



Hassle Free Clinic
Annual Report 2008

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Message from the President

Another year has passed and I am still above ground, which means I am still President of the Board of Directors. I am still just as pleased to be here as I was when I joined the Board in 1994.

It is never lost on me what an essential role this clinic plays both in my community and our greater communities. Sexual health services provided in a non-judgmental environment remain the hallmark of this clinic and have been for over thirty years. I know when I walk into the clinic and see the waiting room crowded with anxious clients, just how important such a service is. The people sitting in the waiting room are worried and afraid. The clinic staff treats not only the problem that has brought the clients in, but they treat the clients in a fashion that helps to make them feel human and comfortable. The latter is as important as the former, if not more so.

The clinic staff are an amazing group of people whose dedication and willingness to take on such a heavy workload without complaining never ceases to amaze me. They are constantly working to try and increase capacity while providing the highest standard of care. They provide a service the community cannot do without.

The tremendous support from the City of Toronto, the Province of Ontario, and the donors who fund this clinic is always appreciated and that appreciation is never to be diminished. It is the people who staff and run the operation that make it work. I am awed by the level of commitment and that is why I remain on the Board and why I consider it a privilege to do so.

Peter Bochove



Hassle Free Clinic
66 Gerrard Street East, 2nd Floor

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Ronald Benedetti

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Zack Marshall
Kristina Mendoza
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Bookkeeper/Treasurer

Maria Maksymiw

Public Health Nurses

Richard Bieth
Wendy Johnston

Men's Clinic Physicians

Edward Lee (Medical Director)
Vanessa Allen
Andrew Bond
Jason Brunetta
Arlene Chan
Evan Collins
Brian Cornelson
Charlie Guiang
Karen Ko
Ed Kucharski
Jim Moore
Naveed Nawab
Itamar Tamari
Darrell Tan

Women's Clinic Physicians

Laura Winer (Medical Director)
Arlene Chan
Kim Chang
Linda Chou
Allison Chris
Kathleen Dooling
Kymm Feldman
Conchita Fonseca
Dinaz Irani
Erin Johnston
Jane Kiraly
Allison Lou
Nina Malayil
Zeenat Patel
Brigit Swenson
Sheila Wijayasinghe

Introduction

Hassle Free Clinic is a community-based collectively-run agency providing medical and counselling services in all areas of sexual health. We are the largest Anonymous HIV test site in Canada and one of the busiest sexual health clinics.

Hassle Free Clinic has separate hours for men and women at the same location. The Men's Clinic provides Sexually Transmitted Infections (STI) testing/treatment and HIV testing, counselling and support. The Women's Clinic provides the same STI/HIV services as well as birth control, pregnancy testing, abortion referrals and other services related to sexual and reproductive health. Each clinic is staffed by doctors, clinicians, counsellors and volunteers. A City of Toronto Public Health Nurse is assigned to work during the Men's Clinic hours. Testing is done at the Ministry of Health Laboratory and through a private lab. The Ministry provides treatments for most STIs free of charge.

The clinic has always promoted an integrated, comprehensive approach to service delivery. A full spectrum of sexual health issues – HIV, STI, birth control and pregnancy – may be dealt with at the same time, rather than dividing sexual health care into separate services.

Most importantly, we ensure that service delivery is informed by a non-judgmental, supportive attitude towards all sexual health concerns. We believe active client involvement in health care decision making is paramount. Therefore, we provide appropriate counselling and client education to help clients make well-informed decisions.

The clinic is incorporated as a non-profit charitable organization with a nine-member community Board of Directors. The Board takes responsibility for overall financial and policy direction while allowing staff collectives to make program and policy decisions.

The clinic is core-funded by the City of Toronto Public Health Division with additional funding from the AIDS Bureau, Ministry of Health and Long Term Care. Other funding sources include donations, community funding programs, grants and participation in clinical studies. The clinic also accesses the provincial STI billing program, a part of OHIP that does not require health cards.

History of Hassle Free Clinic

The main inspiration for Hassle Free came in part from the staff at the Rochdale Free Clinic. Hassle Free officially began operating in February 1973, when counsellors from Rochdale Free Clinic opened a 24-hour, 7 days a week street clinic on Yonge Street. The clinic was funded by a grant from the federal government's Local Initiatives Project, and offered drug crisis counselling and treatment in a discreet and non-judgmental manner as our name suggests.

By 1975, the drug-oriented street scene had largely disappeared. Meanwhile, the clinic had built a reputation for providing "hassle-free" medical care, particularly STI and birth control services. A small but significant step was taken in 1977 when the clinic's global budget was covered by a shared cost grant from the Ontario Ministry of Health and the City of Toronto Board of Health. The grant came as a dramatic last-minute intervention, when the clinic had exhausted its funds and was faced with imminent closure.

