

ACET Jersey is a member of the ACET International Alliance, a network of independent agencies and church-based organisations seeking together to encourage a Christian response to AIDS and related issues worldwide.



Since 1994 ACET Jersey has been delivering a range of HIV prevention programmes within the local community. The programmes aim to ensure that everyone in Jersey will have the knowledge and skills they need to prevent the spread of HIV.



**ACET**

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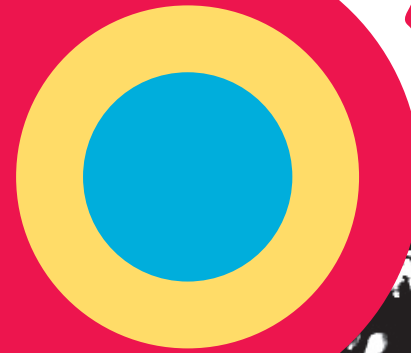
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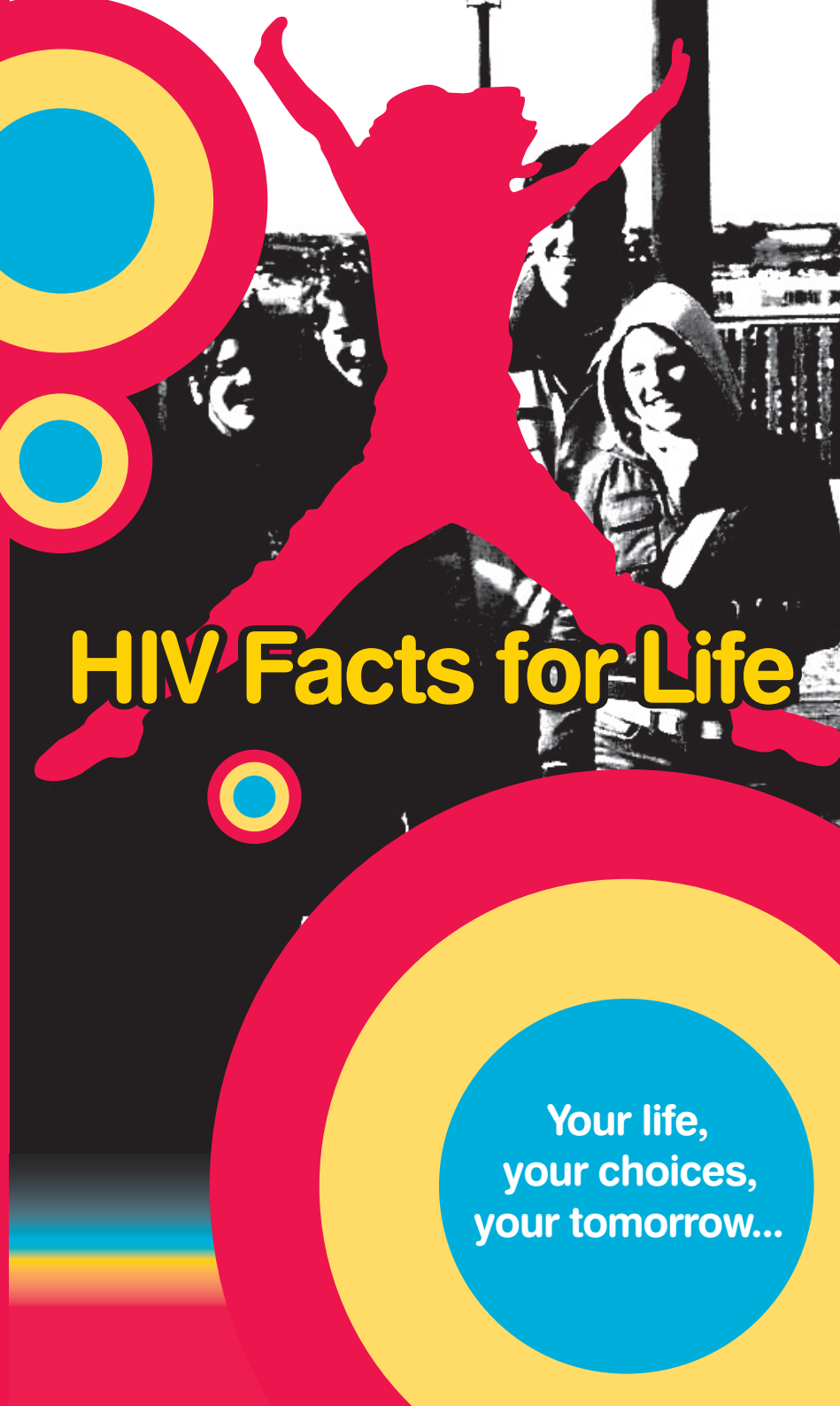


This publication has been made possible by the generous support of Standard Chartered Bank.



