



The ChangeMaker

The latest news, views and announcements

ADDICTION CAN BE A LIFE-OR-DEATH ISSUE

People struggling with addiction face tragic consequences including premature death. While addiction does not always result in early death, it is far too often what happens to people with addiction who are unable or unwilling to embrace positive change. People thrive when they are able to change or adapt to a changing environment, which is important because it increases your likelihood to stay alive.

Recovery, the term used by someone with addiction who is in treatment or not using alcohol or drugs, is a way to avoid tragedy and early death. Recovery is a form of adaptation that can be very useful to someone struggling with daily challenges and triggers of drug and alcohol use.

I believe that a day-to-day focus on staying clean and sober leads to a much better life than a life with addiction. Recovery and sobriety will not eliminate times or situations when you feel a little more strange, silly or reckless. But a decision to solve or avoid a problem by drinking or drug use never works.

Here is what Amber David, a person living with HIV for 25 years, has to say about the benefit of a 12-Step recovery program:

I myself made poor sexual decisions in my addiction, which resulted in a positive HIV status. In the cycle of addiction, consequences are real. I was told coming into the 12-Step fellowship, 'the dog you feed in the sobriety vs substance abuse fight will win.' Just for me, I chose to feed the sober dog. I don't ever want the substance abuse dog to be the winning dog. So my daily reprieve starts with my gratitude for the gift of sobriety.
 ~ Thanks for allowing me to share!

Call the ADAMHS Board 24-hour Addiction and Mental Health Crisis Hotline at **216-623-6888** if you are ready for help.

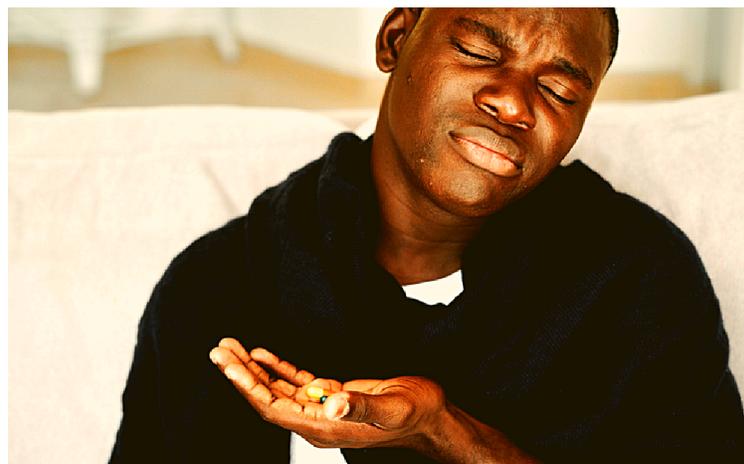
From the desk of:

Michelle Jackson-Rollins
 Executive Director



RESEARCHERS STUDY ONCE -WEEKLY, ONCE-MONTHLY TREATMENT APPROACHES

Republished from <https://www.aidsmap.com>



In the era of effective antiretroviral therapy, efforts are underway to enable people with HIV to take medications less often. Researchers are exploring new approaches that involve treatment once weekly, once monthly or even less frequently.

Taking antiretroviral medication four consecutive days each week followed by a three-day break maintained viral suppression as well as a daily regimen, according to 96-week follow-up results presented last week at the virtual Conference on Retroviruses and Opportunistic Infections (CROI).

At the International AIDS Society Conference on HIV Science in 2019, Dr Roland Landman of Hôpital Bichat in Paris reported that 95.6% of people in the four-day treatment group and 97.2% in the daily treatment group maintained an undetectable viral load at 48 weeks, showing that the intermittent regimen was non-inferior to continuous treatment.

The efficacy of the four-days-on, three-days-off regimen was sustained at 96 week with a low rate of virological failure, particularly among people using integrase inhibitors, Landman and colleagues concluded. This strategy reduced the cost of treatment and "represents a real, workable alternative" to daily maintenance therapy.

Read the full article [HERE](#)



Spring into Change!



