

President's Message



*2003-04
CANAC/ACIIS
President
Brenda Done*

Greetings from the Snow Belt! I have been busy shoveling the mountains of snow that have fallen in London, Ontario over the past few weeks but I have also had lots to do for CANAC and have welcomed the need to come inside where it is warm to get those jobs done!

The weeks have flown by since your CANAC board gathered in Ottawa in late November to look at the previous work of the organization and to plot our course for the next year and beyond. It was a very intense three days of meetings but through the hard work, critical appraisal, wisdom and visioning of your board I am certain that CANAC is well positioned to continue its leadership and growth over both the short and long term.

As we reviewed our challenges and successes from previous years, we again recommitted

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ourselves to improving communication with our members. While there was improvement over the past year with the publication of three newsletters, the redesign of our website and increased regional initiatives, we continued to fall short in the area of acknowledging membership renewals and maintaining a comprehensive database.

We have looked at our processes for creating and maintaining the membership database and I am confident many of the past errors and omissions have been rectified. To thank all of you who have been patient with us as we worked through these problems we decided to offer a one-year “free” membership to all who renewed by December 31st. This is our chance to prove to you what improvement there has been in our organizational structure and to hopefully draw some of our “lost” members back into CANAC. We are counting on each of you to help us in this endeavor by providing continuous feedback to the board. We can only work to solve the challenges we know about, so please let us know “how we are doing”.

I would like to highlight a couple of exciting things that CANAC is involved in. The first is a joint project that CANAC and CATIE have collaborated on with funding generously provided by Hoffmann La Roche. This project titled “Internet Services for Nurses” has several objectives:

1. To increase the ability of nurses in HIV/AIDS care to access timely, appropriate HIV/AIDS treatment information for use in clinical practice with people living with HIV/AIDS.
2. To increase collaboration, communication, and capacity among nurses in HIV/AIDS care.
3. To increase awareness of existing resources for nurses in AIDS care, including CANAC, other professional associations and treatment information resources appropriate to HIV/AIDS care.

We have created an advisory committee for this project comprised of CANAC nurses who will direct content development. We are also looking for two CANAC members (one French and one English) to be moderators for the online bulletin

board that is part of this project. Please read the position outline in this newsletter and consider this opportunity to connect with your colleagues nationally and internationally.

Another exciting initiative for CANAC is to be a part of the International Nursing Satellite that is held in conjunction with the International AIDS conference. We have offered to assist our counterparts, ANAC and EANAC on the program planning for this year's satellite to be held in Bangkok Thailand on July 10th, 2004. We made this connection in anticipation of CANAC taking the lead in planning the Nursing Satellite when the International AIDS Conference comes to Toronto in 2006. I am hopeful that many of our CANAC members will be a part of this event. Look for more information as our plans unfold.

Work is well underway for the annual CANAC conference to be held in Toronto in April. I am very excited about the program the committee has put together, the wide range of topics and first rate presenters is sure to challenge and stimulate us all. It's a conference you definitely don't want to miss!

As the work of CANAC continues we need to take a minute to recognize those who dedicate so much of their time and energy to the success of our organization. At the November meeting we welcomed two new members, Deborah Randall - Wood as President -Elect, and Lise Dupuis as our Atlantic Regional Representative. Both of these nurses bring a wealth of experience and energy to the board and I am thrilled to have an opportunity to work closely with them. We also welcomed a new administrative assistant Jennifer Shaw whose organizational skills are second to none.

Of course with these new additions it meant that we had to say goodbye to our departing board members. Andrew Johnson who so capably guided CANAC over the last four years is now hopefully enjoying some well-deserved rest. Words cannot express our deep appreciation for all the work that Andrew has done and continues to do for our organization. Andrew is a true visionary who challenges all of us to exemplify the mission and values of CANAC. We also need to say "THANK YOU" to Patti Daley who served as secretary on our board. Patti was a meticulous keeper of our records and could be counted on for keeping us on task when board meetings started to wander. Patti is using her new found leisure time golfing and

learning to play the piano. While Andrew and Patti have finished their board terms they both continue as active CANAC members.

Two other "behind the scenes" people deserve recognition for their contributions to the work of CANAC. Wayne Rutherford is our web master and any of you who have clicked on www.canac.org lately know the enormous job that Wayne has done for us. Wayne's expertise, humour and patience was much appreciated as he guided the process of redesigning our website.