# HIV Facts for Life

Your life,  
your choices,  
your tomorrow...



# If you're loving life, making choices or just planning tomorrow, you need to know the facts about HIV...

Taking risks is a normal part of growing up, but some could have a bigger impact on your life than others.

Reading and remembering the facts in this booklet will help you to minimise the possibility of being exposed to HIV, the virus which causes AIDS.

After reading this booklet have a really honest conversation with yourself to decide how you're going to minimise the risk of HIV in your life. Try asking yourself: 'Have I put myself at risk already? Am I in danger of putting myself at risk in the future?'

Understanding the risks and then choosing 'safe' or 'safer' behaviours is the only way to protect yourself from HIV and other sexually transmitted infections (STIs).

Why not make a pact with your best mates and then remind and encourage each other to stick to it? (This could be anything from avoiding drugs/alcohol, remaining a virgin till you meet a life partner or using a condom every time you have sex.)

Making good choices today will protect your future, boost your confidence and raise your self-esteem. There's nothing to lose!

## HIV (Human Immunodeficiency Virus) can be transmitted in four ways:

- as a result of sexual contact with an HIV+ partner
- sharing a needle or syringe with an HIV+ person or contact with other contaminated piercing or injecting equipment
- receiving infected blood or blood products during transfusions, operations and other medical procedures
- from an infected mother to her child during pregnancy, during delivery and in breast milk

## What does HIV do to the body?

People who have been infected by the virus are said to be HIV+ (HIV positive). The virus will be present in all their body fluids but only in sufficient quantities to be infectious in blood, semen, vaginal fluids and breast milk.

All HIV+ people carry the virus in their bodies from the moment of infection until the day they die.

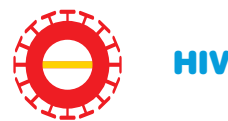
Once inside the body, HIV starts to weaken the immune system by attacking a type of white blood cell called a T4 cell. Eventually the body's immune system weakens so it can no longer fight infections. (See diagram below.)

HIV+ people usually have no symptoms for many years, but they can infect other people as soon as they acquire the virus. The only way to find out if you are HIV+ is to have an HIV test. (For more on testing see page 14.)

AIDS (Acquired Immune Deficiency Syndrome) is a state the body gets into as a result of HIV infection. AIDS cannot be caught or transmitted and is only diagnosed when an HIV+ person's T4 cell count has fallen below a certain level, or they have developed particular illnesses associated with AIDS.

## HIV Lifecycle

1. HIV enters the blood stream/body and invades T4 cells



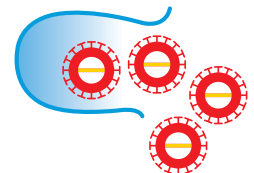
2. HIV re-programmes T4 cells to produce new viruses instead of more T4 cells

### Infected T4 cell



3. The host T4 cell dies, releasing new Human Immunodeficiency Viruses into the blood stream ready to infect more healthy T4 cells

### New viruses



# ALCOHOL

Getting drunk can't directly give you HIV but might be more risky than you'd think...

Many people use alcohol to socialise, because it helps them to 'loosen up' or 'be themselves.' Although alcohol can certainly make people feel less inhibited, it can also affect their ability to make good choices.

The embarrassment of snogging someone you really didn't intend to, or telling someone what you really think of them, will wear off eventually!

However, falling into bed after having a few drinks could have much longer lasting consequences...

Having unprotected sex, particularly with a new partner you know nothing about, could result in you catching an STI, contracting HIV or an unplanned pregnancy.

## FACT:

61% of 14 - 17 year olds had a sexual experience they regretted after drinking alcohol.\*

Consuming excess amounts of alcohol can result in short-term memory loss, which means you might not be able to remember what you did the night before or even with whom.

Choosing to avoid alcohol or to limit what you consume is the best way to make sure you're in charge at all times.



