

Dublin AIDS Alliance (DAA) Ltd. Annual Report 2007



Background

Dublin AIDS Alliance (DAA) is a registered charity operating at local, national and European level. The principal aims of the organisation are to improve, through a range of support services, conditions for people living with HIV and AIDS, and/or Hepatitis, their families and caregivers, while further promoting sexual health in the general population. Since 1987, DAA has been pioneering services in sexual health education and promotion, and has consistently engaged in lobbying and campaigning in the promotion of human rights.

DAA is acutely aware of the cultural and economic barriers that can affect life choices, rendering both men and women more vulnerable to HIV. Our support, prevention, education and training programmes are therefore rooted in capacity building and experiential learning techniques, which enable the negotiation of safer sex and/or injecting practises. While supporting service users around the choices available, DAA's approach broadly reflects a harm minimisation model, which emphasises practical rather than idealised goals.

DAA's individual and group interventions are at all times age appropriate, and sensitive to the psychosocial needs, learning abilities and life experiences of our clients. We operate under an ethos of equality and are committed to making a positive contribution towards a humane and just society. DAA strives to ensure an environment that promotes equal opportunity and prohibits discrimination, while further enabling our staff, volunteers and service users to experience dignity and respect at all times.

DAA represents voluntary sector organisations operating in the Dublin region on the National AIDS Strategy Committee (NASC), and is affiliated to the Irish National Organisation of the Unemployed (INOUE); the Irish Social Policy Association (ISPA); the European Council of AIDS Service Organisations (ECASO); the HIV Services Network (HSN); Gay Health Network (GHN), Stamp out Stigma Multi-Stakeholder Forum, National Advisory Committee on Drugs (NACD), Irish Association of Addiction Counsellors (IAAAC) and the Outreach Workers Forum (OWF).

Our Mission

Working to improve conditions for people living with HIV and AIDS, their families and caregivers, while actively promoting HIV and sexual health awareness in the general population.

Our Vision

To contribute to a reduction in the prevalence of HIV in Ireland.

Organisational Objectives

- To support those living with and affected by HIV/AIDS.
- To confront the stigma and discrimination associated with HIV/AIDS.
- To increase public awareness through the promotion of HIV and sexual health education.
- To influence policy through partnership and active campaigning.

2007 In Summary

Service Category	Number of Individuals Accessing Services 2007	Number of Interventions 2007
Community Support Programme	2,973	4,485
Prevention, Education & Training Programme	1,706	1,706
Public Information Distribution and Access 2007 (including Library Access)	-	54,653
FASNET - Prevocational Training Initiative	7	-
TOTAL	4,686	60,844

Chairperson's Foreword

On behalf of the Board of DAA I am pleased to present the Annual Report for 2007. The achievements of DAA during the year reflect the continued commitment of the organisation to providing consistent, quality services to its clients, while at the same time, adapting and responding to the challenges of the changing environment in which we are working as an NGO in modern Irish society. Numbers accessing Community Support services increased by 56% in 2007 to a total of 2,973 clients, 321 of whom are HIV positive. Community Support has also responded to the needs of new ethnic minority communities living in Ireland with the launch of the innovative and successful Don't Panic Guides to sexual health. This work was carried out by DAA in partnership with members of a number of ethnic communities. This presents a model of community development in action which is both informing and influencing statutory service deliverers and policy makers in this area.

2007 also saw a significant increase in the walk-in contacts with the general public, from 371 to 1,076, with a particular focus on sexual health issues and drug-related harm reduction. The Prevention, Education and Training (PET) department provided 93 education and training sessions to 1,076 individuals during 2007, including NGOs, statutory workers and schools/colleges. This figure is down significantly from 2006 due to staff turnover and the absence of a Co-ordinator which placed limitations on the capacity to respond to training requests. The subsequent recruitment of a full team to the PET department will ensure that the capacity to respond to the demand for education and training will be significantly enhanced in 2008.

2007 saw a change at Executive Director level in DAA. Ann Nolan left having spent five years with the organisation and the Board wishes to acknowledge the exceptional commitment, skill and passion that Ann brought to her work in DAA and to thank her most sincerely for her tremendous contribution to the development of the organisation during her time with us. On behalf of the Board I would like to warmly welcome our new Executive Director Mary O'Shea who has come to us with a wealth of knowledge and experience and who has already made a significant contribution to our work during her first 6 months with DAA.

