

# The Positive Side

A NEWSLETTER FROM POSITIVE WOMEN'S NETWORK | VOLUME 21 NUMBER 3 | SEP OCT NOV DEC 2013

## USING AGAIN? Don't lose touch

Janet Madsen



Photo by Nutmeg Designs / Flickr

At Positive Women's Network (PWN) we work with women on the issues they identify as important. This is different for each person, and we respect that. Our specialty is HIV support and education, but because HIV affects so many parts of a woman's life, concerns can vary and change over time.

Frequent issues include disclosure, parenting, and relationships. There are also sexuality, aging, work, and housing. Some women have questions about depression or anxiety, HIV treatment, co-infection with hepatitis C, or finding safety in an abusive situation. There are lots of possibilities—you get the picture.

For some women, drug use is also part of their lives affecting their health. Maybe it's current, maybe it's off and on, or maybe it's a thing of the past they hope

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to avoid ever getting into again. Sometimes a woman will first come in to PWN when she's off drugs. She's dealing with HIV and is building healthy support for herself in reaching out to us and other positive women. Then, for whatever reason—there are many—she starts using again. We've heard from some women that once they are using again, they feel too ashamed or guilty to come in.

This is a message for women who use: *You are welcome here.* What matters to us is that you get the support you need to live the healthiest life you can, as determined by you. Our support program provides one-to-one meetings with support workers and group opportunities for women who are using and women who aren't. So what does that look like?

## One-to-One Support

We like to meet with every new member to get a sense of her current health and support situation and understand what she wants from PWN. This can be done in person or over the phone for women who are outside of Vancouver. The better we know you, the better we can help connect you where you want. Information about your health is not shared with any other members or with any other organization unless you specifically tell us to do so. We won't do that without your written permission.

You can meet with a support worker privately to talk about what you need. Maybe it includes looking for drug treatment, or maybe it doesn't because there are other things that are more urgent. Maybe the most important thing is to get away from an abusive partner or find a shelter.

For women who are looking for drug treatment, we will do our best to connect you to services. Some of our members believe strongly in the 12-step model of abstinence. It's worked for some, but it doesn't work for everyone. Some women try to get off drugs many times and in different ways before their risk of using again is minimal. Reducing the physical and emotional effects on you is what's important. It's normal to feel shame, pain, and feelings of powerlessness if you're using and don't want to be. We don't want you to feel you can't be involved in our programs.

## Making Events Safe for Everyone

We want to make PWN programs as comfortable as possible for all women taking part. For events and programs in Vancouver, we follow a behaviour-based model. If someone's acting in a way that's making other members uncomfortable or feel unsafe, she'll be asked to leave the shared space. Drug use might be an issue, but on the rare occasion this has happened, it's not usually about drugs.

For weekend retreats, the guidelines have to be different. Retreat sites are out of town, so there's no easy way to leave. The places we go are designed to maximize group interaction—lots of common space, so you see everyone a lot.

We want the best experience for everyone, and this is why we do pre-screening interviews. We want to know about each woman's comfort in group settings, what she's looking for in the retreat, and whether drugs are an issue for her. We ask that women don't use drugs on the weekend, because it's too hard on the rest of the group. If we know someone is using, part of the pre-screening interview is to ask if she can stop for the two-day retreat.

If someone does use at a retreat, it becomes obvious quickly, and those who find this difficult to see are affected fast. A woman using at a retreat will be asked to leave. We will check in with her when the retreat is over.

Please note that women who are on methadone are welcome, and the retreat nurse will dispense it. We designate a private space for women who are licensed to use medical marijuana and ask that they use only in that space.

## Don't Lose Touch

If you are using drugs or trying to get off them, you're welcome at PWN. We know that there are lots of reasons for drug use, and lots of reasons women have a hard time getting off them if that's their goal. Women who use drugs know the negative reaction they can receive. We don't need to add to that. We try to make PWN safe for every woman who walks in and respect each woman's reality. Don't be a stranger!