In January 1980, when Hassle Free Clinic moved to our previous location at 556 Church Street, it was reorganized into separate men's and women's hours. The separation was the result of increasing numbers of male (mostly gay) clients and limited space, making it difficult to serve men and women at the same time. In the early 1980s, the clinic was widely viewed as a "gay clinic", although in fact we have always served large numbers of heterosexual men. The majority of women seeking services are heterosexual.

Following the first wave of the AIDS crisis in 1983-84, the clinic began offering HIV education and prevention counselling. When HIV testing became available in 1985, the clinic immediately offered testing on an anonymous basis. At this time "anonymous testing" was illegal in Ontario. The number of male clients testing positive for HIV increased each year, reaching a peak of 230 in 1990. The seropositive rate in the Women's Clinic was low and remained stable during this period. In the late 1980s, the clinic introduced HIV positive support group programs for women and men which were well received by clients, and highly regarded by other health providers.

In 1989 the clinic mounted a campaign to legalize anonymous testing. Under pressure from community organizations, Toronto City Council and the Board of Health publicly endorsed the program. The Ontario Ministry of Health, however, refused to support the program until January 1992, when the NDP government legalized anonymous testing. Having offered anonymous HIV testing for the previous seven years, HFC was relied on to develop Ontario's Anonymous Testing Guidelines and train staff in designated sites across the Province.

In 2001, Hassle Free became the first clinic in Canada to offer anonymous rapid Point-of-Care (POC) HIV testing on site, which was halted due to questions about the accuracy of the device. In May 2006, HFC once again became the first clinic to offer such testing with a newly approved device. Based on our experience with POC testing and our lobbying efforts, the Ministry of Health and Long-Term Care announced in 2007 that it would be making POC tests available at designated sites across the province.

Since 1975, Hassle Free Clinic has played an important front-line role in identifying and serving the sexual health needs of a large and diverse at-risk population. We are increasingly called upon as consultants in developing health policy and educational programming. Without compromising our front-line status, we are now firmly established as a partner in Toronto Public Health's sexual health program, as well as the Ministry of Health and Long-Term Care's HIV testing program.

After 35 years of providing medical care to high-risk clients in a non-traditional setting, we are proud to be one of Canada's largest and most influential sexual health clinics.

Hassle Free Clinic Philosophy

The Clinic is committed to maintaining the following values and principles in the provision of sexual health services:

- Complete and understandable information about reproduction, sexuality, birth control, sexually transmitted infections and HIV
- Confidential STI testing and treatment, with emphasis on client responsibility for follow-up and informing contacts
- Access to Anonymous HIV counselling, testing and support
- Access for women to the full spectrum of reproductive care
- Active client involvement in health care decisions, emphasizing fully informed choice
- Medical treatment and counselling provided in a respectful, non-judgmental manner
- To work from an anti-oppression framework that recognizes and respects the full diversity of Toronto's communities

Highlights of 2008

Since the beginning of the epidemic, HIV has been surrounded by myths, misinformation and stigma. For this and other reasons, there have always been people who have extremely high HIV anxiety and very low risk. Many people assume they have HIV even though they have had low or no risk activity. Counselling these patients has always been challenging; trying to reassure them about the facts of HIV transmission, when the "facts" really do not have anything to do with the way they are feeling. Often patients do not accept a negative test result, challenging the counsellor, the procedure, the technology etc.

Two staff members took the lead on this issue and started doing work on theory and practice when dealing with these clients. They brought together a large working group of community partners along with a representative from the AIDS Bureau. The High HIV Anxiety and No/Low Risk Working Group (HHANLR), has developed presentations that have been delivered to various groups, and is currently developing a series of workshops for testers that will be showcased at the 2009 HIV Testing Conference. Their work has been invaluable in giving counsellors the tools to deal with this challenging phenomenon.

Another major highlight for the Clinic was obtaining funding to hire a full-time Administrative Assistant. With the exception of bookkeeping, all of our administrative functions had been carried out by counsellors. As the Clinic has grown, these tasks have demanded more time, taking precious resources from our front-line work. The AIDS Bureau came to the rescue with the suggestion and the funding for this position. We hired our new Administrative Assistant in the fall of 2008, and are working to define this role and take maximum advantage of this new opportunity.

In 2008, the Clinic was invited to send two staff members to Ukraine to assist in development and training of health care staff and community representatives in POC HIV testing. The situation in Ukraine is desperate, with thousands of undiagnosed people, lack of laboratory infrastructure, a huge IV drug using population and little in the way of resources. The goal of scaling up counselling and testing has the involvement of the World Health Organization, UNAIDS, and the Clinton Foundation. It would require a considerable time commitment from the Clinic as it might ultimately involve several trips, but staff are supportive. At year end, however, funding was still being sought for the initial assessment trip.

Hassle Free was pleased to be invited this year to sit on an Ad Hoc Expert Working Group of the Public Health Agency of Canada to revamp national HIV counselling and testing guidelines. It is a small group of approximately 30 representatives from government and community, with physician and legal representation. This badly needed overhaul is expected to take approximately two years to complete.