# DRUGS

Many young people experiment with drugs and some go on to develop a habit or addiction.

## INDIRECT RISKS FROM DRUGS:

Just like alcohol, getting high on any form of drug will alter your feelings and behaviour; after all that's often why people choose to use drugs and other substances. But the real consequences of drug use often stem from the choices people make whilst they're under the influence; choices they might not otherwise have made.

**FACT: In the last year 62% of 15 year olds have been offered drugs. 21% of 15 year olds have used drugs at least once in the last 12 months.\***

## DIRECT RISKS FROM DRUGS:

HIV is transmitted in blood, so sharing a needle and syringe or 'works' with other drug users carries a very high risk of HIV infection.

Anyone who injects drugs needs to take responsibility for their own and others' safety by always using clean needles and syringes and never sharing this equipment with others. In Jersey, Alcohol & Drug Services provide a free needle exchange programme (see page 15).

**In addition to the specific health issues associated with different types of drugs, users may also expose themselves directly or indirectly to HIV.**

# SEX AND RELATIONSHIPS

**There's no 'right' age to start having sex, in fact the majority of young people (70% of men and 74% of women) lose their virginity after the age of 16.\***

Many young people will experience peer pressure to become sexually active or may have a boyfriend or girlfriend who is ready to have sex before they are.

Only one person can decide that you're ready to begin (or even continue) a sexual relationship - YOU! It can be difficult to resist pressure, but only you know your real feelings. You should expect anyone who says that they care about you to respect your feelings and decisions.

Everyone who is sexually active needs to think and talk to their partner about contraception as well as any possibility that they may have contracted an STI from a previous partner.

## If you're in a relationship...

Discussing your feelings with a partner can seem daunting at first, but it is the only way to make sure you understand each others' issues or concerns. Talking openly will also help you to build a stronger more trusting relationship.

## Casual Sex

When people have casual sexual relationships such as one-night stands, they're less likely to discuss practising safer sex or their sexual histories. Being prepared by carrying a supply of condoms would reduce this risk.

## Unfaithfulness

As a sign of their commitment to each other, most people in a relationship expect their partner to be faithful, i.e. to not have sex with anyone else. Faithful people can be infected by their unfaithful partners. In a relationship, HIV can be 'brought home' by one partner if they have been unfaithful. (E.g. someone who has an affair during a relationship and is infected by HIV is likely to go on to infect their regular partner.) For this reason honesty in relationships is crucial.

\* Wellings K. Sexual Behaviour in Britain: early heterosexual experience. Lancet, vol 358, 1 December 2001 pp 1843-1850.

## Abstinence

Believe it or not, abstinence is a sexual behaviour too. People may practise abstinence (the decision to not have sex) between relationships or even during relationships. Not everyone who chooses abstinence is a virgin. People who choose to be abstinent experience exactly the same sexual feelings and desires as those who are sexually active.

Many people have found that deciding to remain abstinent until they make a commitment to a life partner, has kept sex special, rather than it being something they do with lots of people.

## Contraception

Contraception is the responsibility of both partners and comes in many different forms including barrier methods (condoms - male and female, the diaphragm, cap or sponge), hormonal methods (the pill, patch, injections or implants) and natural methods (abstinence, withdrawal or the rhythm method).

Not every form of contraceptive is suitable for everyone, so it's best to discuss all the options with a health professional, GP or your local family planning/sexual health clinic. (See the Directory on page 15.)

Not all forms of contraception will protect you from HIV or STIs. Using a condom (male or female) every time you have sex, as well as a hormonal method of contraception, normally provides the highest levels of protection for you and your partner.

## Previous sexual partners

The more sexual partners a person has, the greater the risk of being exposed to STIs including HIV. Before having sex with a new partner you should always find out whether they have practised safer sex in the past.

You will need to tell them about your sexual history as well. If you are concerned that your partner might not be telling the (whole) truth, you should insist on practising safer sex every time.

If you are concerned that either you or your partner might have exposed yourself to HIV you should consider having an HIV test to put your mind at rest. (More information about obtaining a free confidential test can be found on page 14.)

# RISKY BUSINESS

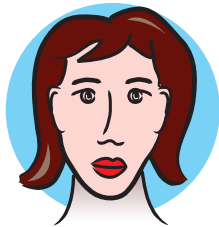
An ordinary story of eight young people just looking for love and happiness, but who's at risk? Meet the guys and girls and see if you can find the answers...

