No. 100 August 1999

Talkabout

The Magazine of People Living With HIV/AIDS NSW Inc.

◆ Where We Speak for Ourselves ◆

Our 100th issue!

Staying alive
The Lazarus Syndrome

Ecky Tuesday
Party Drugs and Tears

Get Smart
Our Positive 100 Quiz

who me? depressed?

... the lowdown on mental health

Family Planning NSW HIV/AIDS Services

Our **Health Promotion Unit** offers training programs in sexuality, sexual and reproductive health and HIV/AIDS for professionals and community workers. These can be tailored to meet the particular needs of your organisation.

Our **Women, HIV and Sexual Health Project** offers updates on HIV/AIDS issues, symptoms and treatments. HIV pre and post test counselling, pregnancy and HIV, sexual health, the female condom. We also offer referrals, consultancy and advice for HIV positive women and health workers. **Resources:** factsheets on women and HIV for positive women, carers and health workers.

Coming soon Training video on HIV pre and post test counselling. Six new fact sheets including: positive women and sexuality; young Aboriginal women and sexual health

Our **Men and Sexual Health Project** is the only statewide initiative promoting sexual health issues to heterosexual men.

Our **HIV/AIDS and Intellectual Disability Project** provides training for disability workers, sexual health workers, corrective services, boarding house and refuge workers, and for people with an intellectual disability and their parents.

Coming soon low literacy resource on HIV prevention for prison inmates with an intellectual disability.

Our **Clinics** offer a full range of sexual health services, HIV counselling and testing.

Our **Library** is part of the AIDS Library Network and stocks a comprehensive range of books and articles on HIV/AIDS.

Our **Bookshop** carries an up-to-date and wide range of relevant HIV/AIDS related publications.

We can be contacted on (02) 9716 6099 for further information.

Positive Information *for patients*

The Australian Society for HIV Medicine has produced a new, comprehensive HIV education resource for doctors and other health professionals. This has been developed to assist in informing PLWHA, their families and carers about a wide range of HIV issues.

Positive Information for Patients (PIP) collates **over 690 pages** of material from diverse sources onto floppy disc (Word 6) **for easy printing as required and convenient storage and updating.**

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This month's cover features an illustration by Phillip MacGrath

Welcome to the 100th issue of *Talkbout*

While depression is being described as "our quiet crisis" in the mainstream media, it seems more prevalent in the world of HIV/AIDS. As we arrive at our 100th issue – fifteen years into the epidemic – it's ironic that we are finally speaking about the unspoken. One would have expected that our lives would be improved with the 'new treatment optimism'. Life is looking up, but people are not designed to live in an environment of constant change. New treatments have brought new uncertainties and fears. Longer life and the pressure to set and reach new goals can create emotional fallout, including stress, anxiety and depression.

In this issue we explore the causes of depression, it's symptoms and treatments. We hear from people living with HIV/AIDS, their carers and service providers. Australia has passed a turning point in the AIDS epidemic; people are living longer and need to reinvent their lives. We bring with us all the baggage of survivor's guilt: multiple grief, financial insecurity, interrupted careers, and a search for the motivation to get 'back on the tracks'.

Seeking treatment can mean dealing with unresolved issues, present pressures, or using anti-depressants. For someone on combination therapy, just taking anti-depressants is not that simple. There are unanswered questions; will there be adverse interactions with my existing treatments? More pills to take? This issue tackles some of those pressing questions and demonstrates that there are ways out of the black hole of depression, with useful pointers on where to go for help. Plus there's a quiz with great prizes to celebrate our 100th issue!

Vivienne Monro
Convenor
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Past, present and future ...

The admirable Creighton

In last month's *Talkabout* I failed to recognise the departure of one of our most reliable and witty volunteers. Tony Creighton, who has been on our reception desk Thursdays and Fridays for over a year, will take up full-time employment with the Indigenous Gay & Transgender Project at the Australian Federation of AIDS Organisation (AFAO). The renowned expression, 'keeping the bastards honest' is often linked to the Australian Democrats but also best explains my experience of both Tony's demeanour and humour. I'm sure he is going to 'ruffle some feathers' as well as get the job done. It is pleasing that a small organisation like ours can, through our volunteer project, assist people to re-skill and return to fulfilling employment after long periods of absence from the workforce.

Introducing TALKSHOP

A priority of PLWH/A (NSW) is to advocate and lobby for the interests of PLWHA. To this end, we are represented on various committees, boards, steering and advisory groups in the HIV/AIDS community, state government and disability areas. *Talkabout*'s new column presented by PLWHA (NSW) Community Development Officer, Antony Nicholas *(Page 4)* will keep you up to date with the range of issues being discussed at these meetings. We encourage you to write to us with comments on the issues raised.

The pen is mightier ...

Submission and policy writing is an area of advocacy work that occurs quietly behind the scenes. This month, PLWH/A (NSW) wrote a submission to the Attorney General of NSW. The submission sought the establishment of a working party to develop proposals for an independent process that will handle complaints, review and monitor guardianship and/or protective orders.

It is of particular concern to PLWHA (NSW) that the ability of public and private agencies to access and use information containing people's HIV status has broadened considerably. In response we have written to the Office of the Federal Privacy Commissioner.

A response to the draft Fourth National HIV/AIDS Strategy to the Commonwealth Department of Health and Aged Care has been recently submitted. Further consultation and input regarding the draft document is anticipated.

Over the last few weeks we participated in consultations with the NSW Police regarding a draft Disability Action Plan. We have also been invited to assist the Ageing and Disability Department to develop Disability Action Plans across government agencies. This work will be done in collaboration with other key agencies such as AFAO, the AIDS Council of New South Wales (ACON), the Bobby Goldsmith Foundation and the Positive Living Centre.

Lights ... camera ...

The Positive Speaker's Bureau (PSB) this year will develop a video resource aimed at rural high schools. 'The Human Face of HIVAIDS' video project will give rural students and teachers expanded access to the information and experience of the PSB. The project is funded by a grant from the AIDS Trust of Australia.