On behalf of the Board I would also like to express our sincere thanks to all the staff at DAA for their ongoing commitment to our work and this Annual Report outlines their achievements during 2007, of which they can be justly proud. The Report also highlights some of the key issues and ongoing challenges that face all of us in our work in the area of HIV and related issues. I would like to thank my fellow Board members for their contributions during the year and their ongoing dedication and enthusiasm for the work of DAA. I hope this Annual Report will prove useful and informative for all who read it.

ANNA QUIGLEY
Chairperson

Executive Director's Foreword

It is twenty six years since the first case of AIDS was diagnosed in Ireland. The 'breaking news' coverage of the day was both frenzied and hysterical. The public instantly viewed this new 'killer' illness with a deep fear, utter hostility and limitless prejudice. Initially associated with the gay community and injecting drug users, slowly it then began to be regarded as a significant public health issue. Over the years the official initiatives, programmes and strategies in Ireland and internationally have acknowledged the need to overcome the continuing stigma as a core objective of public policy.

Much has changed in the period since the first panic media coverage. The causes of the illnesses and transmission routes are more understood. Treatment options are available and this has made a significant difference to people who are living with HIV. However, issues of stigma and discrimination exist both nationally and internationally. The stigma created at the outset remains if not as virulent certainly as ill-informed. Surveys continue to show that HIV and AIDS remain one of the most feared illnesses and the most misunderstood.

The commitment made by An Taoiseach Bertie Ahern in 2006 at the UNGASS (United Nations General Assembly) to address issues of stigma and discrimination and the subsequent launch of the Stamp Out Stigma Campaign in December 2006 in Ireland is a welcome development. However, investment in HIV prevention / education / treatment and care needs to continue as the issue of HIV and AIDS has become more and more invisible. The number of newly diagnosed infections reported in 2007 represent a 7.4% increase on 2006 figures with the highest proportion in the heterosexual population. This leaves no room for complacency.

There are no easy solutions to this but there are many effective actions and strategies. We must replace ignorance with knowledge; and challenge prejudice with honesty. Dublin AIDS Alliance has developed comprehensive programmes of support, training, education and information. However only a government can provide the leadership needed to deliver a national information campaign to educate the public about HIV and AIDS. It is welcome to hear senior politicians deplore the continued social and employment discrimination attitudes against those who are HIV positive. Welcome though these comments are they are not enough.

To maximise the potential of a national education and prevention plan the public needs to better understand the real implications of testing HIV positive and to be able to dismiss the often heard irrational fears. It needs to be assured that there are real treatment options readily available and to know that early diagnosis is the key to effective outcomes. A government can carry out such a campaign; it is crucial that it does.

As a relatively recent arrival as Executive Director I am very conscious of the reputation that Dublin AIDS Alliance has built. The skills and expertise demonstrated by the staff in service planning and delivery, training, education and campaigning is impressive. The next period will have some old challenges and some new ones. Ireland today differs very substantially from the era when AIDS

was first diagnosed. The multi ethnic mix of peoples in Ireland today requires us to ensure that our sexual and other health services are reflective of these expanding needs. Changing trends demand innovative responses. We will be analysing these developments and ensuring DAA remains at the forefront in delivering services appropriate to current needs.

MARY O'SHEA
Executive Director

Community Support Programme

The Community Support Programme at DAA provides for the information and support needs of HIV+ people, their families and caregivers. Additionally, this programme facilitates access, via Street Outreach, to testing for those who may be at risk of HIV or Hepatitis transmission. Experienced and highly qualified staff, with whom both health care and other professionals seek consultation and advice relating to HIV, deliver this long established programme.

Statistical analysis of services provided by this programme between January and December 2007 is outlined below.

Numbers Accessing Community Support Services

A total of 2,973 clients accessed the services of Community Support in 2007, an increase of 56% on the previous year. 321 were HIV positive (see Table 1.0), a decrease of 23 people from 2006, with 1,770 interventions in total, averaging almost 5.5 per HIV+ client (see Table 1.1). Overall interventions recorded with carers, street outreach, the general public and professionals totalled 2,715 (see Table 1.2).