Alain



I used to share needles with this guy called Marc, but I'd managed to kick the habit before I met Marie. I was a few years older than her and she looked up to me. Now everyone's saying Marc's HIV+. I guess I really should have told Marie about my drug use...

Marie



Alain was the first guy I slept with and I thought we were safe. I didn't find out about his drug use until after I had that little fling with Rob...

Rob



I really did like Lizzie, but when I met Marie on a school exchange, having a fling just seemed like a bit of fun. When Lizzie dumped me for Gareth I told her all about me and Marie...

Lizzie



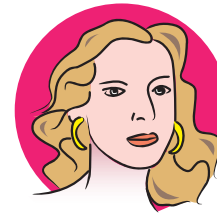
Me and Rob lost our virginity together, so when I started going with Gareth, I figured we didn't need to use condoms. I know all about Rob's fling with Marie now, but I'm pretty sure Gareth wouldn't have cheated on me too...

Gareth



Lizzie was my first serious girlfriend. Having sex with Amy was just a stupid drunken mistake, but I was just too embarrassed to tell Lizzie the truth. Things are going better now I'm with Jo, I think we've got a great future together...

Amy



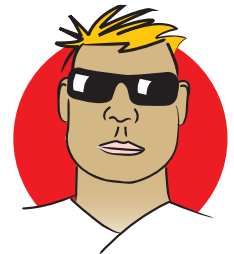
I met this guy called Gareth in a club when I was on holiday and we just ended up in bed together. Stupid really, but we were both so drunk. It's not the first time that's happened though...

Jo



Gareth and I are really serious but I can't bring myself to tell him about my first boyfriend Simon. He promised me he was still a virgin but I just couldn't trust him, what a disaster...

Simon



I had no trouble convincing Jo to sleep with me after I told her I was still a virgin. But there's no harm in a little lie, is there?

## Do you know who?

**Q1:** If Marc was HIV+ when he was sharing needles with Alain, who else could now be infected?

**Q2:** If Amy was infected with an STI the night she slept with Gareth, who else could have it now?

**Q3:** Who should have used a condom?

Answers on page 11

## So what's safe then?

### Safe

- Close relationships that stop short of sexual intercourse
- Staying a virgin
- Two partners who do not have HIV who only have sex with each other for the rest of their lives and do not inject drugs

### Low risk

Sex using a condom consistently and correctly - this is often referred to as 'safer sex'

### Higher Risk

Sex without a condom - the more sexual partners you have the greater the risk

### Very High risk

Injecting drugs with a shared needle or syringe

# HIV/AIDS FAQ

## Q: Can you be infected by kissing or touching someone with HIV?

**A:** No. You cannot be infected through any form of physical contact (holding hands, touching, kissing, massage etc.), which does not involve contact with sexual fluids (semen or vaginal fluids) or a person's blood. Unlike colds and other germs, HIV cannot be passed on through coughing and sneezing.

## Q: What about mosquito bites, or sharing a kitchen or bathroom with an HIV+ person?

**A:** There is no risk from insect bites, using the same cutlery and crockery or the same toilet and bath as a person with HIV. There is also no risk from using swimming pools.

## Q: Do all HIV+ mothers give birth to HIV+ babies?

**A:** No. The risk to the baby in the womb can be dramatically reduced if the mother receives antiretroviral treatment during pregnancy. Giving birth and breastfeeding both carry a risk, so HIV+ mothers may be offered caesareans and encouraged to bottle feed their babies.

## Q: How can you tell if someone is HIV+?

**A:** The only way to tell is to take an HIV test. You cannot tell by just looking at a person.

## Q: I've heard there's a cure for HIV/AIDS now, is that true?

**A:** No. HIV+ people now have access to a number of treatments (antiretroviral therapies or ARVs) that slow down the speed at which HIV reproduces and destroys T4 cells (see page 3 for more details). This treatment means that it takes longer for the immune system to be weakened, however people receiving treatment may also suffer significant side-effects from the drugs.

## Q: How can I stay safe from HIV?

**A:** The World Health Organisation defines being safe from HIV as:

*"Two partners who do not have HIV who only have sex with each other for the rest of their lives and do not inject drugs."*

For most people, choosing 'safer' behaviours will be the best way to minimise the risk of HIV. For more information about risky behaviour and staying safe turn to pages 8 and 9.

