provide information on the priority knowledge needs of people living with hepatitis C and how these needs can be met. The research showed a high level of need for hepatitis C information, especially among younger people and Aboriginal peoples.

THE RESEARCH

CATIE developed an online survey to assess the information needs of people engaged in hepatitis C care. Eight medical clinics serving people living with hepatitis C located in British Columbia, Alberta, Saskatchewan, Manitoba and Ontario were engaged to recruit participants to complete the survey.

The online survey was available in both English and French and took about 10 minutes to complete. It asked basic demographic questions, and questions designed to better understand participant information needs and the best ways to fulfill those needs. All responses were confidential and anonymous.

THE RESULTS

In total, 326 people living with hepatitis C participated in the survey. The profile of the participants was as follows:

- 66% were men
- 63% were aged 46 and older
- 27% self-identified as Aboriginal
- 38% were diagnosed in the past 10 years
- 33% were diagnosed 10 to 19 years ago
- 17% were diagnosed 20 or more years ago



Overall, survey participants were very engaged in hepatitis C care. Eighty-seven percent had discussed treatment options with their doctor. In terms of treatment, 22% had been on treatment and cleared the virus, 16% had been on treatment and had not cleared the virus, and 16% were currently on treatment. Almost half had never been on treatment (46%).

PARTICIPANTS ARE INVOLVED IN THEIR CARE BUT WANT TO BE MORE INVOLVED

Over 80% of participants indicated they were involved in decision making around their hepatitis C care. Despite this high level of engagement, 41% wanted more involvement ►

in making decisions about their care. People who felt they had little or no knowledge of hepatitis C were significantly more likely to want greater involvement than those who felt more knowledgeable. Younger participants (45 and younger) and Aboriginal people were also more likely to report wanting more involvement in decision making compared to others.



VERY LOW LEVELS OF HEPATITIS C KNOWLEDGE



A substantial proportion of respondents reported very low levels of hepatitis C knowledge generally and hepatitis C treatment knowledge specifically. Seventy-seven percent of participants reported they don't know 'a lot' about hepatitis C generally and 80% reported they don't know 'a lot' about hepatitis C treatment.

Younger participants and Aboriginal participants were more likely to report low hepatitis C knowledge levels.

VERY HIGH NEED FOR HEPATITIS C INFORMATION



Overall, 85% of participants reported needing hepatitis C information. The need for information was greater for Aboriginal people compared to non-Aboriginal people.

The highest priority topics for **general** information were:

- how hepatitis C affects the body
- staying healthy
- how to prevent transmitting hepatitis C to others
- treatments for hepatitis C

The highest priority topics for **treatment** information were:

- how to get ready to start treatment
- how to deal with side effects
- how to get treatment and have the cost covered



HOW DO CLIENTS WANT TO GET HEPATITIS C INFORMATION?

In general, participants prioritized the internet, pamphlets, and workshops when asked how they would like hepatitis C information delivered. Younger participants were significantly more likely to rank the internet and apps as important for receiving information compared to older participants. Aboriginal participants were significantly more likely to rank workshops and pamphlets as important compared to non-Aboriginal participants.



CONCLUSION

Overall, clients engaged in hepatitis C care report a high level of need for hepatitis C information. This need is greatest among younger people and Aboriginal people. Higher levels of knowledge about hepatitis C are linked to greater involvement in decision making about hepatitis C care.

The results of this research can help frontline workers support people living with hepatitis C to engage more directly in decisions about their care.



CATIE has many other client resources on hepatitis C that can be ordered for free through the [CATIE Ordering Centre](#) including resources in **eleven languages**.

— Logan Broeckaert

Source : www.catie.ca

The complete references of the original article are available at www.catie.ca
CATIE News



Hepatitis C treatment program improves access to housing, income and healthcare

Despite high rates of hepatitis C virus (HCV) infection among people who use street drugs, access to treatment for HCV is very low for this population. Studies in Canada and the U.S. have shown that less than 1% of people with HCV who inject drugs access treatment.

A number of barriers to HCV treatment have been documented for people who use drugs, including a lack of knowledge about HCV infection and its impact on health, past negative experiences with healthcare providers, competing issues such as unstable housing or other health problems, and specialists who are not willing to treat people who use drugs.

In order to address barriers to HCV treatment for people who use drugs, the Toronto Community Hepatitis C Program (TCHCP) has developed a low-barrier community-based multidisciplinary team model for providing HCV care. Previous research on this program demonstrated cure rates for HCV treatment among the program's clients that were similar to those seen in people in clinical trials.

The current study goes beyond HCV cure rates to examine the impact of TCHCP on clients' physical and

mental health, substance use, housing, income supports and access to healthcare. It found that access to housing, income supports and healthcare improved over the course of the study. There was no change in participants' perception of their overall health.