Table 1.0 – Number of Service Users 2006 & 2007

	Male 2006	Female 2006	Total 2006	Male 2007	Female 2007	TOTAL 2007
HIV+ Clients	225	119	344	218	103	321
Carers/Significant others	8	29	37	12	20	32
General Public	281	90	371	345	657	1,002
Street Outreach	797	274	1071	1,069	486	1,555
Professionals	n/a	n/a	81	n/a	n/a	63 ¹
TOTAL			1,904			2,973

Table 1.1 – Number and Category of Interventions for HIV+ Clients 2007²

Category of Interventions ²	Adv/ Med	H/HV	Welf	Pris	Fin	Leg	1-2-1	Coun	Health	Train	Drop -In	TOTAL
Female	439	21	43	9	63	21	82	13	42	9	24	766
Male	442	11	63	1	53	23	126	64	53	21	147	1,004
TOTAL	881	32	106	10	116	44	208	77	95	30	171	1,770

¹ Gender breakdown not available for this category of service user.

² Adv/Med = Advocacy and Mediation, H/HV=Home and Hospital Visits, Welf = Welfare Information, Pris = Prison Visits, Fin = Financial Assistance, Leg = Legal Assistance, 1-2-1 = One to One Support, Couns = Counselling, Health = Health Information, Train = Training or Employment Information.

Average Number of Interventions per HIV+ Client = 5.5

Table 1.2 – Number of Interventions per Other Category of Clients 2007

	Female	Male	TOTAL
Carers	43	17	60
Street Outreach	486	1,069	1,555
General Public	353	663	1,016
Professionals	n/a	n/a	84
TOTAL			2,715

Type of Service

Specifically in relation to support services, the Advocacy/Mediation strand was the most frequently utilised. Of the 1,770 interventions made on behalf of HIV+ clients, 75.2% (n= 881) were in this category (see Table 1.1), with the majority of these in relation to housing, respite, discrimination, and medical personnel.

One to one support constituted the second most utilised service in 2007, accounting for 11.7% (n=208) of all client interventions, with the drop-in service accounting for 171 individual visits.

There were a total of 116 interventions in relation to financial support; as with the 2006 figures, this represents an increase in those seeking support with educational fees and materials.

Home and hospital visits facilitate the needs of clients who may be unable to access the services of Community Support. In 2007, 32 visits were conducted, which frequently resulted in client requests for practical, advocacy, or legal assistance.

HIV+ Client Profile

Of the 321 HIV+ persons accessing the services of Community Support in 2007, 68% were male, and 32% were female. 19.6% identified as Gay or Bisexual, and 42.1% identified as Heterosexual (see Table 1.3). 38.3% did not disclose their sexual orientation. In 2006, 50.8% of clients identified as Drug Users (DU's), while in 2007, 24% identified as DUs (see Table 1.4).

60.1% of HIV+ individuals accessing services in 2007 were first time clients. 47.7% of the total number of clients were self referrals, 13.7% were directly referred by an NGO, 7.8% were directly referred by a hospital. 8.4% of clients were referred by family/friends or other statutory agencies. Referral information on 22.4% of clients could not be ascertained.

Table 1.3 – HIV+ Clients by Gender and Sexual Orientation 2007³

	Gay	Bi-sex	Hetero	Orientation Not Disclosed	TOTAL
Female	0	1	65	37	103
Male	62	0	70	86	218
TOTAL	62 (19.3%)	1 (0.3%)	135 (42.1%)	123 (38.3%)	321 (100%)

Table 1.4 - HIV+ Clients by Drug Use 2007⁴

	Non Drug Use	Cocaine Other Amphet	Meth	Heroin	Meth And Heroin	Meth and Cocaine/ Crack	Cannabis Only	Not Known	TOTAL
Female	29	0	13	0	4	11	0	46	103
Male	25	2	19	1	8	18	1	144	218
TOTAL	54	2	32	1	12	29	1	190	321

Of the HIV+ clients with a known age bracket, the majority attending services were aged between 41-46 years (20%), with 13.5% aged between 36 years and 40 years. A significant proportion, 52.6% (n=169), did not disclose their age (see Table 1.5).