Having a bilingual national organization poses some challenges in producing all documents in two languages but this task is made much easier with our CANAC translator Vincent Dupuis. No matter what the request or the timeline (usually yesterday!), Vincent provides us with timely, accurate translation. I would like to thank both of these gentlemen on behalf of CANAC for their commitment to the work that we do.

Hoping to see all of you in April in Toronto!

Cheers

Brenda
President CANAC/ACIIS

Report from the Treasurer



Tracey Stevenson
CANAC/ACIIS
Treasurer

Happy New Year everyone, CANAC certainly has something to celebrate this year. The Annual CANAC Conference is our largest money-making venture and thus is important to our organization. We had a very successful conference in Halifax (April 2003), so give a big round of applause to the conference planning committee, which brought

in just over \$44,000.00 for our organization; their hard work and determination paid off. Most importantly it is your support, the membership, which makes these conferences successful – Thank You!!

We are starting off the new fiscal year in good standing. Revenues from the annual conference, interest from the GIC's and membership fees all contribute to maintaining a healthy standing. We have three GIC's of \$10,000.00 each, purchased last fiscal year, with maturity dates in 2004, 2005, and 2006. Interest rates were low at the time and thus staggering the GIC's will allow us to take advantage of rising interest rates over time, as we continue to earn interest. The first GIC will mature February 2004 at which time the board will decide how to reinvest it.

Our operational costs have been well managed by our vigilant board, and are comparative to the prior fiscal year, 2002-2003. Full details will be presented at the annual conference held in Toronto in April 2004. See you there.

Tracey Stevenson
Treasurer

Membership Update



Yvonne Lynch-Hill
CANAC/ACIIS
Secretary

The response to the offer of free membership renewal (for past members who renewed prior to December 31st, 2003) for the upcoming year

was greeted with enthusiasm!

We now have a total of 102 members.

Atlantic Region - 6 members
Quebec Region - 11 members
Ontario Region - 47 members

Prairies, NWT and Nunavut Region - 18 members
BC & Yukon Region – 19 members.
International - 1 members

If you have not sent in your renewal or know of a friend who has not please send it as soon as possible to get your discounted rate for the Conference in Toronto.

The free membership renewal offer is closed now but past members who paid the fee this year before December 31st 2003 received a two-year membership!

Atlantic Regional Report



Lise Dupuis
CANAC/ACIIS
Atlantic Regional
Representative

I am very proud and excited to be the new elected Atlantic regional representative for CANAC/ACIIS.

My goal for this coming term will be to increase the number of memberships and to increase communication within the Maritimes.

The 3rd annual ACHIVE (Atlantic Collaboration for HIV Education) which was held last September in St. Andrew's, New Brunswick was again another great success; members of the HIV clinics from Halifax, Newfoundland and New Brunswick attended. The upcoming ACHIVE will be hosted in PEI.

I am in the midst of planning an educational workshop for nurses who are looking after patients who are infected with both HIV and hepatitis C. A tentative date has been set for April 2004.

If you have any questions or comments, please do not hesitate to contact me.

Quebec Regional Report



*Jean Clermont-Drolet
CANAC/ACIIS
Quebec Regional Representative*

*Nurse Representative in the
Programme National de Mentorat
sur le VIH-sida*

Hello to you all, in the beginning of this year 2004. My warmest wishes of health and peace of mind throughout all your projects and accomplishments.

I am very happy to write you a few words. It feels like I have not stopped running since the conference in Halifax last April. This last fall went by, filled with meetings, project planning and conferences. All of which I would simply like to share with you.

SOME ADMINISTRATIVE MATTERS

It is important to let you know that we experienced several administrative problems in 2003, which we were able to resolve at the mid-November meeting of the Board of Directors in Ottawa. The administrative secretary is now Jennifer Shaw, who is well experienced in computer matters as well as issues relating to HIV/AIDS (given her close association with Casey House in Toronto). We could not have found a better person for the job, and she is now in the process of reorganizing many things, including an updated list of members! I will soon be able to write you directly via Internet or mail and ask for your opinions about future projects and activities. Also, to facilitate better communication by mail, we have chosen to establish the CANAC-ACIIS mailing address at Casey House, with whom we have had an excellent collaboration for a long time. Basically, we are on the right path, and the publication of this newsletter is one more step in that direction.