THE TCHCP

TCHCP consists of multidisciplinary teams based in three primary healthcare settings that receive support from hospital-based medical specialists who offer appointments onsite. The program provides low-barrier HCV treatment and support to people who use drugs or have mental health issues, or both.

The anchor of the program is a two-hour weekly support group meeting. Each support group cycle lasts 16 to 18 weeks and people can participate in multiple cycles. ►

This support group is designed to be a low-barrier way for people who may avoid healthcare due to stigma and discrimination to be linked to HCV care and treatment. This group is the base through which they are connected to HCV nurses, doctors and specialists.

To encourage access to the group, participants receive a meal during the meeting as well as transit fare and an honorarium. During the support group, people receive and share information about HCV and how to take care of their health.

Appointments with HCV nurses, doctors and specialists take place while the group meets, allowing for easier access to these healthcare providers. Outside of the group, participants can also receive case management, counselling and further peer support.

Abstinence from drugs and alcohol or participation in an opiate substitution program or addiction treatment program is not a requirement for joining the program.

ABOUT THE STUDY

The goal of the study was to evaluate the health and psychosocial outcomes of TCHCP participants over time.

Starting in 2011, all new participants in the program were invited to join the study. Participants were interviewed at three time points: upon joining the program, at the end of the first support group cycle they attended, and one year after they finished their first support group cycle. This study is ongoing and will end in 2016, when the last group finishes its one-year anniversary interviews.

Interviews consist of standardized questionnaires that measure overall health status, physical and mental health, drug and/or alcohol use and healthcare utilization. Questions are also asked about housing, income and history of incarceration.

RESULTS—A HIGHLY MARGINALIZED POPULATION

There were 78 participants in the study. Three participants died during the study (for reasons unrelated to the study), 13 participants did not complete the study and four participants withdrew.

Participants in the study were a highly marginalized group:

- 85% reported a history of incarceration, with an average of six years spent in prison
- 82% relied on social assistance as their primary income
- 49% were living in unstable housing, such as a shelter, motel, rooming house or public place
- 49% had an elementary school education or less
- 71% reported a history of physical abuse
- 46% reported a history of sexual abuse

Many participants also had medical issues other than HCV infection, including the following:

- 78% reported at least one additional chronic health problem
- 58% reported anxiety in the past month
- 45% reported depression in the past month
- 41% reported having been in the hospital for a mental health issue
- 4% reported having HIV

The majority of participants (nearly 90%) had a history of injecting street drugs; 11 had injected drugs in the past month. Half of the participants also used crack cocaine (non-injection) in the past six months and 68% used alcohol in the same time period.

ACCESS TO HCV CARE IMPROVED

Prior to starting the program, the majority of participants (85%) had a primary care doctor, however, only 15% had seen an HCV specialist. After one year of follow up, access to an HCV specialist had significantly increased, with 54% of participants seeing a specialist. Additionally, almost all participants (93%) also had a visit with the program's HCV primary care doctor and all participants had seen an HCV treatment nurse.

By the end of the study period, participants had also received HCV assessments and related care, including:

- 95% had lab tests of their blood samples
- 77% received an ultrasound of the liver

- 58% had an assessment of liver injury
- 86% received vaccinations against hepatitis A and B viruses

Prior to the study, only 4% of participants had previously started HCV treatment. After one year of monitoring, 19% (15 people) had started treatment and 12% (nine people) had completed treatment. Thirteen participants wished to start treatment but did not meet the criteria for government funding for treatment, and 10 participants reported the need to address other health issues as the main reason for not starting HCV treatment.

ACCESS TO HOUSING AND INCOME IMPROVED

Access to housing and income supports improved significantly for participants during the study.

At the beginning of the study, 54% of participants reported stable housing, and this increased to 76% by the end of the study period.

Similarly, the number of participants receiving provincial government disability benefits increased from 55% at the beginning of the study to 75% at the end.

Accessing disability supports was considered the marker of income improvement because these benefits are higher than other social benefit programs in Ontario. Several medical assessments are necessary to be approved for benefits and the team supports people to get these assessments done.

Housing and income have been shown to be linked to better health outcomes and improved use of healthcare.

NO CHANGES IN OVERALL HEALTH

Just over half of the participants reported their overall health as poor or fair at the beginning of the study, and this did not change over the study period.

The researchers theorized that this might be because the majority of participants were dealing with major health

challenges and a high degree of marginalization in their lives. Therefore, a positive shift in self-perceived health may not occur until a longer period has elapsed.

LIMITATIONS

One limitation of this study was its small sample size; however, it represents the largest sample in a prospective study (a study that follows people over time) of highly marginalized people with HCV who use drugs and receive support in a primary healthcare setting.