Table 1.5 – HIV+ Clients by Gender and Age Band 2007

Years	0-16	17-20	21-25	26-30	31-35	36-40	41-46	47+	Unknown	TOTAL
Female	0	1	2	5	22	18	9	0	46	103
Male	1	1	0	4	14	25	37	13	123	218
TOTAL	1	2	2	9	36	43	46	13	169	321

³ Self Identified

⁴ Self Identified

Client Profile - Other

The number of general public using Dublin AIDS Alliance in-house services rose significantly from 371 in 2006 to 1,002 in 2007, an increase of 70%. The vast majority of these individuals continue to be "walk ins", accessing sexual health information and/or condoms. As with previous years, this statistic would also represent individuals who seek information on drug related harm reduction, or those who request pre-test counselling. 86.8% (n=870) of those noted as general public are non-Irish nationals.

The number of individuals engaged through street outreach rose significantly from 1,071 in 2006 to 1,555 in 2007. This represents a concerted effort by Community Support staff to disseminate sexual health and drug use information to the 'hard to reach'.

Prevention Education & Training (PET) Programme

The Prevention Education and Training (PET) Programme provides targeted HIV prevention and sexual health promotion initiatives, while combating the prejudice, stigma and discrimination associated with HIV and AIDS through informational and experiential workshops.

Raising public awareness about issues of social exclusion, marginalisation, HIV, HBV/HCV, sexual health and drug user prejudice is an important part of our work. Consequently, training and education initiatives, while focusing particularly on HIV/Hepatitis prevention and sexual health promotion further encompass a broad range of issues that endeavour to facilitate attitudinal and behavioural change among participants. Our prevention education and training programmes are therefore rooted in capacity building and experiential learning techniques, which enable the negotiation of safer sex and/or injecting practices. PET's individual and group interventions are, at all times, age appropriate and sensitive to the psychosocial needs, learning abilities and life experiences of our clients.

Client Profile 2007

The PET programme delivered a total of 93 training and education sessions to 1,706 individuals in 2007 (see table 2.0 & 2.1).

Table 2.0 – Prevention, Education & Training Sessions 2007

	Schools	Colleges	NGOs	Statutory	Total
January	4	0	2	0	6
February	3	0	13	1	17
March	2	0	7	3	12
April	0	1	2	2	5
May	0	0	1	4	5
June	0	0	1	2	3
July	0	0	1	10	11
August	0	0	4	2	6
September	0	0	2	0	2
October	0	0	4	1	5
November	0	2	17	0	19
December	0	0	2	0	2
TOTAL	9	3	56	25	93

Table 2.1 – Number of Individual Participants 2007

	Schools	Colleges	NGOs	Statutory	Total
January	177	0	24	0	201
February	185	0	144	4	333
March	85	0	77	24	186
April	0	100	24	86	210
May	0	0	10	59	69
June	0	0	8	14	22
July	0	0	22	222	244
August	0	0	44	39	83
September	0	0	18	0	18
October	0	0	52	6	58
November	0	60	198	0	258
December	0	0	24	0	24
TOTAL	447	160	645	454	1,706

NGOs, including Le Cheile, Chrysalis, NCCCAP, RADE and the Talbot Centre, constituted the highest category in 2007, 60.2%, (n=56), availing of Sexual Health & Drug Awareness, Safer Sex Negotiation Skills, HIV, STIs, Hepatitis, and Sexual Health training.

26.8% (n=25) of training and education sessions were delivered to Statutory organisations, including CDVEC Separated Minors Unit, SOILSE, Merchants Quay Project, and HSE Separated Children Seeking Asylum, availing of Sexual Health, STIs, HIV, Hepatitis, and Safer Sex Negotiation Skills training and information.

13% of sessions were delivered to schools and colleges, availing of HIV and Sexual Health awareness training.

The Sexual Health & Drug Awareness Training Programme was the most sought after training, representing 33.5% of all training delivered in 2007. Sexual Health awareness and STIs represented 30%, with HIV training representing 22.5% in 2007, which included training on HIV, HIV & STIs, HIV & Hepatitis, and HIV & Stigma. Safer Sex Negotiation Skills represented 11% of the overall training in 2007, with drug information constituting 3%.