The future for Positive Retreats

The Positive Retreats project will be independently evaluated at the conclusion of its funding. The project commenced at PLWH/A (NSW) in 1995 and is now managed by ACON. Phillip Medcalf, President of PLWHA (NSW), will chair the steering committee to oversee the design of the evaluation. PLWH/A (NSW) along with ACON, Southern Eastern Sydney Area Health Service and Central Sydney Area Health Service have donated funds for the evaluation. ■

ATPA Treatments Course

AIDS Treatment Project Australia (ATPA) has announced the first national short course in HIV Medicine for Treatment Officers and others involved in the provision of treatments information in the community sector. This three day accreditation course will be run in Sydney on August 12,13 & 14 and has been endorsed by NAPWA, the HIV Prescribers Continuing Medical Education Project and the NSW Health Department. Contact Jo Watson at ATPA on (02) 9281 0555.

Lipodystrophy Information

St Vincent's Hospital held a Lipodystrophy Information Night on July 29 at the Sacred Heart Hospice in Darlinghurst. Presenters included Professor David Cooper, researcher John Miller, dietician Dannae Brown and a PLWHA. The session provided the opportunity to ask questions, hear recent research reports and the latest news about lipodystrophy. For more information contact Bronwyn McGuire or John McAllister on (02) 9361 7707

Ritonavir capsules

People who are taking the unpleasant-tasting liquid version of ritonavir as part of their combination therapy will be encouraged to hear that in the USA, the soft-gelatin capsule formulation of ritonavir was approved by the Food and Drug Administration (FDA) on June 30. The manufacturers of ritonavir, Abbott, have already submitted the new formulation to the Australian Therapeutic Goods Administration (TGA) for approval. Abbott are hoping for TGA approval by September 1999. *(Source: Abbott)*

Treatments and Y2K

Readers on long term therapeutic regimes may be concerned about the effect of the Y2K computer bug. Speak to your doctor about organising three month supplies of scripts for medication that will carry you over the Christmas period. It is possible that the manufacturing and supply systems of drug manufacturers may be affected by the Y2K problem. A problem with other suppliers could affect drug production, as could problems with distribution companies. Hospital computer systems are expected to be Y2K compliant.

First International Lipodystrophy Workshop

Over 200 people gathered in San Diego in June for the first International Workshop on Adverse Drug Reactions and Lipodystrophy in HIV.

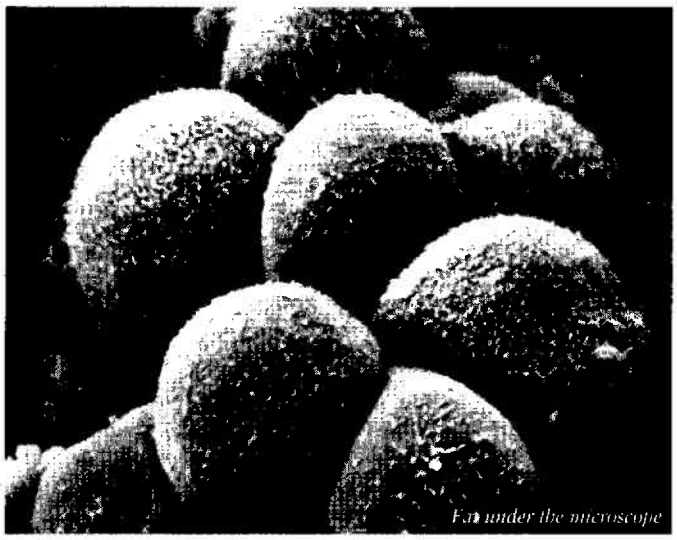
Debate over exactly what is and what causes lipodystrophy, how to prevent and reverse it and what treatment options exist for PLWHA with lipodystrophy has so far not led to conclusive answers.

Answers to these questions were not resolved at this workshop. However the workshop acknowledged the concerns of PLWHA and doctors that lipodystrophy must be viewed as a threat to quality of life, self-esteem and adherence.

Research presented at the workshop suggested that patients who take nucleoside reverse transcriptase inhibitors (NRTI) can develop lipodystrophy. This means that lipodystrophy has now been shown to develop in PLWHA whether or not they are on a protease containing or protease sparing regimen.

Five different cohort studies presented results that statistically associated d4T and duration of d4T therapy with the development of lipodystrophy. Several researchers were cautious to point out that this does not mean that d4T causes lipodystrophy.

PLWHA and doctors should be cautious before drawing a conclusion about which drug causes lipodystrophy. It was only a short time ago that protease inhibitors were being labelled as the culprit for lipodystrophy. Some researchers hold the view that lipodystrophy is not caused by a single factor and may be multi factoral and indeed be more than one syndrome.



Fat under the microscope

An unproven hypothesis presented by Dr Kees Brinkman from Amsterdam may offer support to this theory.

In studying the in vitro effects of NRTI on mitochondria, which are contained in most cells, he was able to show that NRTI damage the mitochondrial DNA and cause toxicity. Referring to previous work done which shows that AZT causes myopathy (AZT induced myopathy; Dalakas et al. NEJM 1990), Brinkman proposed that the NRTI may cause clinical effects such as peripheral neuropathy, lactic acidosis, pancreatitis and kidney problems.

Other research presented identified treatment duration, gender and disease stage as additional factors that contribute to the occurrence of lipodystrophy.

If we add protease inhibitors to the picture we know that they cause their own set of metabolic changes such as elevated triglycerides, cholesterol and glucose.

Some researchers felt that a consensus on a case definition should be delayed until it is determined whether class specific metabolic changes are the cause of lipodystrophy, or, when taken with other factors, they point to an as yet unknown mechanism that causes body fat changes.

The workshop demonstrated it is too early to jump to conclusions and make treatment decisions on how to avoid lipodystrophy. Improved quality of life and successful suppression of the virus remain the main goals of antiretroviral therapy. The risk of developing lipodystrophy needs to be balanced with the risk of progression on health outcome. ■

Amprenavir

Glaxo Wellcome has announced that its new protease inhibitor Amprenavir (Angenerase, 141) is now available under the Special Access Scheme (SAS) for patients in Australia.

PLWHA will have access to Amprenavir if they meet the following criteria: 'People who need Amprenavir to put together a viable treatment combination. Not to be used as initial therapy or where currently registered agents are available for use in a viable combination'.

Glaxo Wellcome says that Amprenavir may be of use to patients who are genuinely intolerant to other registered combinations of antiretrovirals, who are intolerant to current protease inhibitors and need another drug option or for patients who are failing their current therapy.

Treatments Spokesperson for NAPWA, Peter Canavan, commented that the availability of Amprenavir adds another needed treatment option for some patients and their doctors. The criteria were developed in consultation with medical and community representatives and reflect our responsibility to create timely access to new agents for those in most need.