Another accomplishment this year was the blending of the men's and women's medical guidelines into one. It was initially undertaken to make it more trans-inclusive but has had the positive effect of making our medical guidelines more accessible and user-friendly. The content was reviewed and updated to ensure current and best practices were included. It is a requirement of the Clinic that all staff and physicians follow the guidelines as we have developed them.

Organizational Issues

Staff continued to address governance issues this year, organizing joint collective meetings on a bi-monthly basis. It has always been a struggle to carve out meeting time and not lose patient visits, but as the Clinic grows, improved communication between staff members has become essential. We have also tried to include a professional development component at these meetings.

A committee of two staff and two Board Directors was struck early in 2008 to address the issue of compensation for two long-time employees. In the 1970's, there were times when payroll could not be met, and there was a desire to address this. Towards the end of 2008, the Board of Directors approved payments for two current employees who worked at the clinic in the 1970's.

Our patient confidentiality policies were formalized this year with Board approval of our Information Practice Statement. This policy is informed by The Personal Health Information Protection Act (2004), and is integral to our functioning and reputation. Hassle Free has always endeavoured to exceed practice standards with regard to patient confidentiality, so we are pleased these standards have now been codified.

The Clinic continued to run at maximum capacity this year. Statistics show a rise in the rates of most STIs so this is not a surprise. We serve people without health cards, but even those with family physicians often seek the specialized expertise we offer. Counselling around chronic STIs increased this year, particularly in the Women's Clinic, with clients (and frequently their partners) seeking information and support when diagnosed with Herpes or the Human Papilloma Virus (HPV). Other POC test sites came on stream in 2008 offering rapid HIV testing which has eased demand slightly. Because we are so strongly identified with HIV testing, many clients prefer to wait for an appointment rather than go elsewhere.

Staffing was quite stable this year in both Clinics. Toward the end of the year, the Men's Clinic was able to recruit more physicians, which has provided some relief for staff

clinicians. The Women's Clinic was fully staffed with physicians with two and sometimes three doctors on every shift.

All in all, business as usual.

Clinic Website: www.hasslefreeclinic.org

Our website has proven to be a popular resource containing comprehensive information about our services, sexual health, and resources relevant to our clients. The website also plays an important role in communicating with service users about policies, clinic closures, etc. As it has become more and more common for people to look to the internet for information, the role of our website in communication and education has become critical.

As such, in 2008 our website content was updated and underwent a complete revamping in design with the help of our trusted and valued volunteer webmaster. Our website has been transformed to be more visually appealing and user-friendly. Content changes have included more trans visibility, trans-inclusive language, updated birth-control information as well as new and updated links to various resources and sexual health information. The main page now has a "What's new and important" section that notifies websurfers of upcoming clinic closures, employment opportunities and other significant news, as the title implies.

Website traffic has increased since the advent of our new design. During the past year we have had an average of about 22,000 visitors per month with 40,000 pages "fetched".

Volunteers

Hassle Free has a very dedicated team of volunteers. There were over 60 active volunteers in 2008, contributing well over 5000 hours of hard work. They form an integral part of our busy clinic. From greeting people at the reception counter to booking appointments, they are in many ways the face of Hassle Free – the first voice and face with whom clients come in contact. As our clinics have become busier, we rely more on volunteers to handle front desk responsibilities.

Front desk volunteers in the Men's Clinic were trained in 2007 to do appropriate screening when booking HIV test appointments. This has worked extremely well, ensuring consistency in approach and screening. Training for volunteers was offered again in 2008 to review the screening algorithm, and ensure everyone was up to date. There was also training provided in telephone counselling, specifically dealing with anxious and difficult clients and working more closely with the AIDS and Sexual Health Hotline. A staff person from the Info line was invited to review policies and counselling protocols with staff and volunteers.

Hassle Free also works with a very solid and committed group of "behind the scenes" volunteers. Our nine-member, community-based Board of Directors continues to lend a wealth of expertise, skill and guidance to our overall operations. We had two Directors resign from the Board in 2008, who will be replaced at the 2009 Annual General Meeting.

Student Placements & Training

Clinical health education is an important part of our commitment to community education. In the Men's Clinic, several nursing students have been trained and now work as relief, as well as doing outreach and testing in our bathhouse program. Clinic staff and physicians supervised approximately 34 residents and medical students from several institutions. We also had staff from various agencies attend the clinic for observation and training, particularly around rapid POC testing.

Clinical Trials/Studies

The clinic is actively involved in research relating to sexual health matters. This year we were involved in three studies. One ongoing study, with the University of Toronto, is looking at women's susceptibility to HIV in the presence of other vaginal infections. Preliminary findings were accepted as a poster presentation at the annual Ontario HIV Treatment Network conference in 2008. We are looking forward to its final conclusions and what it might tell us about improving prevention efforts for women.