WILL YOU JOIN US IN TORONTO?

The next CANAC-ACIIS annual conference will be held on April 18-20 at the Toronto Marriott

Eaton Centre Hotel, in the heart of the “Queen City”. Certainly this very important event should not be missed. You will find all the required information for registration on the CANAC-ACIIS website at www.canac.org. Given that this event will be taking place soon, it would be a good idea to all meet there. It should be noted that, as a trial run, all presentations will be presented in English only. However, all conference texts and abstracts will be translated into French. We made this decision following the underutilization of the simultaneous translation services we provided during our last conference in Halifax, where all francophone participants were able to easily follow the presentations and discussions. An evaluation of this will be made after the conference. We would prefer to spend money on document translation (participants can take these documents home and pass them on to their colleagues) rather than on salaries for an unused service.

To the Quebec nurses: Did you know that the OIIQ provides a \$250 subsidy for any participation in such a large scale conference? Well yes, simply communicate with OIIQ and send them proof of registration or participation (receipts and invoices relating to the conference, hotel, or transportation).

A BRIEF ACTIVITY REPORT

As the CANAC-ACIIS Quebec Regional Representative and as an active member of the *Programme National de Mentorat sur le VIH-sida* (Quebec’s HIV/AIDS Mentorship Program), I have been very busy in these last few months.

- CANAC-ACIIS Board of Directors: several conference calls.
- CANAC-ACIIS website project with CATIE: 4 conference calls.

Last August: A call from Wild Productions in Vancouver, in order to organize and plan the activities around the film *FIX: THE STORY OF AN ADDICTED CITY*, which was shown in Quebec City on November 21-27, 2003 (and in Montreal on November 7-14). Soon after, good fortune brought an intern from France to help me, and we all had the opportunity to share some special times with our drug using patients and the subjects from the film. I encourage all of you to see this film, which follows the two years of struggle that preceded the opening of the

supervised injection site in Vancouver. For more information, visit the website: www.canadawildproductions.com.

November 19-23: ANAC conference (our fellow organization in the States) in New York City. The program? Lectures, presentations, discussions, plenary sessions, and workshops! So many events in just five days, and on top of that I was in the middle of postering for the *Programme de Mentorat*! I have always dreamt of organizing and distributing this information, which will be done in February. I apologize that I was not able to do this before Christmas. For more info see: www.anacnet.org.

November 28-30: *Journées québécoises VIH-sida* (Quebec's HIV/AIDS days) in Montreal. The presentations were very interesting and many are worth seeing. All this is now very simple: just visit www.cmeonhiv.com. And it is free!

COMING ACTIVITIES IN QUEBEC IN 2004

Please mark the following dates on your calendar:

May 13-16: Conference of the Canadian Association for HIV Research (CAHR) at the Sheraton Centre in Montreal. More info at www.symposiumsida.ca.

June 4: *Symposium des infirmières du Programme National de Mentorat sur le VIH-sida* (Symposium of Nurses of Quebec's HIV/AIDS Mentorship Program). The venue is still to be determined, but we are working hard to offer the participants the same ideal conditions as in June 2003 in Quebec City. Quebec members will be advised as soon as possible.

We also plan, in collaboration with the Canadian HIV/AIDS Legal Network, to invite Alan Wood at the end of May, the chief nurse at the safe injection site in Vancouver. We are also considering organizing a reunion dinner around the June 4 symposium.

A PRACTICAL QUESTION

All this leads me to ask you a practical question: In your opinion, what would be the best role of CANAC-ACIIS in Quebec, considering that we also have a Mentorship Program that works very well and involves many expert and novice nurses working in HIV/AIDS care? As I am very much involved in the Mentorship Program, I have my own opinion, but I would like to hear from you. I

would truly enjoy receiving an email or letter from you.

A PROJECT WITH CATIE

With the financial support of Hoffman La Roche, we are developing an interesting project with CATIE: one that would allow the sharing of knowledge and expertise. This project consists of the development of a website where emails can be exchanged, particularly between nurses working directly and indirectly in HIV/AIDS care. The project is just starting and I have been asked to help with the bilingual aspect of the site. I need your collaboration: I ask you to send me by email the addresses of websites about HIV/AIDS which you have found the most useful. You can write to me at: clermontdroletjean@yahoo.ca.