Amprenavir can be taken with or without food but should not be taken with a high fat meal such as fried eggs and bacon, as this decreases the absorption of the drug. The recommended dosage is eight, 150mg capsules, twice daily in combination with other antiretrovirals. The most common side effects are nausea, vomiting, diarrhoea, rash and perioral parasthesia. ■

Briefs

Friends of BGF

The Bobby Goldsmith Foundation will launch a new campaign in September to celebrate the organisation's 15th birthday. The campaign will ask members of the public to become a Friend of BGF and make a regular donation to help BGF clients. Executive Director, Georgina Harmon, told *Talkabout* that BGF was in the fight against HIV/AIDS for the long term. "Regular donations to BGF will help reduce our costs and free up more money to help our clients." The campaign will be launched on the streets of Sydney on Saturday 11 September. To volunteer or arrange a regular donation please call BGF toll free on 1800 651 011.

PLWHA in the country

The HIV Prescribers Project has released distance education packages for rural and remote practitioners interested in prescribing the highly specialised s100 drugs for the treatment of HIV/AIDS. Coordinator, Levinia Crooks, told *Talkabout* that PLWHA living in rural or remote areas of NSW had much to gain from the initiative. "This resource can assist PLWHA to use the doctor of their choice, in their local area. The resource will keep doctors up-to-date with changes to the s100 program and issues of interest to prescribers. Better service for PLWHA will be the outcome," she said. More on the Prescribers Project next issue.

Taking Care of Yourself

A comprehensive guide for PLWHA has been launched by the Australian Federation of AIDS Organisations and the National Association of People With AIDS. *Taking Care of Yourself* covers the areas of health monitoring (including antiviral treatments and opportunistic infections), care and support. The new resource also covers principles of best practice in the areas of relationships with GPs, hospital admission and procedures, hospice and palliative care, and taking part in research or clinical trials. *Taking Care of Yourself* is available from AIDS Councils and PLWHA organisations.

Fashion funds home meals

Bill Paterson, Programs Manager at the Bobby Goldsmith Foundation (BGF) and Peter Chadwick, Chairperson of Fashion For AIDS presented a cheque for $5000 to Irwin Diefenthaler, a tenant of the BGF Housing Initiative. The funds will be used to enhance the BGF House Meal Service.

Pictured (left to right) are Bill Paterson, Peter Chadwick and Irwin Diefenthaler

Welcome to **TalkShop**. Each month Antony Nicholas – our Community Development Project Worker – will profile the diverse work done by PLWHA (NSW). Staff and committee members are active in many projects, consultations and meetings that affect the interests of PLWHA. Most of this work is done quietly behind the scenes using the wide networks the organisation has developed.

Bethany closes

Bethany Respite Centre has lost its funding from the 30th June. The loss of the well-known respite centre in the western suburbs is a major concern, especially since services have been unavailable since last December. There are few services available in the region and the loss of Bethany represents a significant loss. Haven will take over the lease for six months and finance the costs of running the short-term 24-hour respite care centre by fund-raising. The Haven Drop-In centre has moved to the Bethany address. PLWHA (NSW), along with ACON, BGF, Blue Mountains PLWHA and the Haven will be following this issue closely. It is hoped that with this group of representatives will be able to work out a collaborative approach to fund the drop in centre, respite in the west and also look at the needs of positive people with complex needs.

HACC review

The Ageing and Disability Department will fund a consultant to facilitate changes across Home and Community Care (HACC) services to eliminate discrimination, ignorance and improper practices in HACC services. Anne Malcolm Consultancy will be carrying out the project.

Representatives from PLWHA (NSW), the Bobby Goldsmith Foundation, AIDS Council of NSW, AIDS Dementia Complex and HIV Psychiatry Service, Redfern Community HIV Team, and several HACC organisations have formed a reference group to facilitate the project.

Police consultations

With the AIDS Council of NSW, PLWHA (NSW) recently held consultations with the NSW Police Department to improve police treatment of PLWHA held in custody. PLWHA (NSW) believe it is essential that PLWHA are treated with respect while in custody, with adequate procedures to prevent any discrimination by police. A major issue is PLWHA access to their treatments whilst in custody. The meetings are part of an ongoing consultation being undertaken by the NSW Police with disability agencies.

New counsellor at Albion Street

Albion Street Centre Psychology and Counselling Unit has a new Counsellor. Welcome to Lucy O'Neill.

BGF news

BGF is employing a second financial counsellor to help out with all that great work Maree has been doing. They are expected to start within the month.

Social group for isolated PLWHA

A new social group is being formed to look at ways of reducing isolation for positive people, especially those isolated by poverty. A plan of events will be released soon and I will keep you informed of any up and coming events, like barbeques, movies and trips out of the city.

Advocacy course

PLWHA (NSW) hopes to run another advocacy course as soon as we can secure funding. Any one interested please call the office. Regional courses are also planned for later in the year.

PLC survey shows rise in depression

The latest Positive Living Centre Survey raised issues of depression and progressive financial difficulties associated with a long-term diagnosis. This is a vital point considering that forty-four percent of respondents were diagnosed over ten years ago. Seventy percent of respondents believed they were living in poverty. The vast majority (80–90%) of people felt comfortable, respected and accessed services provided by the PLC frequently each week. The PLC will be off to Zetland during the renovations. ■

Briefs

PLWHA tops at getting back to work

The rise in PLWHA returning to work has gained state recognition with the release of employment figures last month. Options, an agency that specialises in PLWHA placement, has topped the 113 employment network agencies within the Sydney region. Options gives intensive assistance to PLWHA who wish to return to sustainable employment. 207 PLWHA returned to part and full time work in the two months from May 1. Options General Manager, Peter Garvan, told *Talkabout* he was confident that his agency had little difficulty finding employment for clients who had the ability and wanted to return to work.

PSB at Centrelink

Speakers from the Positive Speakers' Bureau (PSB) will address Centrelink staff on the difficulties of seeking appropriate employment when living with HIV/AIDS. The program, to run throughout August, is part of a Centrelink staff-training program for personnel working with disability groups including mental health and HIV/AIDS. Sixteen PSB speakers will be involved in the initiative.

Medical wills outdated

The HIV/AIDS Legal Centre (HALC) has advised that 'medical wills' of the past are of limited use after recent changes to the Guardianship Act of NSW. The advice came after a PLWHA contacted HALC to update the contact details of their 'medical will'. PLWHA can now nominate an 'enduring guardian'. If you become incapable of making decisions about your health care, the enduring guardian can legally make those decisions on your behalf. To appoint an enduring guardian, you must sign a form before a solicitor. Further advice from the HIV/AIDS Legal Centre 02 9206 2060.