As well, the program used a holistic approach, and participants could have been impacted by a number of interventions. The study wasn't designed to determine which interventions were responsible for which outcomes, making interpretation of results more difficult.

Finally, participants may have received healthcare services or support from outside of the program and it was not possible to control for the effect of this support.

CONCLUSIONS

TCHCP was able to improve access to housing, income supports and HCV-related healthcare for people who are highly marginalized and offer support in these and other areas prior to starting HCV treatment.

Furthermore, these improvements in care, treatment and support lay the groundwork for improvements in health beyond HCV.

The results of the TCHCP study provide evidence for organizations that serve highly marginalized people with HCV who use drugs that this type of program can improve key factors that affect health for this population.

— *Scott Anderson*

Source : www.catie.ca

The complete references of the original article are available at www.catie.ca

New publications

Antiretroviral therapy for adults with HIV – a guide for health professionals in Quebec

The full version of the new guide and the summary version of the document are replacing the 2010 edition. (A summary version is also available.)

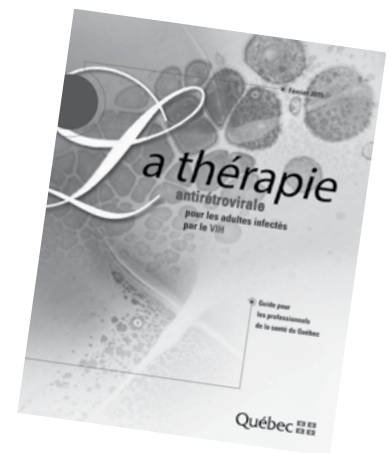
Considering the complexity associated with the clinical management of people living with HIV, this guide is a practical tool that is intended for health professionals. It presents recommendations for the use of antiretroviral drugs in order to help health professionals achieve the following objectives: maintaining patient health, reducing morbidity and mortality and improving immune function and quality of life.

Produced by the *Comité consultatif sur la prise en charge clinique des personnes vivant avec le VIH* (advisory committee on the clinical management of people living with HIV), the document covers the following topics:

- The biological parameters that allow for determining the state of the immune function;
- Antiretroviral resistance testing and tropism testing;
- The clinical pharmacometrics of antiretroviral drugs;
- The principles of antiretroviral therapy;
- The management of acute HIV infection;
- The terms of first-line treatment;
- The terms of treatment for pregnant women;
- The management of treatment failure;
- Decision-making for therapy modification;
- Adherence to treatment;
- Drug interactions.

This publication is only available in French and in a digital format.

Source: www.publications.msss.gouv.qc.ca



HPV vaccination: The facts

Questions and answers to help people make informed decisions

With fall comes vaccinations in schools and increased media coverage on vaccinations, so it is a prime time to revisit the subject of the human papilloma virus (HPV) vaccine. Dr. Chantal Sauvageau and Dr. Caroline Quach, two immunization specialists at the Institut national de santé publique du Québec, have highlighted the facts surrounding the burden of HPV infection and preventive interventions such as the HPV vaccination.

Using this information provided by Dr. Sauvageau and Dr. Quach, Espace ITSS has created a series of questions and answers for professionals so they can help people weigh the facts and reach a decision regarding the HPV vaccination.

Espace ITSS also contains links to reference documents to help you answer the questions of people who have come to get vaccinated.

You can consult our question-answer tool and the reference documents at the following website: www.espaceitss.ca

Source: Geneviève Boily - Espace ITSS

New publication

Seniors and STBBIs

A delicate subject that is treated skillfully and methodically



A person can be older and also very sexually active. Older adults can even be at risk of contracting an STBBI. This is a delicate subject that is being addressed seriously and methodically by the Public Health Agency of Canada which has just published the very useful resource entitled: Questions and answers: Prevention of sexually transmitted and blood borne infections among older adults.

SPECIFIC NEEDS

Which clienteles are at-risk? What are the social, economic and structural determinants associated with the STBBI risks among this particular clientele? The document deals with these aspects without complacency and describes the main elements to be taken into account in terms of the prevention of STBBIs among older adults. The manual also describes promising practices that address the needs of seniors regarding prevention.

RELEVANCE

The document, which is about thirty pages long, is intended for community-based organisations, health professionals and educators regarding issues related to older adults, including the prevention of STBBIs. It includes a variety of references, tricks and situation scenarios that are highly relevant.

“This is a subject that is seldom discussed and which should be subjected to more extensive discussions,” said Raymond Parent, head of the STBBI unit at the INSPQ. According to this manager, we can therefore rejoice that this document has been published by the Public Health Agency of Canada. “Maintaining sexual health and preventing STBBIs among seniors poses particular challenges,” he said, “and the

authors of the document had the wisdom to initiate the discussion on the basis of current scientific findings.”