Jean Clermont-Drolet
Quebec Regional Representative
CANAC/ACIIS

Ontario Regional Report



Hannah Cowen
CANAC/ACIIS
Ontario Regional Representative

Today I am a vocal spokesperson for harm reduction in nursing, but I remember the first time I heard about needle exchanges I thought “oh no, that encourages people to use drugs!” Luckily, I learned better, but I sympathize with people for whom harm reduction doesn't make sense when they first hear of it! However, with the research and information available to us about how people change, addictions and therapeutic interventions, nurses must move beyond that initial reaction to incorporate harm reduction into our care. For some of us there will be uncomfortable self analysis about our own values and experiences with drugs and alcohol, for others this way of practice will feel, as a colleague described, like putting on a

comfy pair of jeans- it will match with much of our approach to clients all along.

The most basic sense of harm reduction is that even a person involved in behavior that risks their health, and who has no wish to give it up, can make the behavior safer and reduce the health risk. Classically, we speak of injecting drugs as the potentially harmful behavior and harm reduction might include sterile needles, good vein care, using in a room with 1-2 other people rather than outside or in a scene with 30 others, changing from injection to pills, reducing amount or frequency of use, or quitting altogether if the client wishes abstinence. *Respect* for the person and their human rights are the base.

We apply the concept of *harm reduction* at Oasis in a wide and rich sense- it is our main approach to *health promotion* on any topic, not just the addictions work we do. We also strive to focus on *client strengths* and be *directed by the client* (with limits clearly described -legal, ethical, professional, resource, or personal); we work as an *interdisciplinary* team and offer as many services as *easily accessed* as possible (one stop shopping). Our practice is always inspired by *change theory* and *motivational interviewing* skills are highly prized and worked on, as is *non-violent crisis intervention*. One of the pleasures of this way of working is learning to recognize, celebrate, and help remember, the *small victories*, to redefine what is a victory. When the client knows the options open to them, what would be the best care and the consequences of not getting it, has the tools, knowledge, skills and resources to get the care, they really have free choice to make their own health decisions. Therefore it is a victory even when they make a choice we don't like! The whole process is therapeutic; the long-term results are powerful even if bad things like HIV seroconversion happen along the way.

At first, I worried harm reduction was “laissez-faire”- “letting” people do unhealthy things; I worried it was a kind of professional passivity, or laziness! Now I accept that people make their own choices, the impact I have on clients' healthier decisions may come from a joke I shared or a barring from Oasis more than the supportive counseling I do. It is all very active nursing, challenging, tragic and comic, always extremely rewarding.

We are hoping you nurses and allies in HIV care will share your experiences, comments, criticisms and questions about harm reduction with us at CANAC.

Hannah
Ontario Regional Representative
CANAC/ACIIS

Prairies, NWT and Nunavut Regional Report



Ted Birse
CANAC/ACIIS
Prairies, NWT and
Nunavut Regional Representative

The past few months following the November Board Meeting have kept me busy implementing some of the identified priorities for CANAC/ACIIS. I have presented a number of workshops on the role of nursing in HIV care. Other nursing groups that have requested workshops include the Tuberculosis Nurses Working Group and nurses working in the Hepatitis C area. These workshops have gone over very well and I strive to ensure that CANAC/ACIIS's presence is visible. Interest in the organization, its mandate and those attending frequently raise the benefits of membership. However, moving from interest to membership application has not been as successful.

As many of the members may know, the 2005 Annual Conference and General Meeting is in the planning stages. The site of the conference will be Banff, Alberta with the venue being the Banff Center. I have received offers of assistance from a few members but would like to invite anyone interested in assisting in the planning process to

contact me. You do not need to live in the area to assist as many of the tasks can be done from a distance! I would also appreciate any feedback from members who may have attended a conference in Banff. Your comments could be very helpful for planning this conference.

In order to keep members across the Prairies, NWT and Nunavut aware of smaller regional conferences or workshops I would appreciate you dropping me a line with some details so that I can forward them to the members in this area. An example of this is the 5th Alberta Harm Reduction Conference that will be held on March 4 & 5th in Edmonton. Conference details can be found at the web site www.albertaharmreduction.com.