Water contamination

After the water contamination scare last year, NSW Health will release a new policy on boiled water alerts for crypto and giardia organisms. PLWHA (NSW) have advised Sydney Water to provide clear and appropriate advice to immuno-compromised people who are vulnerable to these waterborne illnesses. The Department's draft policy 'weighs the risks' to argue that there is no need for permanent advice to boil drinking water. PLWHA (NSW) have recommended that the decision to boil water, be left to the discretion of individual PLWHA and their doctors with supportive education campaigns.

National evaluation of Disability Support Pension underway

A national evaluation of the Disability Support Pension (DSP) is underway and PLWHA are being urged to speak out about their experiences.

The Commonwealth Department of Family and Community Services has commissioned an independent review of the Work Impairment Tables for the DSP. The Tables are used to assess whether an individual is sufficiently work-impaired to go onto DSP for the next two-year period. To be eligible for DSP an individual has to reach a rating of twenty points on these tables. The Table system of assessment was introduced two years ago.

David Menandue is the Care and Support spokesperson for the National Association of People With HIV/AIDS. He told *Talkabout* that PLWHA may have experienced increased difficulties in getting the DSP over the last two years.

"To score twenty points you need to show that you are quite incapacitated and have some trouble caring for yourself in everyday life. Your average PLWHA would have difficulty proving that they cannot do some work. The issue is probably to prove that energy levels and the side-effects from drugs have definitely made it impossible to do full-time work which is the main criteria."

"Our experience is that GPs and other doctors have been able to get most people on the DSP. What doctors often don't know is that it's possible to use other parts of the tables to get someone up to twenty points, for example, drug and alcohol problems, skin problems, mental health issues can all be added to the impairment already experienced and this can total twenty," Menandue said.

The HIV Futures survey (NSW, May 1999) found that 52 percent of PLWHA receive a government benefit, pension or social security payment. HIV/AIDS has a severe impact on people's ability to maintain work, with 32 percent of people working experiencing difficulties taking medication at work, and 73 percent of people on antiviral medication regularly experiencing side effects.

A final report is to be presented to Parliament in September. To participate in the evaluation process call Jenny Pearson Consultants on 08 8449 7790, NAPWA or PLWHA (NSW). ■

And the winner is ...

Ken Holmes took out the community and HIV (non-professional) prize for this shot of his boyfriend, Alex (with assorted drag queens) at a Mardi Gras Fair Day.

Ken's photo (originally in colour) was one of sixty-two entries in the inaugural This Gay Life competition. Other winners included William Yang, John Thompson, Andrew Lehmann, and Craig Phillips.

The exhibition ran throughout July upstairs at the Lizard Lounge. This Gay Life was sponsored by the NSW AIDS Council's Getting Things In Focus campaign, the Australian Federation of AIDS Organisations and the National Association of People Living With AIDS. ■

"I knew the photo of my boyfriend Alex would win a prize when I entered it: it was Alex's positivity that made me enter it in the first place. Even though he is dead his presence is ever there, looking over my shoulder, still giving me the support he always has and continues to do.

If this shot doesn't reflect community and HIV then I'll eat my tiara. The shot was taken at Fair Day and, as you can see, he was having the best time. Alex marched (no not wheeled) the next week in the Parade in full costume, watched the parade on TV and died the same night. Boy did he go out in style."

Love you all, Ken Holmes

Briefs

Gay Prisoners Should Be Provided Condoms

London A British judge has ruled that condoms be supplied to homosexual prisoners who would otherwise engage in unsafe sex. Former prisoner Glen Fielding had waged a long campaign for provision of condoms to prisoners. The British Prisoner Service supports the decision. The judge said the refusal to supply prisoners with condoms was not illegal, but noted that it was a health issue.

Vancouver Sun

Gay men still cannot give blood

United States The US government is considering a five-year exclusion law for the giving of blood by men who have sex with men. Debate continues to rage over whether men who have sex with men should be able to contribute blood. US blood banks have been asking men about their sexual behavior since 1985. However, current research shows that gay men are no longer the group with the fastest-growing number of HIV cases. Critics say the blood donation questionnaire stigmatizes homosexuals and encourages donors to lie. *Washington Post*

AIDS care lags for minorities, poor

United States AIDS drugs that prolong life are less likely to reach those who contract the virus via drug use, a national study of AIDS treatment (University of California, Los Angeles), has found. Blacks, Latinos, and those without private health insurance missed out on new drugs and health care – in 1996, when the study began. The gap narrowed by 1998 – notably for Latinos and blacks. It persisted for women, who are most likely to get HIV through sex with a drug user and were also less likely to be in treatment. *Associated Press*

Africa Bill passed

Washington The United States House of Representatives has passed the controversial Africa Growth and Opportunity Act (AGOA), without provision to protect the ability of African countries to develop a less expensive, generic version of US-manufactured AIDS drugs. US administration officials are adamant that "they will not allow African governments to violate international intellectual property rights." The fear that AGOA will mean drugs are too expensive for African PLWHA has led to severe criticism of Vice President Al Gore and the Clinton Administration.

Associated Press

Scholarship to fund research into blood borne viruses

The Federal Government will establish a memorial scholarship fund of $250,000 to finance research into blood borne viruses. The Jonathon Mann Memorial Scholarship is a tribute to Dr Jonathon Mann who was director of the World Health Organisation's Global Program on AIDS from 1986 to 1990. He and his wife Dr Mary-Lou Clements-Mann (a distinguished HIV/AIDS vaccine researcher) were killed in the 1998 Swissair air crash.

Five research projects into HIV/AIDS and hepatitis C have been selected in the first round of funding.

The research topics range from investigating the predictors of treatment failure for people receiving drug treatment for HIV/AIDS, to a study of cocaine use and risks for the transmission of hepatitis C and HIV among injecting drug users.

The five successful research projects were chosen by the Australian National Council on AIDS and related diseases (ANCARD) from a field of 26 expressions of interest. The fund is to be administered by the AIDS Trust of Australia.

The commissioned research funding forms part of the implementation of the Federal Governments Partnerships in Practice: National HIV/AIDS strategy 1996–97, 1998–99.