# CHANGES TO MEDICAL MARIJUANA REGULATIONS ROLLING OUT

Janet Madsen

Do you use medical marijuana? In June the federal government announced changes to the medical marijuana program, impacting how and where you can access medical marijuana. The changes affect people currently in the program, as well as those who might like to apply.

Health Canada claims the current program has too much potential to threaten “public health, safety and security.” Its June 10 media release states, “The Marijuana for Medical Purposes Regulations aim to treat marijuana as much as possible like other narcotics used for medical purposes.”

## How to Access Medical Marijuana

The new regulations change the process of deciding who can and can't access medical marijuana. When the Medical Marijuana Access Program was developed, Health Canada introduced a form that listed certain health conditions that it considered applicable to medical marijuana use: HIV/AIDS and cancer were among them. A doctor had to fill out the form indicating whether the patient had any of the conditions, and then Health Canada would decide whether or not the person could be part of the program.

Under the new regulations, a doctor (or nurse practitioner) makes this decision and provides a medical document indicating their support. The patient then takes the medical document to a licensed producer to buy their supply. Health Canada is out of the decision-making position. If the doctor doesn't support a request, things could get tricky.

The Canadian Medical Association (CMA) has said that it's not in favour of doctors and nurse practitioners taking over this medical decision, arguing there's a lack of clinical evidence on the benefits and risks of cannabis. Other concerns include dosing issues and the varying strength of different batches of the drug. The CMA suggests

that providing people access given these conditions would go against medical training and ethics. In a CMA survey from 2012, more than 20% of doctors said they would “never” support the use of medical marijuana. Under the old system, it might have been hard to find a doctor to support an application, but under the new system where the doctor is the one providing approval, it could be impossible.

It will be up to individual doctors to decide what to do. Two Ontario doctors are hoping to set up a clinic for prescribed cannabis because they do support its use. They are going slowly, though, because they want to make sure everything is legal and ethical. A fellow doctor has been charged with fraud and forgery in connection to signing 4,000 medical marijuana approvals.

Start talking to your doctor about where they stand and how you will make the transition to the new system. All Authorization to Possess licences expire March 31, 2014.

## Where to Access Medical Marijuana

Things are officially in transition for getting supplies too—the Marijuana Medical Access Program will come to an end March 31, 2014. Under the current system, people can apply to grow their own marijuana or buy it from someone who is approved to produce it for sale. Because of government concern about public health and safety, that's changing.

We're coming to the end of licensed grow-your-own options. After October 1, no new applications will be accepted for personal use production licenses or designated-person production licenses (when someone grows for another person's use). Currently held licenses will expire March 31, 2014. Health Canada says that moving forward, the program will only allow access to “quality-controlled marijuana for medical purposes, produced under secure and sanitary conditions.”

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The current producer for Health Canada is Prairie Plant Systems, which has been supplying “pharmaceutical grade cannabis” for the past thirteen years and will continue its government contract. Health Canada says it will also accept new applications for licenses to produce.

A big concern at the community level is that Health Canada has stated it will let licensed suppliers set the price in “creation of this new industry.” Health Canada justifies the decision by saying that the program has been subsidized up to now and has cost taxpayers millions of dollars each year. Micheal Vonn of the BC Civil Liberties Association thinks the change could deny people full use of the program:

[Health Canada’s] plan does not include any mechanism for cost containment or cost coverage and requires patients who have been producing their own medication for daily needs to find anywhere from \$500 to \$2,500 per month to pay for their medication. Not a single person on a disability assistance income in this country could afford medication at this cost. This isn’t an “access” program; it’s a series of regulations that the government knows full well will deny access to those most in need.

Vonn’s point is on the mark. Cost and access barriers will challenge people in the program and those who want to get in.