Respectfully submitted,

Ted Birse
Prairies, North West Territories and Nunavut
Regional Representative
CANAC/ACIIS

BC & Yukon Regional Report



Alan Wood
BC & Yukon
Regional Representative
CANAC/ACIIS

Greetings again from the west coast! I hope you all had a satisfying holiday season and I wish you all the best for the coming year. My report for this edition is focused on the ANAC Conference I had the privilege to attend in New York in November.

The conference was very informative and exciting. I also enjoyed being back in New York again after such a long time away. The Conference opened

with a Keynote speech from our own Mr. Stephen Lewis who gave his usual passionate and inspiring oration, interspersed with bits of his unique Canadian sense of humour. Dr. Lucy Bradley-Springer, ANAC President, had discovered Mr. Lewis during her attendance at the CANAC conference in Vancouver and was determined that he would do a repeat performance in New York. Her efforts were well worth it.

I had submitted an abstract to the conference entitled “**Supervised Injection: Exploring the Implications for Harm Reduction Nursing Practice in Canada**”. The presentation was well received, provocative and stimulated a great deal of questions, debate and discussion. The report that follows touches on the learning highlights I found most interesting and relevant to the context in which I work. I respectfully submit it to you with the hope that it is informative and stimulates helpful ideas.

Amongst the many activities in which I participated, I was especially impressed with a tour of the Chelsea Clinton Clinic, a comprehensive HIV/AIDS health care centre on the West Side of Mid-Town Manhattan. I also had a unique opportunity to observe a collaborative outreach project in operation as nurses from a variety of multi-level government and NGO agencies teamed up to provide HIV, hepatitis and STD testing, a vaccination blitz and health promotion education on prevention and harm reduction to several hundred young gay men in a very popular bar in Chelsea. The response was awesome as these young men lined up by the dozens to see the nurses.

Another very exciting occurrence for me was that, following my return I was notified that I had won a free registration for the ACRN Certification exam which I plan to write (and pass) in April. The winning ticket I purchased from Tobin Brown, RN ACRN who is our CANAC member representative sitting on the HIV/AIDS Certification Board in the US. Thanks, Tobin!

See you all in April in Toronto!

POST-CONFERENCE REPORT
Association of Nurses in AIDS Care (ANAC)
Annual Conference,
New York: Nov 18 - 23, 2003.

by Alan Wood

Key ARV Tx Learnings:

- Background: Anaemia is a dangerous complication of HAART and can also reduce quality of life leading to reduced treatment adherence.
- Managing the tradeoffs between treatment adherence and quality of life means choosing individualized treatment regimens that fit the life style, gender and cultural differences of PHAs even though clinical efficacy may be less than optimal.
- The harm reduction message is getting louder in the US and political pressure to change federal drug enforcement policy is mounting. Canada's lead in this arena is having a significant impact on changing opinions south of the border.
- Work on fusion inhibitors is very promising as an approach to fighting HIV outside of the cell. Clinical trials are underway.
- Clinics offering a comprehensive range of services (one-stop-shop) are more effective in providing access to treatment for underserved PHAs and reduce the frequency of patients "falling through the cracks" or being lost to follow-up.

Potential Solutions to Tx Challenges faced by PHAs:

- Aggressive treatment of HCV and anaemia significantly improves efficacy of HAART resulting in greater SVR.
- Prompt symptomatic treatment of toxicities and metabolic complications improves quality of life resulting in increased adherence.
- Frequent screening for resistance and responding with adjustments to HAART regimens maximizes long term efficacy and improves SVR.
- Mobile MAT-DOT type programs are cost effective ways of improving access to

treatment and adherence in unstable or high risk populations. Nurses and pharmacists partner up to provide direct service and care.

- Harm reduction is a doorway of access to care and stabilization for underserved, high risk groups of PHAs.

Barriers to Treatment Access and Potential Solutions:

- Stigma and discrimination in a variety of forms is alive and well in the HIV population and must be fought on many fronts to reduce the fears PHAs experience around seeking testing and treatment.
- Herth Hope Scale associates level of hope with level of adherence. Greater meaning, quality of life and positive treatment results while minimizing side effects all help to increase hope, thereby increasing adherence.
- Telephone nursing adherence support is effective in a significant portion of the population who are more isolated.
- Work with Harm Reduction groups in Canada and the US to send the message that incarceration is not an effective means to manage addiction, mental illness or disease transmission.
- Work with the Canadian HIV/AIDS Legal Network and Human Rights Watch, among others, to press for improved access to treatment for prison inmates in Canada and the US.