A statement released by the office of Dr Wooldridge, Minister for Health and Aged Care, in May said the strategy maintained Australia's position as a world-leader by extending the successful approach of education, treatment and care for HIV/AIDS to other diseases such as hepatitis C.

Dr Jonathon Mann, Director of the World Health Organisation's Global Program on AIDS from 1986 to 1990

"These research projects will also play an important role in providing the Commonwealth with data adequate for monitoring the effectiveness of the National Strategy," the statement said. ■

Rare transmission of HIV through blood transfusion

Community AIDS organisations expressed sympathy for the Melbourne girl infected with HIV last month after a blood transfusion during an operation at the Royal Melbourne Children's Hospital.

President of PLWHA (NSW) Phillip Medcalf told *Talkabout* that although this was the first transmission to occur in 14 years it was one too many.

"This is a tragedy and we offer our sympathy to the young girl and her family" he said.

Medcalf said the organisation supported the national review of the blood collating and banking activities announced in May by the Federal Health Minister, Dr Michael Wooldridge.

"People take risks all the time and they have a choice around those risks. Blood donor recipients do not have that choice so it is up to the authorities to ensure that the risks are negligible.

Dr Patrick Coghlan, the director of the Australian Red Cross Blood Service (ARCBS) said in a statement that all appropriate infection control measures were observed.

"The donor, who has donated over a long period of time, was in a 'window period' when the blood was given and tested," he said.

Donations made during the 'window period', although infectious, may not be detected because the infected person has not developed antibodies to the virus. Antibody detection is the basis for test screening.

"The length of the window period varies within individuals and also changes according to the sensitivity of the HIV test," Dr Coghlan said.

With the highly sensitive tests used by ARCBS the 'window period' for HIV is approximately 22 days. ARCBS statistics indicate the potential risk of a donation being in the window period for HIV is one in 1.2 million.

Executive Director of the Australian Federation of AIDS Organisations, Robin Gorna, warned against anger and blame being directed toward the blood donor.

"The donor alerted the Blood Bank promptly after being diagnosed HIV positive, which allowed the blood to be traced quickly and the infections arising limited to one, which is a laudably responsible approach." Gorna said in a statement.

The review of screening procedures will take a year to complete. The primary term of reference is to examine the safety and quality of Australia's blood supply. ■

It 'aint over yet

Polly's Social Club has been raising funds to fight HIV/AIDS since the epidemic began.

Recently the group handed over $5,000 to the AIDS Ward at the Royal Prince Alfred Hospital. Pictured left to right at the celebration are a (blonde?) Sue-Ellen Ewing, Gary Trotter, Claire Harris the Nursing Unit Manager at RPA and Graeme Flavel. ■

Photo Mazz Images

HotBox

Write to **HotBox** at
PO Box 831 Darlinghurst
NSW 1300

Do positive people use more recreational drugs?

In July the AIDS Council Of NSW and the Sydney Gay and Lesbian Mardi Gras held a forum to look at recreational drug use among the gay and lesbian community. PLWHA (NSW) attended to represent the views of positive people. We thought this was a perfect opportunity to ask for PLWHA feedback on the issue. Below are a few views already told to *Hotbox*. If you have an opinion or an experience on recreational drug use that you'd like to share, call *Talkabout* on 02 9361 6750 or write to **Hotbox**.

Letters must include your name and address. Please state clearly if you do not want your name published.

G. Norton, HIV Health Promotion Officer

I don't think gay positive men use drugs more than negative gay men. I've been told by many positive men that they use recreational drugs as a reward for being compliant or as a reward for still being alive.

Positive gay male, 32

I don't think its any different for positive gay men to other gay men, just because you're positive doesn't mean you use more recreational drugs

Negative community worker, 32

Most people tell me that if you are on efavirenz you will feel so loopy that you feel as if you are on drugs.

Positive heterosexual female, 27

It's no different to the general community who also use their fair share of recreational drugs. Chances are that positive intravenous drug user's will, and gay mens' culture tends to include recreational drug use. People who have progressed to AIDS may use drugs for pain relief or escapism.

Follow up

Talkabout received this response to last month's **Hot Box** on dental services.

I went to the Royal North Shore Hospital for a large abscess in my mouth. The dentist placed me on antibiotics for the swelling, but over the week-end the pain was so great, I had to call out a doctor for pain relief. Only private dentist services were available on the weekends and ended up costing me $300. Now I have to wait to have two teeth extracted - because the dentistry services are not funded to carry out root canal treatments. Kevin

Classifieds

43yr old HIV+ man living in supported accommodation in Glebe. I'd like to meet motorbike riders and am interested in being a pillion passenger, as I cannot ride my Triumph 650 Bonne.

Newcastle. 38yo. HIV+ healthy, gay guy, new to area, would like to establish mutually supportive friendships with men and women, either +ve or -ve. My interests include a wide variety of music, movies, bushwalking, reading, swimming, and a healthy lifestyle. Let's talk and find common interests.

Quiet living, straight Australian male (long term survivor) is seeking female flatmate to share two-bedroom unit in Hurstville. Unfurnished room. Hopeful for companionship. Cost $50 week, plus share of electricity and food.

Guy HIV+ young late 30s, seeks humorous girl HIV+ to 32. Spend the future looking after each other. Life's normal things: companionship, marriage, HIV- children etc. Send letter, phone number, photo. All answered. Discretion given and expected.

How to respond to an advertisement
- Write your response letter and seal it in an envelope with a 45c stamp on it.
- Write the box number in pencil on the outside.
- Place this envelope in a separate envelope and send it to: Olga's Personals, PO Box 831, Darlinghurst 2010.

How to place your advertisement
- Write an ad of up to 40 words and be totally honest about what you are after.
- Claims of HIV negativity cannot be made. However, claims of HIV positivity are welcomed and encouraged.
- It's OK to mention you're straight, bisexual, gay or transgender.
- Any ad that refers to illegal activity or is racist or sexist wording will not be published.
- Send the ad to Olga, including your name and address for replies. Personal details strictly confidentially.

Diary

Free Counselling at PLC

A new couselling/therapy service is available at the Positive Living Centre. Kim Gotlieb is a Counsellor and Therapist and a HIV positive, gay man. He offers a client-centred approach based on narrative and process oriented psychology. Sessions are on Tuesday afternoons and will be free for a three-month trial period. Bookings: 96998756 Enquiries: 93100931

Health In Difference 3

The third national lesbian, gay, transgender and bi-sexual health conference will be held at the Hyatt Regency Adelaide from the 20th to the 22nd of October, 1999. Contact Rob on 08 8362 1617 for more information.