## Q: Are some sexual activities more risky than others?

**A:** Yes. Generally the receptive partner of penetrative intercourse (whether vaginal or anal) is more at risk than the insertive partner.

The HIV virus is particularly attracted to some cells found in the anus, which overall makes unprotected anal sex more risky than unprotected vaginal sex.

Having said this, the insertive (male) partner is still at risk if infected blood, semen or vaginal fluid enters his penis during unprotected intercourse.

The lining of the vagina and the anus are both delicate and can be damaged or bleed during intercourse. Using a condom reduces this risk.

Oral sex also carries a risk, where one partner is exposed to the other's semen or vaginal fluid. Using a condom for oral sex on a man or a mouth guard or dental dam for oral sex on a woman reduces the risk of HIV transmission.

## Q: So are homosexual people more at risk than heterosexuals when they have sex?

**A:** The level of risk in each case depends on a couple's sexual practices and the precautions they take. As a rule, unprotected anal intercourse carries the highest risk because HIV finds it easier to enter the body here than elsewhere.

Damage to the anus will increase the risk. Using a condom will reduce it. The risk is the same for homosexual and heterosexual couples who practise anal intercourse.

The risk of transmission between lesbians is much lower, but as HIV can be present in vaginal fluids and blood, some risk remains.

### Answers from page 9

**A1:** Alain, Marie, Rob, Lizzie, Gareth, Amy and Jo

**A2:** Gareth, Lizzie and Jo

**A3:** Everyone. Before Rob was unfaithful with Marie, he and Lizzie were the only ones who were safe because they'd never injected drugs and were virgins when they met. His fling put them both at risk.

# HIV/AIDS

# Yesterday, Today & Tomorrow

## Yesterday

AIDS was first recognised in 1981. No one is certain where HIV came from. It might have been transmitted to humans from primates (apes or monkeys) or have been dormant in a particular human population before becoming more virulent.

Antiretroviral therapies (ARVs) were introduced in the mid-1990s. Life expectancy for HIV+ people began to increase where this treatment was available. However ARVs were not suitable for all and had significant side effects on top of the strict timetables/guidelines for taking them.

What we did discover was that HIV, like all viruses, was capable of mutating into new strains. This fact meant that it was particularly difficult to develop treatments or vaccines as HIV continually evolved and became resistant to particular medicines. It was also, and continues to be, possible for people to be infected by more than one strain of HIV at a time.

## Today

Today there are 40 million HIV+ people in the world. 5 million of these people were newly infected in 2004. 20 million people have already died as a result of AIDS, 3 million of them in 2003.

Every minute of every day 10 people are infected with HIV and 5 people die as a result of AIDS.

Although antiretroviral therapies (ARVs) continue to prolong the life of many HIV+ people, they are still not suitable for all and there is still no cure for HIV/AIDS.

HIV/AIDS is one of the most serious social, economic and health challenges of our time. Millions of people are dying needlessly; grandparents are struggling to provide for their orphaned grandchildren on every continent.

Across the world communities have been left without doctors, nurses and teachers and HIV+ men and women are still being stigmatised and excluded from society.

## Tomorrow...

Everyone hopes that science will eventually find a vaccine and a cure for HIV/AIDS. In the meantime we can all work towards minimising the spread of HIV around the world and preventing new epidemics emerging in places like Europe by tackling four key priorities:

**Education** to ensure everyone understands what HIV is and how it is transmitted so that the myths and stigma associated with HIV/AIDS are reduced.

**Prevention** programmes to stop the spread of HIV across the world.

**Treatment** for everyone who is HIV+. Antiretroviral therapies (ARVs) can extend the life expectancy of most HIV+ people so that they can bring up their children, continue to work and have an improved quality of life. This is a particular priority for developing countries.

**Care** for children who have been orphaned by AIDS and for those who are dying. Individuals, families and communities who have been affected by HIV/AIDS also need support, counselling, investment, education and care so they can rebuild their lives.

## How you can help...

Just knowing the facts about HIV/AIDS and sharing them with your friends and family will help to eradicate prejudice. You can also show your support by buying and wearing a red ribbon on World AIDS Day every year on 1 December.

You can avoid becoming an HIV statistic by making a decision today to keep yourself safe from HIV. Even if you're not at risk, you might be able to use what you've learned in this booklet to help your friends or family to make the right choices and protect themselves from HIV too.