Many people will continue to access medical marijuana from dispensaries or grow their own. And there are people working to change marijuana laws. The BC Compassion Club and Sensible BC are just two organizations involved in this. One of the things they are pushing for is that BC adopt “sensible policing,” meaning no tickets or arrests for simple pot possession of 30 grams or less. (Visit [sensiblebc.ca](http://sensiblebc.ca) to learn more.). In August, the members of the Canadian Association of Chiefs of Police voted to introduce a new option for simple possession—issuing tickets instead of making people go through the court system. Advocates such as Sensible BC’s Dana Larsen feels more serious changes are required and hope for outright legalization.

## Sources

Harper Government Announces New Medical Marijuana Regulations. June 10, 2013. [http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/\\_2013/2013-79-eng.php](http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/_2013/2013-79-eng.php)

Marijuana for Medical Purposes Regulations. June 2013. [http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/\\_2013/2013-79bk-eng.php](http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/_2013/2013-79bk-eng.php)

New medical marijuana regulations shift onus to doctors to prescribe. June 27, 2013. [http://www.cmaj.ca/site/earlyreleases/27june13\\_New\\_medical\\_marijuana\\_regulations\\_shift\\_onus.xhtml](http://www.cmaj.ca/site/earlyreleases/27june13_New_medical_marijuana_regulations_shift_onus.xhtml)

Talking To Your Doctor. 2013. <http://aboutmedicalmarijuana.ca/talking-to-your-doctor/#more-23>

Doctors planning clinic devoted solely to medical marijuana hoping to avoid legal quagmire over cannabis prescriptions. August 13, 2013. <http://news.nationalpost.com/2013/08/13/plan-for-medical-marijuana-clinic-devoted-solely-to-prescribing-selling-cannabis-puts-doctors-on-shaky-ground/>

BCCLA responds to the release of new regulations for medical marijuana. June 11, 2013. <http://bccla.org/news/2013/06/bccla-responds-to-the-release-of-new-regulations-for-medical-marijuana/>

Canadian Association of Chiefs of Police (CACCP) Propose “Ticketing Option” For Simple Possession of Cannabis. [http://www.cacp.ca/media/news/download/1454/Final\\_-\\_CACP\\_Media\\_Release\\_-\\_Cannibus\\_Possession.pdf](http://www.cacp.ca/media/news/download/1454/Final_-_CACP_Media_Release_-_Cannibus_Possession.pdf)

Marijuana tickets would reduce justice system costs, Vancouver police chief says. <http://www.theglobeandmail.com/news/british-columbia/police-chiefs-to-keep-pushing-pot-ticket-option/article13925897/>

Frequently Asked Questions on Medical Marijuana (Health Canada). July 29, 2013. <http://www.hc-sc.gc.ca/dhp-mps/marihuana/about-apropos/faq-eng.php>

Another Issue: Pot crusader pans marijuana ticket idea. August 28, 2013. <http://www.sookenewsmirror.com/opinion/221366371.html>

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## Key Dates to Watch

For details, see “Transitioning to the New System” on Health Canada website: [http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/\\_2013/2013-79fs-eng.php](http://www.hc-sc.gc.ca/ahc-asc/media/nr-cp/_2013/2013-79fs-eng.php)

### Now to March 31, 2014

Transition from Marijuana Medical Access Program (MMAP) to Marijuana for Medical Purposes Regulation (MMPR).

People in the program can continue to get marijuana through the Marijuana Medical Access Program.

New applicants can apply under MMAP and transfer to new procedures by March 31, 2014.

### October 1, 2013

Personal use and designated-person production licenses (grow your own) will no longer be issued. Existing licenses can be renewed until March 31, 2014.

New applicants to the current program will have to get marijuana from Health Canada or an approved licensed producer.

People who get support from their doctor under the new system can get their supply from a licensed producer.

### March 31, 2014

MMAP ends.