The Clinic was also involved in a testing study with Biolytical Laboratories. We conducted 100 parallel tests, without giving patients the results, comparing the Health Canada approved INSTI test and the United Kingdom INSTI test.

Our research study comparing the sensitivity and specificity of culture and two diagnostic NAAT assays for the detection of gonorrhea and chlamydia in oral and rectal samples from 248 MSM was completed in January 2008. The study concluded that nucleic acid amplification testing (NAAT) detects *Neisseria gonorrhoeae* and *Chlamydia trachomatis* with superior sensitivity compared to culture. We hope NAATs will become the testing method of choice for the detection of gonorrhea and chlamydia in extra-genital sites in MSM.

Our lead author, Dr. Kaede Ota presented our findings at a poster session on October 25, 2008 at the IDSA (Infectious Diseases Society of America) conference in Washington, D.C. The study has been accepted for publication in *Sexually Transmitted Infections* and was first published online January 12, 2009.

Dr. Ota has also written another article based on our clinic records scheduled for publication in May 2009 in the journal *Clinical Infectious Diseases*. The article is entitled: Incidence and Treatment Outcomes of Pharyngeal *Neisseria gonorrhoeae* and *Chlamydia trachomatis* Infections in Men Who Have Sex with Men: A 13-Year Retrospective Cohort Study.

Community Education and Advocacy

Hassle Free Clinic has contributed to a wide range of sexual health campaigns, from fighting for access to abortion in the late 1970s to pioneering HIV anonymous testing in the 1980s. Our most recent accomplishment has been leading the way for the massive POC testing program launched in Ontario in 2007.

Staff are frequently asked to speak at conferences, sit on working groups, provide “in-services” to other health and social service agencies as well as respond to media requests and general inquiries. There are many larger agencies in the City who have specific funding for health promotion, but the Clinic tries to fill as many of these requests as possible. Though our main duties remain clinical, we believe it is important to share the knowledge we have gained.

Conferences, Community & Professional Education

- AIDS Committee of Toronto Volunteer In-Service (Annual)
- Anishnawbe Health Centre (POC Testing)
- Bay Centre for Birth Control (POC Testing)
- Black CAP Outreach HIV Testing
- Calgary Public Health (POC Testing)
- Canadian AIDS Treatment Information Exchange (CATIE) x 2 (POC Testing and Working with Anxious Clients)
- Guelph Sexuality Conference (Poster)
- HIV Test Conference Planning Committee & Presentations
- Medical Students for Choice – Reproductive freedoms/decision making
- Motivational Counselling – CAMH
- Peel Region Public Health (POC Testing)
- Planned Parenthood Toronto x 2 (POC Testing and Giving Positive Results)
- Ryerson Midwifery Program – Birth Control, STI, Sexuality Workshop
- Toronto Public Health – Sexual health educators – (POC Testing)
- Women’s Health in Women’s Hands – POC Testing/Giving Positive Results

Networks and Working Groups

- AIDS Service Organization Evaluation Working Group (AIDS Bureau)
- Anal Dysplasia Working Group (ongoing)
- Bath Counsellor Working Group & Co-Supervisor (ongoing)
- Black Coalition for AIDS Prevention, HIV POC Testing
- Clinic Sharing Network (ongoing)
- Disclosure/Partner Notification Working Group
- Frequency Testing Working Group (ongoing)
- High HIV Anxiety, No/Low Risk (HHANLR) Working Group
- HIV Counselling Guidelines Working Group, Public Health Agency of Canada (PHAC)
- HIV Positive Results Overview Study Working Group
- Intervention Working Group
- M2M Network (Coalition of Toronto ASOs)
- Needle Exchange Coordinating Committee of Toronto
- Ontario Gay Men's Health Summit Planning Committee
- Ontario Gay Men's HIV Prevention Strategy & HIV Stigma Campaign Working Group
- POC in Gay/MSM venues
- POC Training – Delivering Positive Results (Peel Public Health)
- POZ Prevention Focus Group
- PWA Focus Group
- Sexual Health Network of Ontario
- Syphilis Working Group
- Toronto Community Planning Initiative (AIDS Bureau)
- Trans Working Group (Internal)
- Ukraine Working Group

Media Interviews and Articles

- CBC radio interview, Eye Magazine, FAB Magazine, Lonely Planet, Toronto Star, Xtra!