Temporary changes at PLC

During August the Positive Living Centre moves to a temporary address in Zetland *(see advertisement on page 11)*. Opening hours are Tuesday to Friday 10.00 till 3. Breakfast from 10:00am till 11:00am Tuesday till Friday, lunch from 1.00pm Tuesday till Friday. Takeaway meals available but no monthly dinner. Forums and information sessions will continue each fortnight. Monthly outings will not operate from Zetland. Phone 9699 8756, 9699 8956.

Changing Needs

The next HIV Service Provider's Forum 2 – Changing Needs – will be held on Tuesday 7th September 1999 from 1pm to 5pm at Heffron Hall, Palmer Street, Darlinghurst.

All HIV Service Providers paid and unpaid are invited to attend and afternoon tea will be provided.

If you would like a copy of the minutes from the first forum, or further information, ring Drew Mollineau on 9699 8756.

9th International Conference for People Living With HIV/AIDS

PLWHA (NSW) will be represented at the 9th International Conference for People Living With HIV/AIDS, to be held in Warsaw Poland from August 13 – 19, 1999.

For a program and updates find the conference website @ http://www.hivnet.ch/gnp/warsaw.

A full report will published in *Talkabout*.

The Third National Aboriginal and Torres Strait Islander Health Workers Conference

October 18–20, 1999, Cairns Qld. Info. Ruth Simon. Ph 9661 8493 or 9311 2593, fax 9311 2418, e-mail aihwjournal@indiginet.com.au

a guide to depression

Lesley Painter, **Anna Giles** and **Jenny Thompson** from the AIDS Dementia and HIV Psychiatry Service (ADAHPS) look at depression and provide practical ways to deal with it.

Depression is a **taboo** word.

Talking about depression is uncomfortable. The word itself seems to lead to self-judgement and implies that you are **not coping** with **emotions** such as **deep sadness**, or **anger**.

Unhappiness is often confused with depression even though it is an extremely normal and very reasonable response to what may be **a difficult situation**

What is depression?

Many people suffer from depression. Professionals developed a way of describing depression that includes depression caused by external issues such as bereavement and loss, depression caused by internal and biochemical imbalances – ranging from severe to only moderate. Types of depression may include:

- PLWHA having to cope with numerous difficult issues that require adjustment. This may lead to depression.
- Long term mood problems lasting for up to two years or more where a person consistently feels sad.
- Major depressive disorders where a person has one or more major depressive episodes caused by such things as the death of a loved one. This usually requires assistance from a doctor who can prescribe anti-depressants and monitor progress and side effects. Counsellors can assist in working out issues that may have caused the episode. Internal imbalances may trigger this form of depression and counselling usually provides some support until the anti-depressants begin to work.
- Bipolar disorder, which used to be known as manic depression. PLWHA with a bipolar disorder will usually know they have this condition because friends and health staff quickly notice it. This condition needs to be monitored by a psychiatrist.

The big issue with almost all forms of depression is that people experiencing the condition do not often seek professional advice.

Other issues reported by people with HIV include anxiety, loneliness or sexual problems. These may not be depression but are problems that can be assisted by counselling.

Why don't people seek professional advice?

It is not always clear why some people avoid obtaining professional advice and possible treatment. There appears to be two basic reasons why this is so. Firstly, the stigma of a having a mental illness is unacceptable to most people. Secondly, as part of the condition, people who are depressed do not have a strong motivation to seek treatment or, in fact, do much of anything.

Living with HIV or AIDS means living with an illness. The symptoms of that illness and a condition of depression can often be confused. As with depression, the illness can deplete energy, effect mood, disturb sleep and reduce appetite.

Drugs are a common way the HIV/AIDS community deals with depression, however, some drugs keep the mood flat and feed the depression.

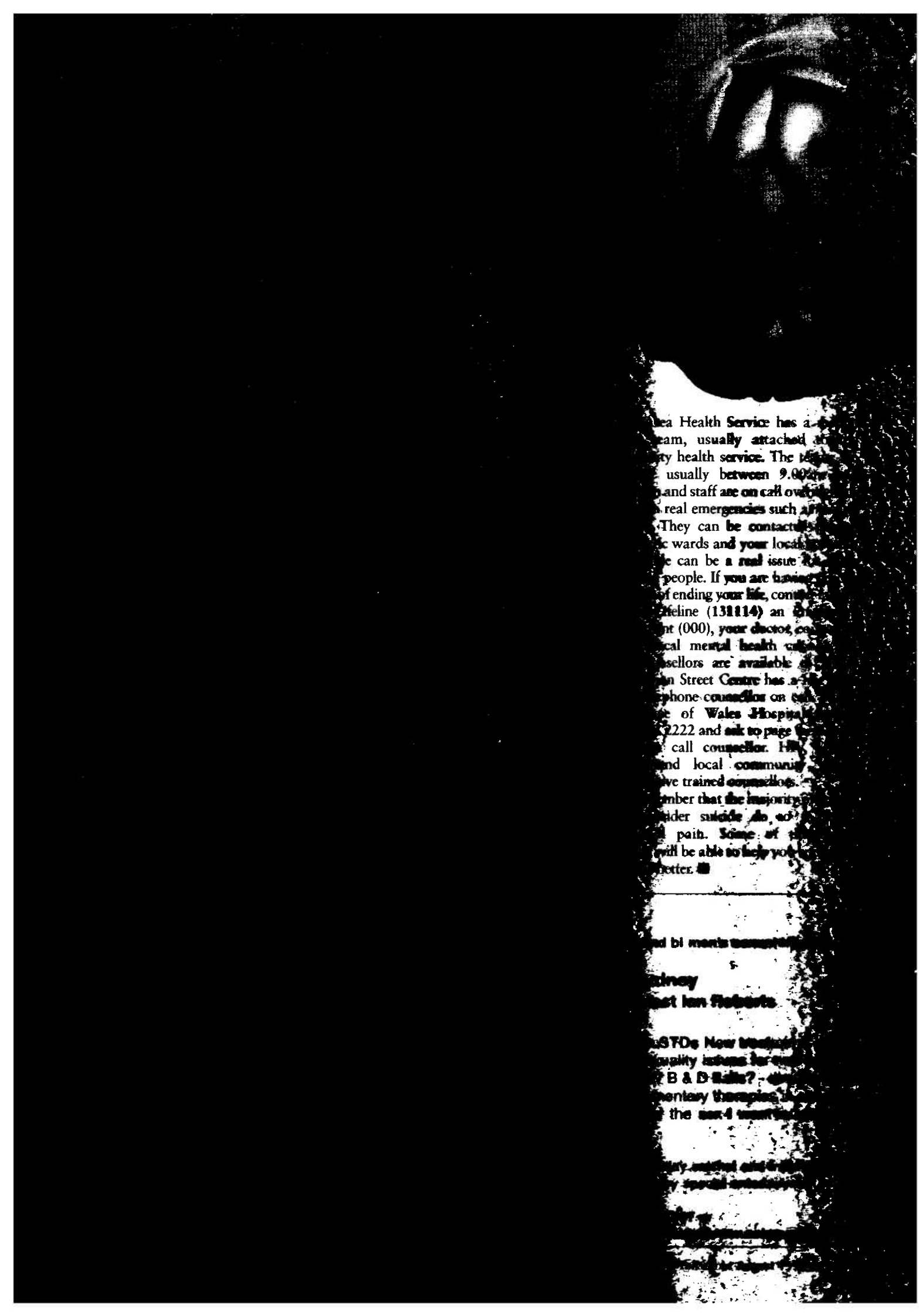
Severe depression can be effectively treated with a range of prescribed anti-depressants and related medication. Anti-depressants may have side effects that need monitoring. This monitoring is important to help with medication choice – sometimes a single drug is effective and at other times a combination of medication is the best way to go.

