

A communication periodical for our clients, staff & the community at large

The Chronicle

A Paterson Counseling Center Newsletter

Special points of interest:

- PCC Specializes In Treating Associates With HIV From An Addiction Management Perspective
- PCC is One of The Largest Treatment Facilities In Passaic County
- PCC Partners With Agencies To Provide Services Related To Addiction Management

AIDS and African Americans

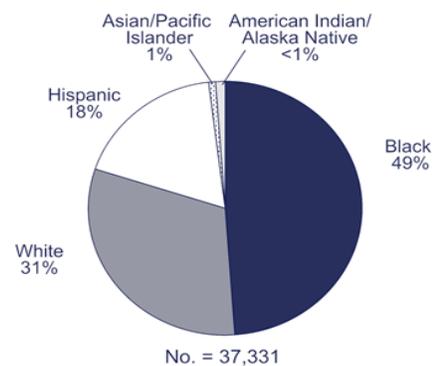
Of all racial and ethnic groups in the United States, HIV and AIDS have hit African Americans the hardest. The reasons are not directly related to race or ethnicity, but rather to some of the barriers faced by many African Americans. These barriers can include poverty (being poor), sexually transmitted diseases, and stigma (negative attitudes, beliefs, and actions directed at people living with HIV/AIDS or directed at people who do things that might put them at risk for HIV).

When we look at HIV/AIDS by race and ethnicity, we see that African Americans have more illness. Even though blacks (including African Americans) account for about 13% of the US population, they account for about half (49%) of the people who get HIV and AIDS.

Shorter survival times. Blacks with AIDS often don't live as long as people of other races and ethnic groups with AIDS. This is due to the barriers mentioned above.

More deaths. For African Americans and other blacks, HIV/AIDS is a leading cause of death.

As the pie chart below shows, in 2005, about half (49%) of the people diagnosed with HIV/AIDS were black (according to information from 33 states). Children are included in these data.



The reality is similar for children: HIV/AIDS affects black children the most. In 2005, 104 (63%) of the 166 children under the age of 13 diagnosed with HIV/AIDS in 33 states were black.

As the pie charts below show, blacks account for about half of all people living with HIV/AIDS within each sex category. According to information from 33 states, during 2005,

among men, 41% of men living with HIV/AIDS were black among women, 64% of women living with HIV/AIDS were black

For black men, the most common ways of getting HIV are (in order) having unprotected sex with another man who has HIV sharing injection drug works (like needles or syringes) with someone who has HIV having unprotected sex with a woman who has HIV

Inside this issue:

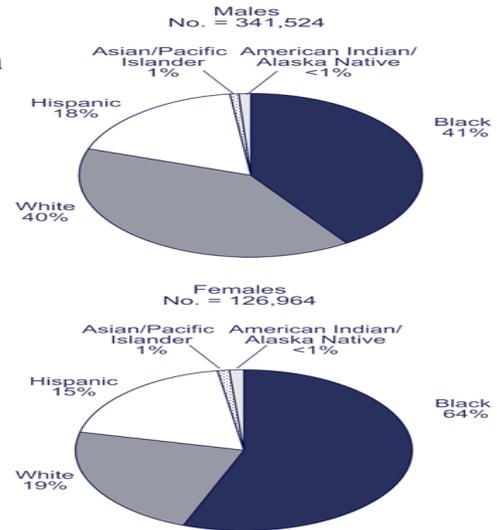
- African Americans & Aids **1**
- Myths **2**

AIDS and African Americans (continued)

For black women, the most common ways of getting HIV are (in order) having unprotected sex with a man who has HIV sharing injection drug works (like needles or syringes) with someone who has HIV

Blacks at higher risk for HIV are those who are unaware of their partner's risk factors with other STDs (which affect more blacks than any other racial or ethnic group) who live in poverty (which is about one quarter [25%] of all blacks)

For details on HIV/AIDS in African American communities, read the CDC fact sheet HIV/AIDS among African Americans.



5 Myths About Drug Addiction

MYTH 1: Overcoming addiction is a simply a matter of willpower. You can stop using drugs if you really want to. Prolonged exposure to drugs alters the brain in ways that result in powerful cravings and a compulsion to use. These brain changes make it extremely difficult to quit by sheer force of will.

MYTH 2: Addiction is a disease; there's nothing you can do about it. Most experts agree that addiction is a brain disease, but that doesn't mean you're a helpless victim. The brain changes associated with addiction can be treated and reversed through therapy, medication, exercise, and other treatments.

MYTH 3: Addicts have to hit rock bottom before they can get better. Recovery can begin at any point in the addiction process—and the earlier, the better. The longer drug abuse continues, the stronger the addiction becomes and the harder it is to treat. Don't wait to intervene until the addict has lost it all.

MYTH 4: You can't force someone into treatment; they have to want help. Treatment doesn't have to be voluntary to be successful. People who are pressured into treatment by their family, employer, or the legal system are just as likely to benefit as those who choose to enter treatment on their own. As they sober up and their thinking clears, many formerly resistant addicts decide they want to change.

MYTH 5: Treatment didn't work before, so there's no point trying again; some cases are hopeless. Recovery from drug addiction is a long process that often involves setbacks. Relapse doesn't mean that treatment has failed or that you're a lost cause. Rather, it's a signal to get back on track, either by going back to treatment or adjusting the treatment approach.

At the end of the day you have the power to change your outcomes for the better. Start by refocusing your effort on addressing what you need to do to get to a better place. Start by having a discussion with your counselor and begin to develop a treatment plan.

Source: helpguide.org