Educational Materials (available on our website: www.hasslefreeclinic.org)

- "Does Sex Hurt?"
- "Information About Abortions"
- "Birth Control Methods Handbook" (with Planned Parenthood)
- "The HIV Antibody Test" (pamphlet)
- "Testing Positive" (pamphlet)
- STI information sheets as well as info sheets about yeast, bacterial vaginosis, Pap smears, vaginal discharge, and LGV
- "STI Guide for Men" – translated into Spanish

Clinic Programs

Anonymous HIV Testing Program

Anonymous and POC HIV testing continue to be the clinic's best-known programs. Counselling focuses on HIV transmission, willingness and ability to practice safer sex, identifying barriers to safer sex practices, and a rational understanding of relative risk. The impact of testing positive and dealing with an HIV positive result are discussed. As in all sexual health counselling, STI, birth control, pregnancy, assault and abuse issues are dealt with as appropriate.

We received two generous grants from the AIDS Bureau to address the demand for POC testing at the clinic. This allowed us, particularly in the Men's Clinic, to conduct more HIV test counselling sessions and see more walk-in clients. Despite our best efforts we still operate at capacity.

A continuing trend with clients is HIV anxiety unrelated to risk. We regularly see clients who have out-of-control anxiety about being infected with no real risk. Clients are not refused testing, except where too-frequent testing is contributing to their anxiety. Two of our staff members have been working with other community stakeholders to develop consistent messages to deal with the "HIV anxious". See Highlights of 2008.

It is disturbing that the number of positive tests in men has risen in 2008, with slightly fewer tests being conducted. The need to refine counselling strategies to address the challenges of practicing safer sex over the long term remains critical. Agencies struggle with this issue as educators, researchers and service providers attempt to understand this complex problem and find ways to deal with it. Factors such as the success of HIV treatments, decreased mortality, desensitization to safer sex messages and assumptions made by individuals and couples all contribute to this challenge.

Another on-going challenge is helping heterosexual women realistically assess their risks and encouraging consistent safer sex with their partners. This is particularly salient now that women represent 20% of all new infections in Ontario, a huge shift from the beginning of the epidemic.

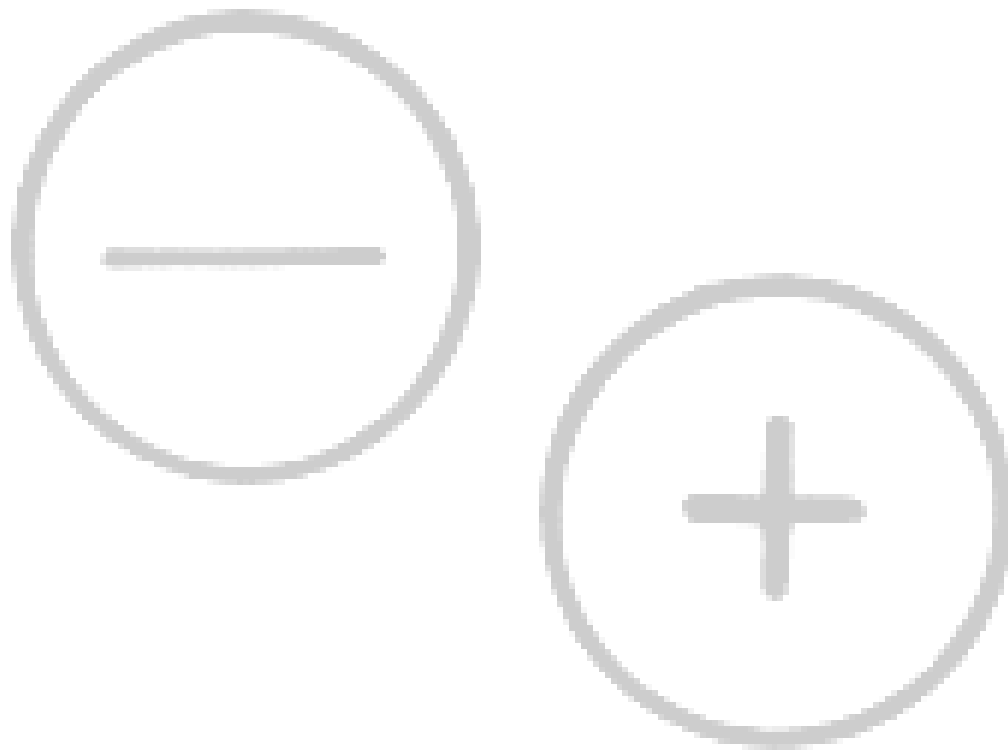
The internet provides a free and easy way for like-minded individuals to meet, especially among more isolated communities such as MSM, where they may not readily identify as gay or bisexual. However, the internet has also created many new challenges. While substance use has always caused difficulties in practicing and sustaining safer sex, online profiles increasingly have notations such as BB only (bare-backing only) with PnP (Party and Play). PnP refers to individuals who engage in drug use and sexual activities which could lead to unsafe sex, STIs or other health concerns.