Signs and Symptoms of Depression

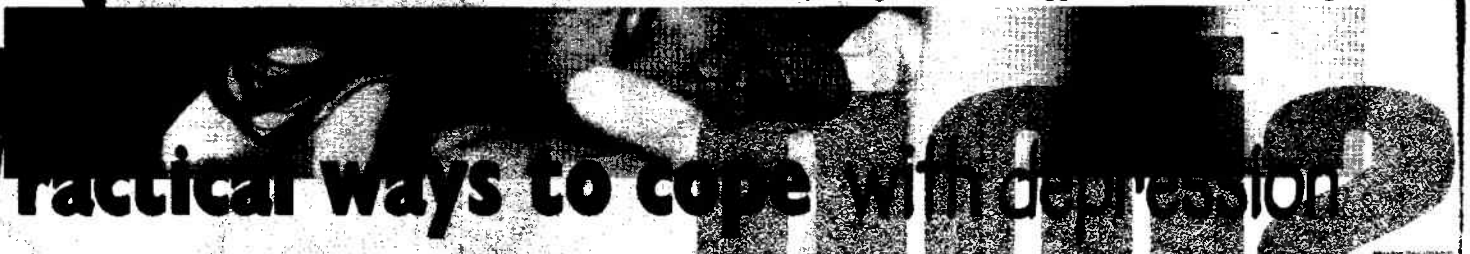
Some signs and symptoms of depression are listed below. These symptoms can be out of proportion to a real problem or difficulty and some of the symptoms of HIV/AIDS and depression can be similar. It is very easy to read a list like this and decide 'I must be depressed'. If you think you have some of these symptoms, discuss them with your doctor as soon as possible.

Some of the symptoms of depression may include:

- Great sadness – sometimes you need to cry and you can't
- Apprehension
- Withdrawal
- Change in sleep pattern – most commonly early morning waking, less commonly oversleeping
- Loss of sexual desire
- Loss of interest in the usual pleasurable activities
- Lethargy
- Listlessness
- Apathy and decreased motivation
- Social withdrawal and isolation
- Feelings of guilt and/or worthlessness
- Increased irritability and low frustration tolerance
- Anger
- Distortion in thought to black and white thinking



Anna Giles, HIV Clinical Psychologist, ADAHPT suggests some self-help strategies



Practical ways to cope with depression

Coping with Symptoms of Depression

The following may help you cope with some of the features of depression:

- Remind yourself that depression is much more than feeling unhappy and that the associated symptoms (eg. lack of energy/interest, reduced appetite, guilt, anxiety) are most probably NOT a sign of your 'going crazy'.
- Try to reduce the amount of time you spend thinking or talking about feeling unhappy. Also try to avoid comparing your current feelings or thoughts with those you have experienced in the past.
- Think about monitoring your mood for 1–2 weeks; it may help you to identify events which can make you feel unhappy, as well as pleasant events, which can make you feel better.
- Try to do the opposite of what your depression tells you. Resist the urge to sit around doing nothing, rather, take some time to plan your day, making sure you schedule in at least 3–4 'fun things'. Reward yourself at every opportunity!
- Manage your negative thoughts. Consider whether your thinking is valid, whether you are considering all possible alternatives and whether your thinking is truly in perspective.

  Also write down your positive qualities and keep them near you, and keep a record of your achievements and remind yourself of them.
- Take care of yourself by eating and sleeping sensibly and making sure you avoid excessive use of alcohol or caffeine. Drug use may make it worse, not better (you know what works for you).
- Take things one day at a time. Sometimes, you can expect too much too soon and when the expected gains do not occur as quickly as you wish, and can end up feeling worse.
- If you experience anxiety symptoms, remind yourself that about 40% of depressed people get anxious. You can control your anxiety by taking several deep breaths and saying the word 'relax' to yourself with each breath out.
- If you are a worrier, try to focus on 1–2 specific problems and make decision to resolve them – if possible, with the help of friends. If you are stuck, consider what advice you would give a friend who had a similar problem.
- Be aware that you will have 'up' days and 'down' days as you recover. On your 'down' days, try to remind yourself that you have moved forward before and can do so again.

Pleasant Events Scheduling (PES)

This has been found to be a useful self-help tool. There is a relationship between pleasant events and the way you feel. Makes sense, doesn't it. Fit three to four pleasant events in to your life per day. Don't let the word pleasant events put you off. The hardest part of this is to take the time to take care of yourself by doing this.

You may have noticed that there is a relatively close relationship between the things people do and the way they feel. When people engage in very few pleasant events, they may feel unhappy or depressed. Also, when people feel unhappy, they usually don't want to engage in activities which are likely to bring them pleasure or satisfaction. Unfortunately, this can become a vicious circle, in that the less people do, the unhappier they feel and the unhappier they feel, the less they feel like doing.