Communicated These Key Learnings Back to My Community By:

- Partnering with Jean Clermot-Drolet from the HIV Nursing Mentorship Program in Quebec and from CANAC to present a workshop on harm reduction to nurses in Montreal in February 2004.
- Presentation to Vancouver nurses, physicians and other health disciplines at Interdisciplinary HIV/AIDS Rounds produced by Irene Goldstone, Director, Education and Care Evaluation, BC Centre for Excellence in HIV/AIDS in partnership with CANAC through a pharmaceutical education grant.

- Presentation at the CANAC Conference in Toronto in April 2004.
- Presentation to Nursing Leaders in Vancouver at a dinner hosted by the Xia Eta Chapter of the Sigma Theta Tau Nursing Honour Society in April 2004.
- Presentation to 3rd year Kwantlen University College nursing students in June 2004.
- Exploring funding possibilities to attend the International Harm Reduction Conference in Melbourne, Australia in April 2004.
- Copies of all ANAC Conference materials and session notes circulated to staff at InSite and Dr. Peter Centre.

Learnings That Can be Applied to My Own Tx Education Work:

- Nurses have acquired expert knowledge and experience to draw from in advising PHAs of the implications of HIV-related health problems and in providing objective recommendations and expert opinions based on current evidence. Fostering patients' sense of autonomy and empowerment over their own health care choices must be balanced with clearly defining the expert role and emphasizing the nurse-patient relationship as a partnership where both players must buy into the credibility of the other. When the patient's sense of self-credibility is not well grounded, he may have more difficulty buying in due to the perception that he has nothing valuable to offer the partnership. If this notion is not challenged, a dynamic resulting in enabling by the nurse can occur.
- Show that I am present to offer my expertise and support whenever the patient demonstrates interest in even slightly reducing risk behaviour.
- Clearly express that I have expectations of the patient to contribute to the partnership and that I am willing to offer endless opportunities for him to do so;
- Set clear limits and don't be afraid to be firm.
- Be sensitive to the differing priorities and perspectives on the concepts of safety and risk between care providers and marginalized, underserved PHAs.

**CANAC/ACIIS 12th Annual
Conference
April 18-20, 2004/ 18 au 20 avril 2004**

**Nursing Leadership in HIV/AIDS: From
Bedside to Boardroom!**

The Planning Committee has been meeting regularly since last fall working on what we expect will be the greatest CANAC Conference ever. Speakers are organized, registrations and abstracts are pouring in, hotel rooms are being booked and the Awards Banquet will be the highlight of the conference.

Other exciting features include:

The Honourable George Smitherman, Minister of Health and Long Term Care will be making an address to the membership; Toronto's own Reverend Dr. Brent Hawkes will open the conference; plenary speakers Dr. Gail Donner from Toronto, Ms. Judith Oulton from Geneva Switzerland and Ms. Patty Wooten from California will provide a National and International perspective on the topic of Nursing Leadership in HIV/AIDS.

Entertainment is "under wraps" for the moment but plan to be delighted!

Enthusiasm has been building and this will prove to be a venue to be beaten by next year's sponsors. We expect to see several hundred nurses from across the country join us for this great program. Please join us!

The programs have been printed and distribution began the first week of February. If you haven't yet received yours, copies are posted on the website at www.canac.org

We also wish to thank our excellent sponsors without whose help this would be financially impossible.

Bill Wade, R.N.
Planning Committee

International News:

The board of CANAC would like to keep you, the membership, abreast of recent developments among our European counterparts concerning the challenges they are facing in the field of HIV/AIDS. Funding sources and member support are vital to organizations such as CANAC and EANAC, particularly in today's climate when financial constraints and cutbacks are ever pending and HIV continues to spread. We count on your support.

The following letter describes EANAC's plight:

EUROPEAN ASSOCIATION OF NURSES IN HIV/AIDS CARE

(EANAC)

President – Steve Jamieson

Dear Colleague,

The Board of EANAC met today and have concluded that it is not possible for EANAC to continue in its present format. This letter gives further details to explain the basis for this decision.