Additionally, online social networking sites have made the practice of serosorting (identifying sexual partners based on HIV status) usually for the purpose of having unprotected sex more prevalent. While this has been happening informally since the beginning of the AIDS epidemic, it is not without risk. It presents complex issues. Individuals may lie, fail to disclose or be unaware of their true HIV status especially if their most recent HIV test was within the window period. Nor does it ensure that they are free from other STIs. Moreover, unprotected sex between two HIV positive individuals may lead to infection with a drug resistant strain of the virus, multiple infections and potentially a more rapid progression to AIDS. Serosorting can also contribute to HIV stigma and discrimination. Internet users

usually have greater anonymity, making it easier to falsify personal information, post discriminatory comments or to exclude people based on their HIV status, race, age or other social markers.

Web-diagnosing can cause a great deal of distress especially among those who are already experiencing HIV anxiety. Since several conditions share similar symptoms with HIV, some individuals automatically assume the worst without proper medical consultation. Certain websites contain confusing or contradictory information such as the relative risks associated with certain sexual practices, the length of the window period and/or the (in)validity of certain testing methods.

As a result, staff members are counselling more often around HIV anxiety, addictions, harm reduction, negotiating safety, trust and communication within a relationship, and post-exposure prophylaxis (PEP) to address these disturbing trends.



Number of HIV Tests Performed

		Number of HIV Tests	Seropositives	Steambath Seropositives
Women	2006	1,439	6	n/a
	2007	1,192	4	n/a
	2008	1,290	5	n/a
Men	2006	3,241	76	1
	2007	3,620	66	6
	2008	3,455	87	6
Trans Men	2008	4	0	0
Trans Women	2008	14	0	0

HIV Seropositives for 2008 by Risk Category

Men	Positives	Women	Positives
Gay men	85	Lesbians	0
Bisexual men	7	Bisexual women	0
Heterosexual men	1	Heterosexual women	5
Trans	0	Trans	0
Unknown/IVDU	0	Unknown/IVDU	0
TOTAL	93	TOTAL	5

Seropositive Counselling and Support Program

The provision of support for newly diagnosed clients is an important part of our HIV testing program. The number of clients testing positive in the Men's Clinic is much higher than in the Women's. There is also a more established referral base for men who have sex with men than for women, who tend to be more isolated. This has created distinct differences in support programming. For both clinics, however, the advent of rapid POC testing, with the requirement to return to the clinic for lab-confirmed results has improved support by increasing opportunities for post-test counselling.

Women's Program

The Women's Clinic continued its formal partnership with Voices of Positive Women in 2008 to provide support to HIV positive women. A counsellor, shared by both organizations but based primarily at the offices of Voices, has given stability to the program despite the part-time nature of the position.

During this year, we were able to run two groups for newly diagnosed women and provide more individual counselling and support. There were approximately 18 women in our groups, and 11 more women receiving individual support during this period. There were a number of newly diagnosed women this past year from Swaziland, which has one of the highest HIV rates in the world.

Women found the practical information combined with the assistance that group members gave each other, both powerful and empowering. Topics included: self-care, medications, disclosure, legal issues, immigration, sexual health and family relationships.

Men's Program

The Men's Clinic offers individual counselling and referrals to HIV primary care physicians and AIDS service organizations to newly diagnosed HIV positive men. The success of combination therapy has given many HIV positive people a more hopeful outlook. However, long-term social and psychological issues and drug-resistant strains continue to be of pressing concern. Counselling issues include stigma, disclosure, support needs, legal issues, self-care and reinforcing safer sex.

Trans Program

Trans people (transgender, transsexual, gender-fluid) frequently experience profound levels of discrimination and harassment in their day to day lives. Even more pervasive are the challenges they face when trying to access needed services and programs.

The Clinic has an ongoing internal Trans Working Group to develop recommendations around increasing accessibility and improving the quality of sexual health care for trans clients at the Clinic. This work has been undertaken within the context of the clinic's commitment to working within an anti-oppression framework.



The Trans Working Group reviewed and redesigned our intake sheets, client service brochures, hour slips and data collection systems to be trans inclusive. The current project is our STI information sheets. The trans-specific section of our website has also been well received. Additionally, information in our waiting room has been enhanced with trans-appropriate referral lists.

We are continuing to refine our data collection/administrative systems to accurately reflect the number of trans clients who access our services. This year is the first full year we can report on our services to the trans population.

Harm Reduction Program

Hassle Free Clinic has operated an onsite needle exchange in partnership with Toronto Public Health (TPH) since 1991. Since 2007 we are also offering safer crack use kits as part of Toronto's overall harm reduction strategy. This year the Clinic invited a staff person from the Works to provide information and training on the new kits.

In 2008, 3,065 clean needles and 20 safer crack use kits were dispensed, with 1,808 needles being safely disposed. Needle exchange clients are encouraged to discuss drug-related issues, methods of injection, harm reduction, support needs and general health concerns.

Steambath Outreach Program

Since 1975, the clinic has provided anonymous STI testing and information at local steambaths. The service began as a routine STI testing clinic, with an HIV counselling component added in 1983, and anonymous testing in 1995. Clinics usually run for 3-hour sessions in seven Toronto steambaths. We provide free condoms and lube, and testing for HIV, syphilis and hepatitis. Bath management has always cooperated, offering space for testing, regular announcements and display areas for educational materials.