The complementary resources that are presented in the appendices are diverse and allow for thoroughly exploring the subject matter. “If the document does not present the Quebec context and its specificities, the findings outlined therein emerge from phenomena that are widely observed in Quebec,” concluded Raymond Parent.

The objective of this resource is to help community-based organisations, health professionals, educators and other workers to develop and implement interventions and programs that are based on conclusive evidence aiming for the prevention of sexually transmitted and blood-borne infections (STBBIs) that target the needs of older adults. The document addresses the social, structural and economic determinants associated with STBBI risks, the main elements to be considered in the prevention of STBBIs, and promising practices of STBBI prevention that meet the needs of various seniors.

If you have any comments or questions regarding this publication, please send an email to the following address: ccdic-clmti@phac-aspc.gc.ca.

— Espace ITSS - Bernard Duchesne

Source: www.espaceitss

PrEP in the community— an observational study finds very encouraging results

Clinical trials have demonstrated that taking anti-HIV drugs regularly prior to sexual encounters can significantly reduce a person's risk for acquiring HIV infection. Taking medicines in this way is called pre-exposure prophylaxis (PrEP). The medicines used for PrEP are found inside a fixed-dose combination—tenofovir + FTC—sold as a single pill called Truvada.

Analyses of published clinical trials have found that taking Truvada every day exactly as directed can provide a high degree of protection from HIV.

Inside a clinical trial, participants are monitored, undergo regular doctor's visits, have their blood analysed and are encouraged to take PrEP. In many fields of medicine, drugs perform well in clinical trials but are somewhat less effective once they are licensed and used by ordinary people in the community. In part, this issue arises because not all people take their medicines exactly as directed. Therefore, there are concerns that some people prescribed PrEP in the everyday

world outside of a clinical trial might not take it every day and that their risk for HIV might rise as a result.

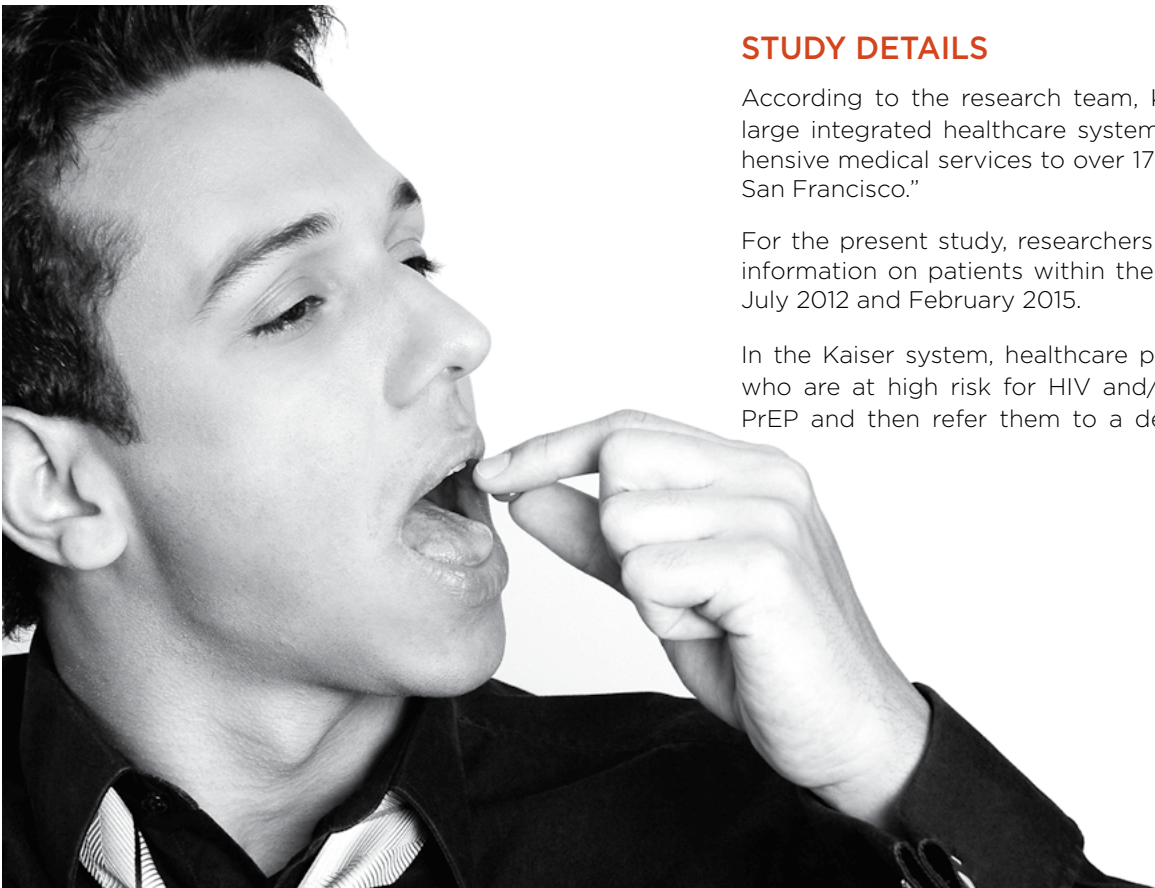
New data from an observational study about PrEP in San Francisco are very encouraging. In a report from the health maintenance organization Kaiser Permanente that focussed on 657 people, researchers found that no new cases of HIV occurred. It is important to bear in mind that these people were part of a dedicated PrEP program. However, the study does underscore the extremely promising results that can occur when such programs are well resourced and implemented in the community.