The gender breakdown of participants engaging in sessions with DAA is demonstrated in Table 2.2. 57% (n=971) were female, and 43% (n=735) were male, which shows an increase of 9% for male participants to that recorded in 2006.

Table 2.2 – Individual Participants by Gender 2007

	Schools	Colleges	NGOs	Statutory	Total
Female	153 (9%)	79 (5%)	461 (27%)	278 (16%)	971 (57%)
Male	294 (17%)	81 (5%)	184 (11%)	176 (10%)	735 (43%)
TOTAL	447 (26%)	160 (10%)	645 (38%)	454 (26%)	1,706 (100%)

*Percentages shown in each individual category reflect the percent gender by total participants.

A total of 54,653 interventions were recorded in 2007 via leaflets, postcards, information booklets, posters, condoms, red ribbons, and educational videos. These interventions include individuals who accessed the specialist Resource Library at DAA during 2007 including schools, youth

and community organisations, NGOs, statutory organisations and the general public. Interventions also include outreach for Irish and World AIDS Day, and one-to-one information/advice sought by the general public from on-site professional staff.

A HIV and Hepatitis C (HCV) training initiative funded by the North Inner City Drugs Task Force (NICDTF) is now in its third year. This Sexual Health & Drug Awareness programme, which is FETAC Level 5 accredited, trains youth leaders primarily working in the NIC area and aims to update their skills and knowledge of HIV, HCV and STI prevention, while enabling them to promote safer sexual practices among young people in their communities. A total of three courses were delivered in 2007 to 39 individuals (29 female / 10 male).

A Safer Sex Negotiation Skills training initiative funded by the NICDTF is now in its third year. This course primarily aims to provide 'at risk' individuals/groups with the skills necessary to make safer sexual choices, reducing primary and secondary HIV and STI transmission. The 'training for trainers' course is FETAC Level 5 accredited. While no organisation undertook to complete the 'training for trainers' module in 2007, six organisations completed various training sessions from this course from one-day sessions, to two and three day sessions. In total 104 individuals participated in these training sessions (30 male / 74 female) throughout 2007. Safer sex negotiation skills training is also delivered as part of the Sexual Health & Drug Awareness training programme.

In 2007, as part of the National Stamp Out Stigma Campaign, Dublin AIDS Alliance, in partnership with the HSE, formed a Planning Committee to develop workshops focusing on challenging the irrationality of HIV-related stigma and discrimination. The Planning Committee included representatives from Probation & Welfare Services, Mountjoy Prison, NDST, the HSE, and DAA. The 'HIV & Stigma' workshops are aimed at voluntary, private, and statutory organisations, and explore, using an informative and participatory approach, a broad range of issues including the negative effects of stigma and solutions for its mitigation, which will encompass policy development and best practice guidelines. A total of five workshops were delivered in 2007.

Following a specific request from organisations working with ethnic minority groups and separated minors, a Sexual Health Programme for this population group was developed. The programme content covered all aspects of relationships and sexual health with an emphasis on highlighting cultural diversity. The course was delivered during the Summer 2007 over a 6-week period to a total of 51 individuals (28 female / 23 male).

FÁS AIDS Special Needs Education & Training Scheme (FASNET)

FASNET is a pre-vocational training initiative that is sponsored by FÁS under the Community Employment Programme, and endorsed by the North Inner City Drugs Task Force (NICDTF). FASNET aims to support marginalised and educationally disadvantaged people who are living with or affected by HIV and AIDS, and/or drug use. Operating from principles of empowerment and equality, the programme seeks to address social exclusion by affording participants the opportunity to avail of capacity building training and development opportunities that enable the expansion of life choices and facilitate access to positive social and community experiences.

Each participant attends for 19.5 hours per week over a three-year period, and learns from a broad-based syllabus with an emphasis on life skills. The programme has been successful in enabling progression through drug treatment, recovery, and/or the impact of living with a HIV+ diagnosis.

Participant Profile

While the vast majority of participants are resident in the north city centre, a smaller number are referred to from drug treatment services citywide including, Dublin 7, 10 and 12. Of the 7 participants involved in the scheme in 2007, 3 (35%) were female and 4 (65%) were male. The age range was between 30 and 45.