If you want to do more, you could get involved by helping to raise money, volunteering or getting involved with peer education. In Jersey, ACET is the local HIV/AIDS charity. There are lots of opportunities for young people to support or get involved with different aspects of ACET's work. (For more details see [www.acet.je](http://www.acet.je) or telephone 505957.)

# HIV TESTS

## HIV Tests

If you think you might have already put yourself at risk, having an HIV test is the only way to know for sure.

An HIV test is a simple blood test, which checks if your immune system has produced antibodies to HIV. If antibodies are found in your blood, this means you are HIV+ and could pass HIV on to others. Prompt access to antiretroviral treatment (ARVs) will slow down the damage to your immune system and could significantly prolong your life.

HIV antibodies may take up to three months to appear in your blood. Because of this, some people who test negative may be advised to have another test at a later date. However if you are concerned that you may have been at risk, you should seek advice immediately.

In Jersey, HIV tests can be obtained at the Sexual Health/GUM (Genitourinary Medicine) clinic at the General Hospital and from GPs/family doctors.

## Testing @ your Doctor's...

You may have to pay for this service. The test and its result will be retained on your medical record. If you are 16 or over, your medical history is a completely confidential matter between you and your doctor. Confidentiality will be observed under 16 unless there is a child protection issue.

Remember, if you make an appointment to see your doctor, you do not need to tell the Receptionist what it's for.

## Testing @ the GUM clinic...

This service is free, confidential and anonymous (you do not have to give your name). No appointment is necessary.

The GUM Clinic is located in the Outpatients Department of the General Hospital. Clinics run from 17:15 to 18:30, three days a week. Tuesday clinics are men only, Wednesday clinics are women-only and Thursday clinics are for both men and women.

The GUM clinic can be telephoned on 622856. When no one is available confidential voicemail messages may be left on the clinic's answer phone.

## Young People in Danger/Child Protection

Doctors, nurses, youth workers, teachers and counsellors all have an obligation to protect children and young people from danger and abuse. If they believe a young person is in danger they may need to share some information with other professionals to ensure the young person is protected.

## What if I'm HIV+?

If you are HIV+ it is in your own interest to find out as early as possible. Everyone who tests positive for HIV is referred to the Sexual Health Consultant. This ensures that they receive care, counselling and appropriate treatment from a specialist. The consultant will tell you about all your options including treatments to help control the effects of the virus and to prevent developing an AIDS diagnosis.

# The Directory

**ACET Jersey:** Charity providing HIV/AIDS education, training and support for young people, parents, local professionals and people whose first language is not English. ACET also raises awareness of issues surrounding HIV/AIDS in the wider community. 6 Plaisance Terrace, La Route du Fort, St Saviour. Tel: 505957 [www.acet.je](http://www.acet.je) Email: [info@acet.je](mailto:info@acet.je)

**Alcohol & Drug Services:** Free clean needles, Hepatitis B vaccinations, support to avoid overdoses and harm reduction training. Gloucester Lodge, Stopford Road, St Saviour. Tel: 716000

**Brook Jersey:** Free contraception and sexual health advice/services for under 25s. 7 Nelson Street, St Helier. Tel: 507981 [www.brook.org.uk](http://www.brook.org.uk) Email: [jerseybrook@localdial.com](mailto:jerseybrook@localdial.com)

**Family Planning Clinic:** Free contraception services for under 25s (Appointment only). Le Bas Centre, St Saviour's Road, St Helier. Tel: 623781

**GUM/Sexual Health clinic:** Free HIV & STI testing (see page 14) Outpatients Dept. General Hospital, Newgate Street, St Helier. Tel: 622856

**Health Promotion Unit:** Information and resources for healthy living. Gloucester Lodge, Stopford Road, St Saviour. Tel: 769128

**Minden Base:** Drop-in centre offering under 21s counselling and information. 6 Minden Street, St Helier. Tel: 634144 Email: [mindenbase@jerseymail.co.uk](mailto:mindenbase@jerseymail.co.uk)

### Local Telephone Helplines

- > HIV/AIDS & Hepatitis B & C  
0800 7350 185 (English)  
0800 7350 187 (Portuguese)
- > Sexual Health Line  
0800 7350 222 (English)

### National Telephone Helplines

The Samaritans 08457 90 90 90  
Childline 0800 1111