STUDY DETAILS

According to the research team, Kaiser Permanente is “a large integrated healthcare system that provides comprehensive medical services to over 170,000 adult residents of San Francisco.”

For the present study, researchers assessed health-related information on patients within the Kaiser system between July 2012 and February 2015.

In the Kaiser system, healthcare providers assess patients who are at high risk for HIV and/or who have requested PrEP and then refer them to a dedicated PrEP program.



This program provides a range of services including the following:

- adherence support
- clinical monitoring
- access to specialists in the following fields—infectious diseases, nursing and pharmacy

Prior to receiving PrEP, patients undergo comprehensive screening to unmask any pre-existing health issues, such as the following:

- HIV infection
- other sexually transmitted infections
- thinner-than-normal bones

Once PrEP is prescribed and initiated, repeated screenings are done every “one to three months,” according to the researchers.

Although 1,045 people were referred to the PrEP program, not all were prescribed PrEP. Ultimately, a total of 657 (63%) people initiated this form of HIV prevention.

The average profile of these 657 people when they initiated PrEP was as follows:

- age - 37 years
- 653 (99%) were men who have sex with men (MSM), three were women and one was a transgender man who had sex with men
- one person disclosed injecting street drugs
- 15 people disclosed having previously used HIV post-exposure prophylaxis (PEP)

RESULTS

Researchers found that people who initiated PrEP, compared to people who did not, were more likely to report the following:

- multiple sex partners
- previous use of PEP from a doctor outside of the Kaiser healthcare system

People who did not initiate PrEP were more likely not to disclose any behaviours that would have placed them at high risk for HIV.

REASONS FOR NOT USING PREP

People who did not initiate PrEP gave one or more of the following reasons that underpinned their decision-making:

- they were at low risk for HIV
- concern about the high cost of Truvada



- they did not wish to undergo the relatively frequent doctor’s appointments and lab testing that are a necessary part of using PrEP
- preferred to use PEP to prevent HIV
- concern about the potential side effects of Truvada

According to the researchers, only a few people had medical reasons that would have rendered PrEP unsuitable for them, such as the following:

- previously undiagnosed HIV infection - 3%
- kidney dysfunction - 1%
- severely thin bones - 1%

SEXUALLY TRANSMITTED INFECTIONS (STIs)

Among the 657 people who initiated PrEP, researchers found that 187 were “diagnosed with at least one STI” over the course of the study. Researchers also found that 78 people were “diagnosed with multiple STIs,” as many as two to 10 STIs per person in some cases. Altogether, a total of 344 STI diagnoses were made over the course of the study.

Relatively common STIs that were diagnosed included the following:

- Chlamydia
- gonorrhea
- syphilis



STIs OVER TIME

Over the first six months of the study, after participants had initiated PrEP, 30% were diagnosed with an STI. After 12 months of using PrEP, 50% of participants had been diagnosed with an STI.

PROTECTION FROM HIV

The average time spent on PrEP was seven months. During this period, there were no new HIV infections diagnosed among PrEP users. When researchers focussed on participants who took PrEP for 12 months, they also did not find any new HIV infections.

BEAR IN MIND

Good news

The results from the Kaiser study show that people at high risk for HIV are able to make effective use of PrEP when it is offered as part of a dedicated program. While no new HIV infections were diagnosed among PrEP users in this study, it is important to bear in mind that this was not a randomized clinical trial. Although the results are encouraging, there was no formal control or comparison group. Therefore, one cannot draw robust conclusions about the effectiveness of PrEP from the Kaiser study as there are unmeasured factors that could have confounded or affected the study's results.

SOME POTENTIAL SOURCES OF CONFOUNDING

The researchers noted that there were factors related to the study's location—San Francisco—that could have affected their results. For instance, a relatively high proportion of MSM in San Francisco have HIV, but many are also taking ART and thus have a viral load that is less than 50 copies/ml. Given the widespread use of ART and high number of low viral loads, participants may generally have been at lower risk for HIV than if the study had taken place in a city or region where ART is less widely used and viral loads are generally higher.