The program is aimed at all steambath patrons, but in particular at men who otherwise might not attend a clinic or their doctor for STI and HIV concerns. While many patrons are self-identified gay men who have no difficulty accessing services, others fall into a variety of hard-to-reach communities. Steambaths always have attracted closeted bisexual and married men who have sex with men (MSM) who require the anonymity of this setting, and who are unwilling to access sexual health services in their communities. The clinic has been actively cooperating with other agencies offering community-specific outreach services. The bath program offers an ideal opportunity for staff to provide information and testing to specialized groups within the MSM community.

Hassle Free Clinic partnered with Asian Community AIDS Services (ACAS), VIVER (Portuguese-Speaking Coalition) and Black CAP to offer testing at special-event bathhouse nights.

Steambath Testing Program

	2006	2007	2008
HIV Tests	76	143	115
Syphilis Tests	148	136	133
Total Client Contacts	665	505	861

STI Program

The steady increase of syphilis infections in men continued to be of concern in 2008, particularly the management and counselling of clients co-infected with HIV. The Women's Clinic saw an increase in late latent cases, primarily due to referrals for treatment from immigration doctors. Overall, the number of positive STIs have remained consistent with previous years.

Syphilis Tests Performed

	2006	2007	2008
Women	872	457	533
Men	4,959	5,201	5,621
Trans women	n/a	n/a	5
Trans men	n/a	n/a	1

Number of Syphilis Positive Clients

	2006	2007	2008	
			Infectious	Late latent
Women	8	3	2	8
Men	98	108	99	25
Trans	0	0	0	0

Total STI Visits

	2006	2007	2008
Women	6,036	4,581	5,304
Men	12,286	11,968	13,036
Trans women	n/a	n/a	25
Trans men	n/a	n/a	12

Contraception/Pregnancy/Abortion Referral Program

Birth control, pregnancy testing, abortion referrals and follow-ups have dropped slightly as an overall percentage of programming. This is in part due to the availability of over the counter pregnancy tests and the ability to self-refer to abortion clinics. The Women's Clinic has noted an increase in the demand for fertility/conception counselling (e.g., women seeking alternative methods for conception).

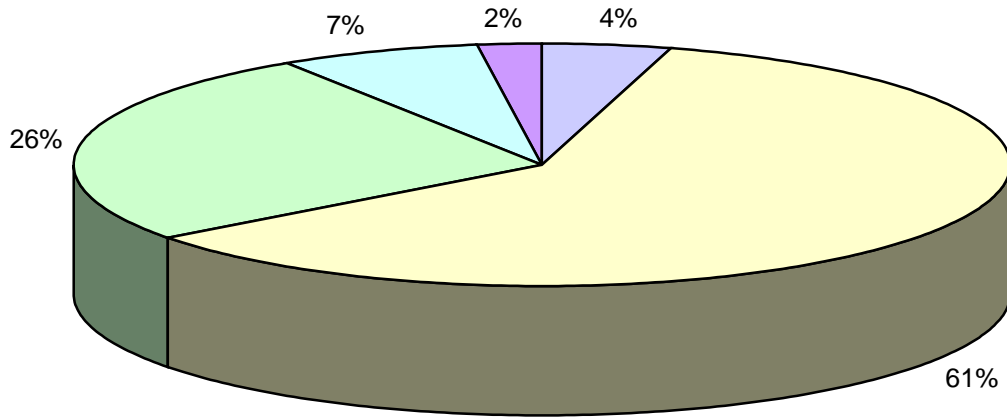
Access to abortion throughout the country remains a real concern. There are, for example, no freestanding abortion services in Ontario outside of the Greater Toronto area. An ongoing problem in providing abortion referrals is finding services for women without health cards as well as finding providers for late abortions.