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UPCOMING

HIV/AIDS Awareness Days

Click date for more info

APR 10

NATIONAL YOUTH HIV/AIDS AWARENESS DAY

APR 18

NATIONAL TRANSGENDER HIV TESTING DAY

APRIL 18

MAY 18

HIV VACCINE AWARENESS DAY

MAY 18th

MAY 19

National Asian & Pacific Islander HIV/AIDS Awareness Day

May 19

From: Michelle Jackson-Rollins



We also glory in our sufferings, because we know that suffering produces perseverance, perseverance produces character, and character produces hope. And hope does not put us to shame, because God's love has been poured into our hearts through the Holy Spirit, who has been given to us.

Romans 5:3-5

Be the Change



Do you have a story that you would like to contribute to the ChangeMaker, the newsletter of We Think 4 A Change. Send your story, question or suggestion of what you would like to see to contactus@wethink4achange.org. All submissions are subject to editorial review and may be edited for space.

NEW PARTNERSHIPS FOR OUTREACH AND EDUCATION

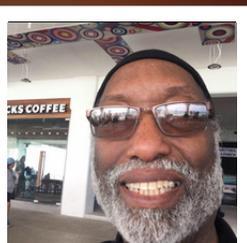
We Think 4 A Change is partnering with University Settlement and Signature Health. These partnerships allow us to reach more people.

Through the partnership, University Settlement distributes fresh fruit and vegetable. Signature Health performs HIV testing. We Think 4 A Change carries out HIV prevention education and distributes condoms and literature to the community.



MEET THE ADVISORY COMMITTEE

We Think 4 A Change formed the Advisory Committee to better serve PLWHA and the community. We are grateful to these volunteers for offering their knowledge, experience and talent.



Jerry Bereford



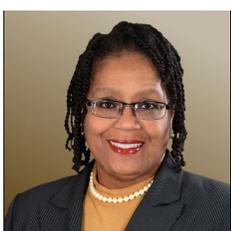
Anifa Crews



Deborah Frank



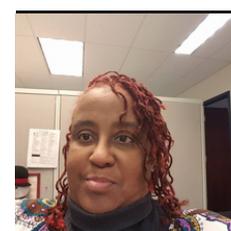
Shelley Harrison-Turner



Tina Marbury



Jeff Mazo



Naimah O'Neal

We asked attendees of the National Women and Girls Virtual Retreat what they like about the event. Here are a few of their responses:

"The speakers being exclusively women, the exercises and the music."

"The openness and unity. The sharing of information."

"It was very inspirational, I felt like I needed to hear everything and know that we as women were able to get together."

"Awesome retreat!"

"Everything was very great!"



Click to learn more

People Aged 55 and Older with HIV in the 50 States and the District of Columbia



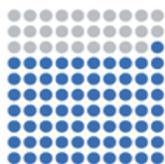
At the end of 2018, an estimated **1.2 MILLION AMERICANS** had HIV. Of those, 379,000 were aged 55 and older.

9 in 10
people aged 55 and older knew they had the virus.

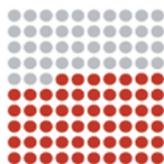


It is important for people aged 50 and older to know their HIV status so they can take medicine to treat HIV if they have the virus. Taking HIV medicine every day can make the viral load undetectable. People who get and keep an undetectable viral load (or stay virally suppressed) can live a long and healthy life. They also have effectively no risk of transmitting HIV to HIV-negative sex partners.

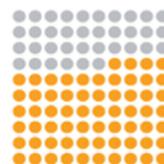
Compared to all people with HIV, people aged 55 and older have higher viral suppression rates. In 2018, for every **100 people aged 55 and older with HIV**:



71
received
some
HIV care



57
were
retained
in care *



64
were virally
suppressed †

For comparison, for every **100 people overall** with HIV, **65 received some HIV care**, **50 were retained in care**, and **56 were virally suppressed**.

* Had 2 viral load or CD4 tests at least 3 months apart in a year.

† Based on most recent viral load test.

Source: CDC. Estimated HIV incidence and prevalence in the United States 2014–2018. *HIV Surveillance Supplemental Report*. 2018;25(1).
Source: CDC. Selected national HIV prevention and care outcomes (slides).