However, based on the results—no new HIV infections were diagnosed—the Kaiser study is very encouraging.

DON'T FORGET ABOUT STIs

PrEP works well against HIV, but does not prevent other STIs. Not surprisingly, in the Kaiser study, rates of STIs were high and increased over time. This underscores the importance of frequent screening and treatment for STIs.

WHAT SOME MSM WANT

Other researchers at the University of California at San Francisco (UCSF) have reviewed the Kaiser report. They noted the following:

Dedicated PrEP programs may be ideal for MSM who seek sexual health services. This is supported by interviews with MSM in San Francisco. Based on those interviews, the UCSF researchers stated that "...due to the stigma that persists regarding gay men's sexual activities and the shame some have experienced, many participants preferred to separate sexual health care from their on-going primary care relationship."

WHAT DO PEOPLE PRIORITIZE FOR DISCUSSION?

According to the UCSF researchers, "People and their prospective [sexual] partners frequently exchange information about HIV test results, HIV treatment outcomes, and adherence, while discussion of other STIs is left for the morning after, or after the appearance of symptoms. Feeling safer from HIV infection while using PrEP creates space for a more robust discussion of STIs." The UCSF researchers further stated that "PrEP is best combined with a parallel plan to prevent other STIs, which may include use of condoms, frequent testing and treatment, and discussion of STI test results with prospective partners."

TIME TO START TALKING ABOUT OTHER STIs

In light of the rising rates of STIs among some sexually active MSM, the UCSF researchers made the following statement:

"It is time for a vigorous conversation about sexually transmitted infections, too long eclipsed by fear of HIV infection. The conversation should include public health officers, clinicians, clients, and sexual partners."

— Sean R. Hosein

Source : www.catie.ca

The complete references of the original article are available at www.catie.ca



STBBI prevention in sex parties

WHAT ARE SEX PARTIES?

Sex parties are usually initiated by one or more persons in a private place (homes, hotel rooms, rented space) or in a sex location (sauna, campground). The invitations often circulate through “word-of-mouth” or are being posted on dating sites. Some of these parties are organised at set dates throughout the year, but most of them occur sporadically. The goal of sex parties is to create a place where participants can engage in sexual relations with a partner or as a group. Some sex parties are related to sexual subcultures such as fetishism and enable enthusiasts of certain practices to get together. Even though many studies focus on the urban environment, sex parties in rural areas can be a substitute for a lack of physical places for socialisation¹

There is no specific data regarding sex party participation among MSM in Quebec. As part of the ARGUS Survey of 2008-2009, one third of respondents had participated at least once in the six months preceding the survey in group sex activities without however specifying whether it was at a “sex party.” Certain research projects show an association between participation in sex parties and certain risk factors such as drug use and unprotected anal intercourse with partners who are of different or unknown status. Group sex activities were also associated with a risk of HCV transmission among HIV positive MSM.

The “private” context of sex parties makes it a challenge to reach out to participants and provide them with prevention messages and protective equipment. Some organisers establish rules on whether or not condoms are used in their sex parties while others leave this choice to the participants.

According to a study that was conducted in the United States, the on-site availability of condoms significantly reduces unprotected anal intercourse during sex parties.²

PREVENTIVE INITIATIVE

KONTAK is a sexual health initiative by Aids Community Care Montreal (ACCM) in collaboration with the *Direction de santé publique de Montréal*. It was inspired by similar experiences in Chicago and Australia. This project, which

is managed by the ACCM organisation, provides services to gay men and MSM who would like to procure protective materials for sex party types of events that take place on the island of Montréal. The objective is to provide protective materials and prevention messages for these private sex locations in order to help reduce the risk of STBBI transmission.

Through the KONTAK website,³ a sex party organiser or participant can order protective materials such as condoms, lubricant, latex gloves and prevention pamphlets. They can also obtain certain high-end sex products and toys at a discount price. KONTAK offers organisers the opportunity to pick up their materials at the offices of the ACCM or have them delivered by mail or directly to the party’s location.

In order to allow for more sustained and personalised preventive intervention, KONTAK also has workers who are available to go to the sex party to provide information to the participants on reducing the risks of STBBI transmission. This worker may remain on site, discreetly and based on the needs of the participants, to answer questions regarding sexual health.

One of KONTAK’s strong points is cultural adaptation to the contexts of these parties. Their website as well as their approach is very “sex positive,” which contributes to the project’s success. The site also offers access to a pamphlet that is dedicated to the management of sexual health among people who attend sex parties. This pamphlet was produced as part of the Australian “Sex Pigs” campaign.