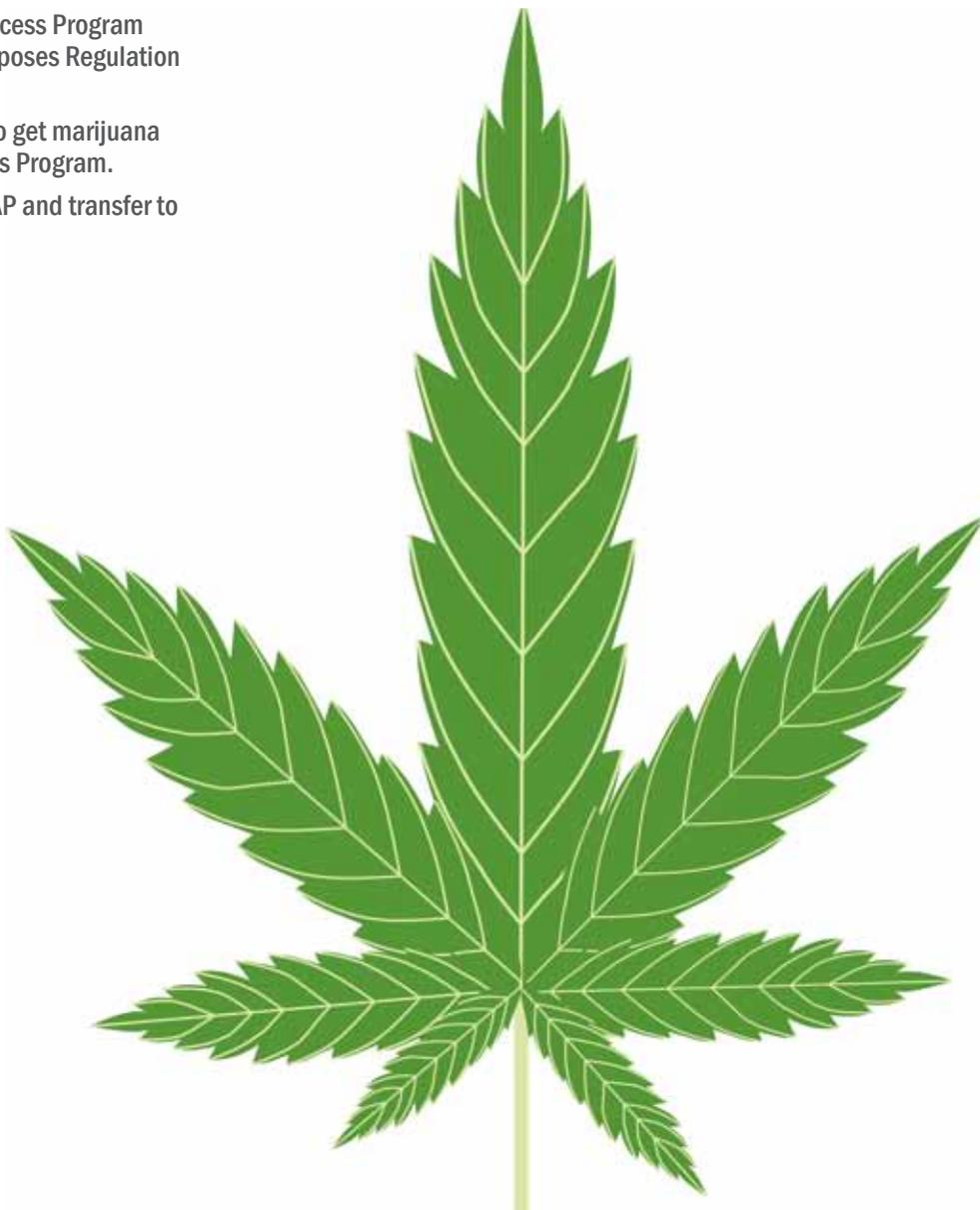
All Authorization to Possess, personal, and designated production licenses expire.

### April 1, 2014

Health Canada will no longer sell and distribute marijuana for medical purposes.

Licensed producers become the only legal source for marijuana for medical purposes for Canadians.