Statistics Summary

POSITIVE TEST RESULTS

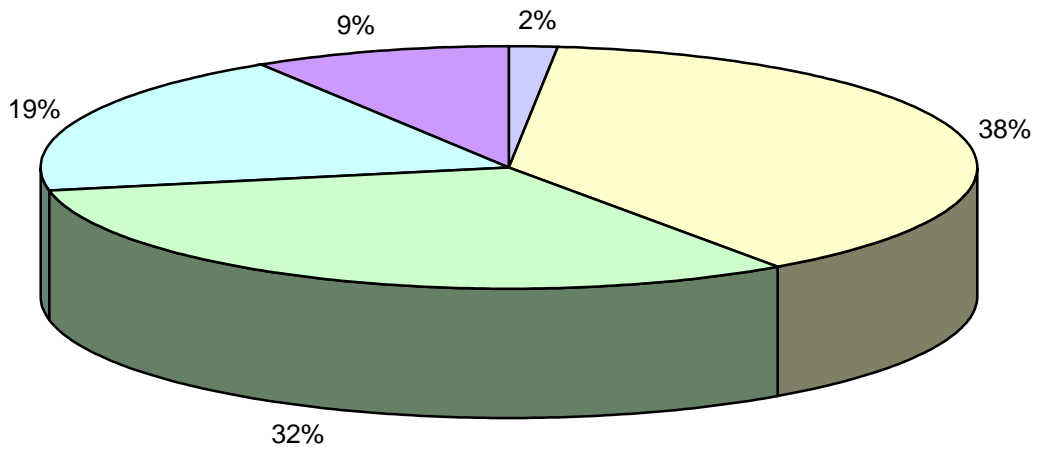
	WOMEN		MEN		TOTALS	
					2008	2007
Gonorrhea	Vaginal	16	Urethral	258	382	370
	Rectal	0	Rectal	85		
	Pharyngeal	1	Pharyngeal	22		
	Total	17	Total	365		
Chlamydia	Vaginal	96	Urethral	323	475	489
	Rectal	1	Rectal	29		
	Pharyngeal	0	Pharyngeal	26		
	Total	97	Total	378		
LGV		0		3	3	1
Syphilis	Infectious	2	Infectious	99	134	111
	Late Latent	8	Late Latent	25		
Parasites		0		11	11	10
Herpes I & II		59		110	169	166
Hepatitis A		0		1	1	0
B		2		5	7	5
C		2		2	4	6
UTI		85		n/a	85	75
Trichomonas		16		n/a	16	20
Abnormal Paps		192		n/a	192	157
Bacterial Vaginosis		411		n/a	411	389

Women's Clinic Age Distribution



■ <19 Years Old (361)	■ 20 - 29 Years Old (4,993)
■ 30 - 39 Years Old (2,161)	■ 40 - 49 Years Old (583)
■ 50+ Years Old (174)	

Men's Clinic Age Distribution



■ <19 Years Old (219)	■ 20 - 29 Years Old (5,044)
■ 30 - 39 Years Old (4,128)	■ 40 - 49 Years Old (2,493)
■ 50+ Years Old (1,147)	

Total Clients

	Women	Men
2005	8,507	17,716
2006	8,972	17,315
2007*	8,285	15,929
2008*	8,272	16,539

* The decline in the number of total clients for 2007 and 2008 can be attributed to the fact that in most cases rapid HIV POC tests do not require a follow-up return visit if the result is non-reactive

Reason for Visit

	Women	Men
STI	5,332	13,036
HIV	1,290	3,455
Contraception/Gyne*	2,030	n/a
Hepatitis	393	466

(Clients may present

one reason)

for more than

* This category includes contraception, pregnancy tests, abortion referrals and other gynecological concerns.

FINANCIAL REPORT

STATEMENT OF REVENUE AND EXPENSES

Our fiscal year runs from January 1 to December 31. The following figures are a summary of our financial activities in the 2008 fiscal year. A complete audited financial report is available upon request.

REVENUE

City of Toronto:			
Core funding	\$857,011	58.5%	
Grants	14,233	1.0%	
Ministry of Health:			
AIDS Bureau	141,579	9.7%	
STD Billing	380,821	26.0%	
Studies	11,590	0.8%	
Fundraising	17,528	1.2%	
Other	52,272	3.5%	
Amortization of Deferred contributions	12,226	0.8%	
TOTAL REVENUE		100%	\$1,464,832

EXPENSES

Salaries, Benefits	\$1,228,135	83.8%	
Facility Costs	99,928	6.8%	
Administration	76,348	5.2%	
Fundraising	64	0.0%	
Client Education	8,406	0.6%	
Medical Expenses	24,875	1.7%	
Volunteers	7,817	0.5%	
Amortization of Capital Assets	20,183	1.4%	
TOTAL EXPENSES		100%	<u>\$1,465,756</u>

2008 SURPLUS

(\$924)

BALANCE SHEET

ASSETS:

CURRENT ASSETS

Cash in hand	\$613,318	
Accounts receivable	68,638	
GST recoverable	4,049	
Prepaid Expenses	<u>24,723</u>	
Total Current Assets		\$710,728

CAPITAL ASSETS

Leasehold Improvement		<u>291,273</u>
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TOTAL ASSETS

\$1,002,001

LIABILITIES, RESERVE and OPERATING SURPLUS:

Accounts payable		\$174,264
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Deferred Contributions related to Leasehold Improvements		176,444
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Balance at beginning of year	\$652,216	
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2008 deficit	<u>(923)</u>	
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Balance at end of year	651,293	
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Net assets invested in Leaseholds		114,829
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Board allocated reserves		225,000
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Operating surplus		311,464
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TOTAL LIABILITIES, RESERVE and OPERATING SURPLUS:

\$1,002,001