— Geneviève Boily - Espace ITSS

Source: www.espaceitss

1 Grov, C., Rendina, H. J., Breslow, A.S., Ventuneac, A., Adelson, S., & JT Parsons. “Characteristics of men who have sex with men (MSM) who attend sex parties: results from a national online sample in the USA.” *Sexually transmitted infections* 90 (2014): 26-32. <http://www.ncbi.nlm.nih.gov/pubmed/24052337>

2 Mimiaga, MJ, Reisner, SL, Driscoll, MA, Cranston, K, Isenberg, D, VanDerwarker, R, & KH Mayer. “Sex parties among urban MSM: an emerging culture and HIV risk environment.” *AIDS and Behavior* 15(2) (2011): 305-318. <http://www.ncbi.nlm.nih.gov/pubmed/20838870>

3 <http://www.accmkontak.com/>, this site contains sexual images.

AN UPDATE FOR SEXUALITY EDUCATION IN QUEBEC

The *Ministère de l'Éducation* wants to integrate sexuality education more formally in the education program. Here is a glimpse into the pilot project that has recently been launched.

SEXUALITY EDUCATION

INFORMATION FOR PARENTS ON THE PILOT PROJECT

Children and adolescents already receive sexuality education in Québec schools, but what they learn varies from one school to another.

The Ministère wants to ensure that Québec students acquire a basic knowledge of all the major topics normally covered in sexuality education. Accordingly, some 15 schools will carry out a pilot project in this area during the 2015-2016 and 2016-2017 school years. The students involved will represent all grade levels, from kindergarten for 5-year-olds to the end of secondary school. Each year they will learn about new aspects of the subject appropriate to their age and level of development. They will receive from 5 to 15 hours of sexuality education per year.

Sexuality education will continue to be provided through the various school subjects and activities according to a plan established by each school and approved by its governing board.

At the start of each school year, the parents of children in the schools involved in the pilot project will be informed of the broad themes to be covered that year, and when they will be taught.

Depending on the results of the pilot project, sexuality education could become compulsory in all Québec schools starting in September 2017.

Sexuality is a core aspect of each person's identity, interpersonal relationships, personal fulfillment and well-being.

Because of this, sexuality is not confined to sexual conduct.

QUALIFIED PERSONNEL

School staff already have certain qualifications for teaching sexuality education. They have a good understanding of students and how they think, and know how to teach in an age-appropriate manner. The students will benefit from their expertise, as well as from that of complementary educational services personnel, psychologists, specialist teachers, and spiritual life and community involvement animators. The schools can also draw on the knowledge of professionals in the health and social services system, such as nurses. In fact, the schools already rely on the expertise of such professionals. Community organizations are yet another possible resource.

The school staff providing sexuality education will receive all the support, training and tools they need with regard to student development, instruction adapted specifically to sexuality education, and so on.

THE ROLE OF THE PARENTS AND THE SCHOOLS

The school and the family play complementary roles in sexuality education.

The complementary nature of these roles reinforces and optimizes the efforts of both.

Parents play a key role in educating their children about human sexuality and have many opportunities to contribute to their children's well-being, while respecting their values and taking their needs into account. Indeed, it is in the family that children first become aware of different modes of life, social interaction and self-expression. And it is there they learn to understand themselves and to give and receive affection, love and empathy.


The school contributes to each student's development. Sexuality education is a facet of this contribution, in addition to being part of the school's mission, which is to teach students to live harmoniously with others. School is a place where students can reflect, engage in discussion with their peers, and receive consistent, accurate and quality information from adults. Québec's schools have been providing sexuality education for almost 40 years.

EDUCATION APPROPRIATE TO THE STUDENT'S AGE AND DEVELOPMENTAL LEVEL

Below are **a few of the themes** that will be taught to the students in the schools taking part in the pilot project. The students' learning will be appropriate to their age and level of development. It will enable them to progress since they will continue, each year, to build on what they have learned in the preceding years.

KINDERGARTEN FOR 5-YEAR-OLDS

Children in kindergarten are curious about the human body and want to know what makes boys' and girls' bodies different from one another. They are also naturally inclined to ask where babies come from. Sexuality education at this level involves two broad themes.



Why are boys and girls made differently?
How did the baby get into Mommy's tummy?

Themes	Learning content
Sexual growth and body image	<ul style="list-style-type: none"> Naming and recognizing the parts of the body Understanding why it is important to be proud of one's body and to take care of it
Conception, pregnancy and birth	<ul style="list-style-type: none"> Learning at a basic level about pregnancy, birth, welcoming a new baby into the family and different types of families

ELEMENTARY SCHOOL

Children in elementary school learn to become comfortable with their body and appreciate their identity as a boy or a girl. They become aware of the importance of feelings and emotional life. They make friends and learn how to interact with others, help one another and resolve conflicts.