As you are aware, last year EANAC submitted a bid to the EU Public Health Programme for funding towards its annual conference in Poland this year. The cost of providing this conference was nearly 300,000 € and therefore it was impossible to do so without external funding. Unfortunately the bid was unsuccessful and therefore EANAC cannot provide this landmark conference. In addition, the EANAC conference planned for 2003 was cancelled due to lack of applications. Undoubtedly funding for individual nurses and organizations was a major factor in this situation.

Since 1990, EANAC has had 12 conferences in many European countries. These have facilitated international networking and research dissemination which has greatly impacted on the care of people with HIV across the European region. However, reduced access to funding has influenced specialist HIV Nursing Associations and more than 5 national HIV Associations have disbanded in recent years, while others struggle to

find funding to continue. It is also important to recognize that HIV care and treatment in Western Europe has changed significantly since the inception of EANAC.

Many European countries are still facing major HIV related problems and whilst nursing has come on a long way over the past 12 years EANAC would like it to be known that they are very concerned at the lack of support nurses are getting to continue their skilled work in HIV care, at a time when HIV and STI incidence is on the increase.

Finally the EANAC Board would like to take this opportunity to thank you and your colleagues for your commitment, engagement, dedication and support of EANAC over the years and we wish you well in your endeavours to take HIV care forward.

Yours sincerely,

Steve Jamieson, President of EANAC

On behalf of the Board of EANAC

16 January 2004

Canadian AIDS Treatment Information Exchange National Reference Library on HIV/AIDS Treatment Information Sheet

Are you looking for publications or in-depth information on HIV/AIDS treatment?

Try the *National Reference Library on HIV/AIDS Treatment*.

The National Reference Library on HIV/AIDS Treatment collection has:

- over 1,400 books
- subscriptions to over 75 medical and consumer journals
- national and international treatment newsletters (spanning countries such as Canada, USA, Switzerland, France, Britain and Australia)

- electronic and Internet-based resources, such as CD-ROMs, subscriptions to databases, etc.
- community-based treatment publications from across Canada
- a treatment information research databank of 10,000 documents covering more than 500 subjects
- materials in six languages, with a sizeable French-language collection

The extensive subject scope of CATIE's Resource Centre includes quality resources on:

- antiretroviral therapies
- treatment and prevention of AIDS-related conditions
- co-infections
- emerging treatment research
- complementary therapies
- nutrition
- health and well-being.

CATIE's Resource Centre currently provides the following public services:

- web access to our Library catalogue (<http://library.catie.ca>)
- *Innovations*, a web-based current awareness service for physicians (<http://www.catie.ca/innovations.nsf>);
- *CATIENews* Bite-sized HIV/AIDS treatment news bulletins (<http://www.catie.ca/aidsinfo.nsf/news>).
- research and reference services. If you can't find the HIV/AIDS treatment resources you're looking for, ask our friendly Librarians for help.
- document delivery services. CATIE can provide single copies of the following materials to individuals in Canada for research and/or private study: scholarly journal articles, consumer-oriented HIV/AIDS magazines, and book chapters
- skills development training in researching and evaluating treatment information
- CATIE's bilingual *HIV/AIDS Treatment Thesaurus*

Contact Bilingual Library Staff at:
library@catie.ca or 1-800-263-1638 ext. 249
 National Reference Library on the web: <http://www.catie.ca/e/library/index.html>

Job Opportunity CANAC/ACIIS: E-Bulletin Board Moderators English and French Language

Description

Posting Date: January 28, 2004
Start Date: Projected Start Date: March 2004
Location: Not applicable
Position: CANAC/ACIIS E-bulletin board
Title: Moderator(s)
Profession: CANAC/ACIIS Member, nurse involved in AIDS Care
Status: Part-time (1-3 hrs/wk)
Position Description: **Moderators monitor and maintain the electronic bulletin board and its content; primary duties include:**

- post announcements
- generate discussion within the bulletin board
- enforce posting policies; remove messages and/or close subjects
- answer user questions about the bulleting board
- help to determine the addition or deletion of categories within the bulletin board(s) they moderate
- maintain the currency of the bulletin board (ie. decide how long inactive threads remain on a bulletin board and number of messages posted to an individual thread before it is closed)

Qualifications: Must be

- a CANAC member
- a nurse involved in HIV/AIDS care
- able to set time aside weekly
- Computer literate
- able to access a computer
- a team player
- Experience with online communities is an asset

Moderators are required for both English and French Bulletin Boards

Contact

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