Authorization to Possess licenses issued under MMAR can't be used to legally possess marijuana for medical purposes.



# A CURE WOULD BE GREAT, BUT....

*Willow*

I've been HIV+ for 20 years and have wondered many times how my life would have been different without the virus. Would I have been able to hold down a typical busy work week? Would I have chosen different relationships? Would I have more long-term goals? It's futile to engage in these thoughts, but I still have them. I don't put much stock in these what ifs and see them as fodder for the dream mill. Nothing more and nothing less because I know my life trajectory is influenced by many more factors than just my HIV status.

There is, however, one big what if that I do take quite seriously: what if a cure for HIV is discovered? What if that happens?! I usually panic at this thought.

Let me be crystal clear here—I will be fighting for my place in line to get this cure. I don't think I'll see this happen in my lifetime, but I don't rule anything out. Despite my desire to have HIV gone from my body, I think about some of the consequences and they are not all golden.

I wonder, if I am no longer HIV+ will I still receive disability benefits? At my current level of health I cannot work full-time hours. I have the skills and the smarts and the ambition but my body has another agenda. If I were no longer fighting the virus and taking (very toxic) meds, would my energy surge? Would I lose my disability benefits? If I no longer received benefits, would I lose my housing subsidy? This could happen if a cure is found.

If a cure is found and I become HIV free, and if my health greatly improves and I'm able to work full-time (a lot of ifs), I don't have a lot of years to accumulate savings for retirement. I decided to go onto disability benefits about seven years ago because my health had declined and I was unable to hold down a full-time job. My income had dwindled and I was spending more time in the hospital than at home. My application for disability benefits was approved but before I could receive a cent I had to clear out my assets. One is allowed \$3000 in savings, a car up to a certain value, and even ownership of a home, but stocks and retirement savings cannot be held. I had to live off these investments before I received any benefits. (There is now a Registered Disability Savings Plan, but I can never get ahead enough financially to actually make any deposits. Plus I'd need to be approved for the Disability Tax Credit before starting this savings plan. You know that involves a form, a fee, and a queue. Bah, bureaucracy!)

Then there is the dilemma of long-term goals and plans. Yeah, I get the cliché of “life happens while we're making plans” but I'm also of the inclination that making goals is important and a skill set I regularly employ. Pre-HIV diagnosis I had big dreams revolving around world travel and working and studying excursions. Post-HIV diagnosis brought many of those dreams to a close because most countries do not grant working or student visas to HIV+ people. Also, I was diagnosed pre-HAART era, which means there were very few treatment options and HIV at that time was considered a quick disease progression and a drastically shortened life. That terrifyingly morbid diagnosis stuck and even though I'm still kicking 20 years later and I am taking meds and my viral load is undetectable, I still don't make long-term goals. I think in five-year chunks and when I do think beyond that I tell myself to come back to reality and not dream so big. Have I lost the ability to set long-term goals? If I were no longer HIV+ would I suddenly be able to think beyond the next five years? I reckon I wouldn't. And is it even important that I think or dream long term? I don't know.

Last but not least, I think about the choices I've made regarding personal relationships because of being positive. The day of diagnosis I chose celibacy and being single. Initially it was a fear response because I didn't want to infect someone else. But as the years passed I genuinely enjoyed being single and celibate. A couple of years ago I started to get those springtime urges and thought maybe I'd like to be in a relationship. I met someone and we fell in love. However, a few decades of being on my own did nothing for strengthening my skills of intimacy and our relationship did not last. I'm more committed now than ever before to being single and celibate. I don't know if this has anything to do with being HIV+ but I certainly embraced this lifestyle because of my diagnosis. I do have some regrets and at times deeply desire intimacy, but I'm just not prepared to try another relationship. If I were no longer HIV+ I don't know if I would be more inclined towards being in relationship but it sure would put my what ifs around intimacy into overdrive. What if I hadn't stopped dating in my 20s? Who would I be today? Being HIV- would sure as hell take a lot of pressure off of disclosing (I'd have nothing to disclose), not to mention I wouldn't be a potential criminal for having sex! Ah, but that's a whole other post about HIV and criminalization.