Why don't I have a best friend?
(8- to 9-year-olds)

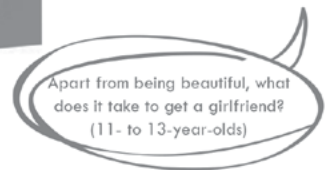


Why does my friend say that there are toys for boys and toys for girls?
(7- to 8-year-olds)

Themes	Learning content
Emotional and romantic relationships	<ul style="list-style-type: none"> Recognizing and expressing the feelings they experience in interpersonal relationships Developing their capacity to engage in respectful emotional relationships
Sexual aggression	<ul style="list-style-type: none"> Applying the safety rules and skills they need to protect themselves Knowing how to report a case of sexual aggression
Identity, gender roles and social norms	<ul style="list-style-type: none"> Discussing the various ways of expressing oneself as a boy or a girl Developing their critical thinking with respect to the social norms and gender stereotypes conveyed in the public sphere (advertising, television, the Internet, etc.) Respecting differences and understanding the impact of sexism and homophobia

SECONDARY SCHOOL

Adolescents in secondary school continue to grow in self-understanding, have their first romantic relationships and gradually explore different aspects of sexual behaviour. They are also generally exposed to many sources of information and influences on sexuality.



Apart from being beautiful, what does it take to get a girlfriend?
(11- to 13-year-olds)

Themes	Learning content
Emotional and romantic relationships	<ul style="list-style-type: none"> Reflecting on feelings of love and attraction and the importance of romantic relationships characterized by care for oneself and others Managing the problems that may arise in a romantic relationship
Sexual conduct	<ul style="list-style-type: none"> Reflecting on the importance of ensuring that sexual behaviour is safe and based on mutual consent
Prevention of STBBIs and pregnancy	<ul style="list-style-type: none"> Recognizing situations that put people at risk for STBBIs and pregnancy, and knowing the means used to prevent them Developing the skills they need to protect themselves from STBBIs and pregnancy

OUR MISSION

IMPROVE THE PHYSICAL, MENTAL, EMOTIONAL AND SPIRITUAL WELL BEING OF FIRST NATION AND INUITS INDIVIDUALS, FAMILIES AND COMMUNITIES IN RESPECT OF THEIR LOCAL AUTONOMY AND CULTURE. BY HELPING THE COMMUNITIES THAT WISH TO INITIATE, DEVELOP AND PROMOTE COMPREHENSIVE HEALTH & SOCIAL PROGRAMS AND SERVICES AS DESIGNED BY FIRST NATIONS AND INUITS ORGANIZATIONS RECOGNIZED BY OUR FIRST NATIONS AND INUITS.

THE ROLE OF THE FNQLHSSC IS TO ASSIST QUEBEC AND LABRADOR FIRST NATIONS AND INUITS COMMUNITIES AND ORGANIZATIONS IN THE DEFENCE, MAINTENANCE AND THE EXERCISE OF THEIR INHERENT RIGHTS IN HEALTH AND SOCIAL SERVICES AS WELL AS TO HELP THEM IN THE REALIZATION (DELIVERY) AND THE DEVELOPMENT OF THESE PROGRAMS.

1

To ensure services shall be available to assist as requested by First Nations and Inuits communities and MEMBER organizations of the FNQLHSSC in exercising our inherent rights and autonomy to design and control health and social services delivery to members of our respective nations.

4

To promote, facilitate and support the exchange of information and ideas between First Nations and Inuits communities and MEMBER organizations of the FNQLHSSC on all aspects of health and social services development initiatives.

2

Upon request from First Nations and Inuits communities to promote SUCCESSFUL community models and to provide technical support to First Nations and Inuits organizations for health and social services innovative and traditional practices, research, development and training.

5

Upon request, to support and assist First Nations and Inuits communities and MEMBER organizations of the FNQLHSSC to ensure recognition of our full jurisdiction and/or authority over health and social services.

3

In respect of existing community practices and needs, to maintain AND IMPROVE communication and consultation with First Nations and Inuits communities and MEMBER organizations of THE FNQLHSSC in order to ensure that health and social services programs are adapted to our needs.

6

To support the development of capacity building within First Nations and Inuits communities and member organizations of the FNQLHSSC to be able to take on increased health and social services responsibilities at the community level.

You may, at any time, address your comments or suggestions concerning the Newsletter's content at First Nations Quebec and Labrador Health and Social Services Commission

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It will also be our pleasure to publish your messages, articles or advertisement!

The FNQLHSSC would like to thank the *ministère de la Santé et des Services sociaux du Québec* for their financial contribution to the Circle of Hope.

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