The majority of participants experience difficulties with concentration, have poor social, communication, and literacy skills. Low levels of self-esteem, poor self image, low levels of educational attainment, lack of family support and compromised physical and mental health frequently impact to affect participants in terms of both their attendance and progression. In order to operate effectively, FASNET must be flexible enough to accommodate regular hospital visits, clinic appointments while coping with participant relapses into drug use.

Progression

Of the seven participants engaged in the programme in 2007, courses taken included, CV preparation, Food and Nutrition, Communications Skills, Dublin Adult Learning Centre (DALC). Smashing Times Drama, Basic First Aid Skills, and A Back to Work Course. Six participants are preparing for Junior Certificate Ordinary Level Maths and English and plan to sit the examination in 2008. One participant sat Leaving Certificate English. Seven participants remain on the FASNET Programme which has a three year cycle which is due to expire in 2009.

Highlights - Additional DAA Activities 2007

The launch of the 'Don't Panic Guide to Sexual Health' by Minister Pat Carey, TD and Cllr. Rotimi Adebare (Mayor of Portlaoise) was the result of a multi-ethnic collaboration with new communities by Dublin AIDS Alliance. The project commenced with street outreach followed by focus groups to ascertain the needs, behaviours and attitudes of ethnic minority groups in order to deliver appropriate HIV support and prevention services for this group. This publication gives an overview of sexual health information and relevant health services in six different languages (English, Polish, Mandarin, Arabic, Russian and French).

'On Irish AIDS Day 15th June 2007' the Stamp Out Stigma web-site was launched by An Taoiseach Bertie Ahern. The campaign which commenced in late 2006 is a unique partnership of domestic and

international NGOs, statutory agencies and HIV positive people. Throughout 2007 Dublin AIDS Alliance was actively involved with all aspects of the campaign.

A number of actions were achieved in 2007. These included a series of TV advertisements which were screened following World AIDS Day in December featuring Andrea Corr, Eamonn Dunphy, Larry Mullen, Sinead O'Connor and John Rocha. The steering committee also commissioned a study to ascertain HIV related stigma and discrimination in Ireland. The study had three specific target groups, the general public, work place groups and people living with HIV. A book was launched on 30th November in advance of World AIDS Day. The book entitled 'Personally Speaking' presented details of personal experiences of HIV positive people in Ireland and globally on aspects of HIV related stigma.

DAA called on the Irish Government to develop a National Sexual Health Strategy to ensure targeted investment and improved planning in the provision of sexual health services in Ireland. DAA also highlighted in press releases and in the media the need to:

- Increase investment in primary health care services.
- Remove the VAT on condoms and provide free condoms to vulnerable groups.
- Implement in full the Relationship and Sexuality Education component of the Social, Personal and Health Education programme (SPHE) which is currently limited to primary and post-primary junior cycles only.

Acknowledgements

Dublin AIDS Alliance would like to express sincere thanks and appreciation to all who worked with and supported our organisation throughout 2007.

The Director's holding office during the year were: Anna Quigley (Chairperson), Mairéad Lyons, Stephen Rourke, Paul Quigley, Maeve Foreman, and Declan Montgomery.

Executive Director: Ann Nolan, Erin Nugent Acting Director from January to June 2007, Mary O'Shea (Executive Director from June 2007).

Administration: Susan Donlon (Office Manager), Mary Lynch (Office Manager from September to November), Martin Ade-Onojobi (CE Supervisor), Patricia Dillon-Killeen, Angela Sanfey, Ellen Conway, Nazhat Ali Ryan. **Community Support Programme:** Erin Nugent (Co-ordinator), Lara Gallagher, Lily Hyland, Richard Boyle, Rebecca Seery (Community Support Assistant from November 2007). **Prevention Education & Training Programme:** Susan Donlon (PET Co-ordinator from September 2007), Nicola Gill, Melanie Cunningham, Danielle Taliercio and Marcella Wynne. **FASNET Programme:** Bernadette Black (Supervisor), Bernard Curran.

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Dublin AIDS Alliance dedicates this report to the memory of Linda Reed who died in 2007. Her sterling work as an activist in the area of HIV and AIDS and in particular on HIV related stigma is an inspiration to all who work in the sector.



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