# MEMBERS, WE WANT TO HEAR FROM YOU!

Monique Desroches



Photo by Zoppola / Flickr

Positive Women's Network wants to hear from its members. Here's an opportunity to give our feedback on PWN about how we engage with the services and resources provided. As author of this survey, I have spent the last few months in consultation with PWN members and staff to help determine the questions. A few of the questions are check-box types but most are conversational in nature because we're seeking to hear your voice and your story.

I became a member at PWN shortly after my diagnosis in the spring of 1994. Adjusting to being HIV+ was tough and I struggled a lot at the beginning, but things have certainly become more manageable over the years. Regardless of how well I am doing, the reality is I continue to face challenges, and this is why I am glad to have Positive Women's Network for support.

I have a lot of memories of my PWN experiences. Let's start with the wonderful retreats. Oh these weekends are the highlights of my PWN experiences. I can remember a visiting facilitator who brought percussion instruments and we made a rag-team marching band ensemble meandering around the beach. Another time we visited Xenia Centre where we met a few wild horses, hugged ancient cedars, and walked a labyrinth. Does anyone remember the time we covered ourselves with clay mud and ran around the lodge with wild abandon?

Some of my memories not related to the wellness retreats include the time I fought for a seat on the board of directors after my application had been denied by a particularly contentious board chair. I went on to serve 4 years on the board and proudly co-chaired with my dear friend Kath Webster. I

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remember being a PWN delegate at a conference in the mid-1990s where I participated in the development of an idea that would culminate in the Pacific AIDS Network. I remember working with Janet Madsen (PWN Communications Coordinator) in bringing to Vancouver an international photo exhibit called “In Her Mother’s Shoes”, which told the story of a young girl who stepped into to mother’s shoes to head up a family after her HIV+ mother died.

These are, of course, just a few memories. There are many more! The basic truth is I’m stronger and feel more capable because of my involvement with PWN. I have learned so much from other HIV+ women and I’m hoping my fellow PWM members will take some time to answer the survey questions. Our responses will not fall on deaf ears. For example, in years past members have stated that we want to be more involved with peer support.

In response to this feedback PWN developed the Skills Development Retreat, where members learn more about HIV, strengthen their leadership skills, and lead workshops. PWN also established a Peer Support Training series, allowing members to learn more about how best to support another person through the challenges of HIV and life, while setting appropriate personal boundaries at the same time.

The survey will take 30 to 40 minutes to complete. It is available to answer on paper or online. All completed surveys with a valid personal survey number will be entered into a draw to win one of three \$50 gift certificates. If you are a PWN member interested in completing the survey (and I hope you are) please contact me if you have not yet received your survey and/or personal survey number.

I can be reached by email at [pwn.monique@gmail.com](mailto:pwn.monique@gmail.com) or by calling the PWN office.



Photo by Oberazzi / Flickr

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## Events and Program Information

### Calling all Peer Support Training grads!

There will be a reunion for all women who have taken the PWN Peer Support Training since 2010. Reconnect over lunch on Thursday, November 21. Contact Melissa for details: melissam@pwn.bc.ca or 604-692-3007.

### It's never too early to plan for a retreat

Registration forms for a Skill Development Retreat will go out in February. This retreat will take place at Loon Lake in May. Please check in to make sure we have your current contact information so you don't miss out.

### We are working on...

A reunion for all women who have attended the Positive Leadership Development Institute. We hope it will be in February or March. Contact us for details.

## Individual Counselling for Positive Women

Drop-in or appointment every second Monday



## Location: Positive Women's Network

614-1033 Davie Street

**Jane Cameron:** Trauma & Addictions Counsellor from Oak Tree Clinic

To make an appointment call Jane at 778-873-7586

For more info call Bronwyn at 604-692-3000

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Changing women's lives.**

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