However, people can feel better and brighter by increasing the pleasant experiences they have. Similarly, people can avoid becoming depressed by maintaining a reasonable level of pleasant activity.

The aim of pleasant events scheduling is to:

- generate an individually tailored list of activities that you identify as pleasant, or potentially pleasant
- gradually increase the range and frequency of these pleasant activities, and
- ensure a balance between activities you need to do (eg. do the laundry, dishes) and enjoyable activities (you know what they are) for the purpose of pleasure.

Spend some time thinking about activities you typically enjoy and activities you have enjoyed in the past and may want to start doing again. Start with one or two and deliberately fit them into your day. As you feel more comfortable about it, try to increase the range and frequency of your pleasant events, taking care to balance necessary tasks with pleasant events. Do large, unpleasant tasks (eg, cleaning the oven) in short bursts and take frequent breaks to reward yourself.

You may have some problems when first using these techniques. Common difficulties include:

- You have difficulty in motivating yourself to do the pleasant activities.
- Failure to find the selected activity to be enjoyable when actually doing it.

Suggested solutions to these problems:

- re-thinking some new pleasant events
- considering whether you were expecting too much too soon
- breaking the event into smaller steps which are more easily achieved
- talking yourself through the event and rewarding yourself for each step you complete
- doing the pleasant event with a partner or loved one, and
- doing the pleasant event at the time of day in which you feel your best.

Excessive anxiety about certain activities you would like to do

Suggested solutions to anxiety:

- doing some relaxation or breathing exercises
- talking yourself through the pleasant event, making sure you are reassuring and rewarding yourself
- doing the pleasant event with someone else, and
- break the event into smaller steps and/or ease yourself into it gently, rewarding yourself as you go.

It's important to acknowledge the courage it takes to understand that one has a condition that can be treated, and the personal empowerment of taking control and seeking treatment. ■

I was eighteen when I found out I was positive. I went to Queensland and when I came back everybody knew. People were shocked. I was shocked. That night I got trashed, really drunk and stoned. I woke up and felt like a piece of shit. I took all of mum's sleeping tablets and next thing you know I was in Gosford Hospital getting my stomach pumped and then into Mandala (pysch unit).

I would be fine and all of the sudden I would be depressed for no reason. I started smoking lots of pot and trying to hide from it and then I tried to overdose again on a stack of Valium. I didn't know that you couldn't overdose on Valium. I ended up back at Mandala. They put me on anti-depressants for a very long time. Zoloft sent me manic, gave me the shakes.

At the time I was anti (HIV) medication, I wasn't taking any medication at all. I'd seen friends of mine on AZT and they didn't know the right doses. A friend of mine Kenny died around then. He was on lots of pills and he used to say to me "don't start the pills too early, it stuffs up your life". My T cells were falling and falling. It was a downhill slide over a couple of years and every time I went for my results that used to depress me. Every time I went for a viral load it would be up, it would be down, and then it would be up and up and up and then down and then up. It got to the point where I didn't want to know the results of my tests.

I had my last and major breakdown just before I stopped taking the Zoloft. I was on 200 mg a day. I went through some bad stuff around that time and went off my head, smashed everything I owned. I can't remember most of it. I went down to Sydney and worked for a little while but I was home sick, so when I finished working I moved back up to the coast. I like Gosford, I'm a coastie through and through. I don't plan to leave the coast again.

When I was living down in Sydney I started on ddI and nevirapine and stavudine. It was a hard step for me to go on the pills but my T cells were below 200, and it did scare me. I have been on pills for ten months. I hate taking them; it's embarrassing when you have friends around and you've got to take your pills and you don't want to do it in front of anyone. Other friends it's alright.

The only support I've found on the coast would be the sexual health clinic in Gosford. They have places like Positive Support Network but I've always been the youngest one and it's not my scene. I've been down to the Lizard Lounge in Sydney on a Monday and to the Positive Living Centre on Bourke Street (Surry Hills) for lunch with friends of mine who are positive. That's fun but we don't have nothing (sic) like that on the coast. I think there is a group for positive people up here but it doesn't suit me. I don't want to sit down and talk about it. You've got to live it every day, you don't want to go to these groups to talk about it. We have the Bobby Goldsmith Foundation. My friend Kenny got a washing machine from them.

There's my friends, when I need to talk, not that I can talk to that many, because it's just me. I've got my counsellor, she's good, she helps me through a lot of stuff. They put me on anti-depressants again when I came back up to the coast. I spent three weeks in Mandala and took some counseling. They got the amount of Aropax I should be taking right. Now I feel fine.

It's only been the last six months that I've made the effort and started to deal with the depression and face the facts that yes I don't like being positive but I've got to deal with that. For years I never admitted that to myself, that I didn't like being positive. I used to put on a front and say" yeah it's alright" I can deal with it this way and that. Yeah it's hard. It does limit your life, it limits your love of life, limits a lot of things you do. I used to be happy-go-lucky before I was positive. I'd go down to Sydney for the weekend and wear the skimpiest little outfit in the middle of winter and not even think about it. Now I make sure that I'm all rugged up and nice and warm and no way of getting sick. You just got to make little modifications to your life. Now I'm admitting to myself that I did have a problem I can deal with it a lot better. ■

A hard story

Andrew is 22 years old. He told *Talkabout* that depression got him to the point where he didn't give a fuck.

I grew up in the country. I have two brothers and two sisters. I started to feel depressed a few years ago when my mother died. I began drinking and partying. After a while I dropped out of university.

I left West Wyalong because I got tired of being harassed for being gay in a small country town. In late 1998 I came to Sydney. Straight away, I 'worked the wall'. I wasn't happy doing that, so I started using (heroin). I just got more depressed. I think that depression got me to the stage where I didn't give a fuck. I was careless and stupid.

I ended up in a psych unit after a suicide attempt. They started to treat me for the depression but I tried again five months later and was back in the psych unit.

This time I was incredibly sick, I couldn't eat or walk. They gave me a blood test and discovered I was positive with hep C and HIV.

I tried rehab (for addiction). I went to the country. I liked the people there, but couldn't get into the program so I came back to Sydney.

I went back to working the wall and using heroin. I was just bumming around, and didn't have anywhere to stay. Someone told me about Foley House so I applied and was accepted. It's all right. I'm looking into housing for myself and support groups for young positive people like me.

I've been on medication since I first went into the psych ward and I see social workers. The medications make the episodes smaller and easier to control, but it's also my way of thinking, being positive more than negative. I don't have much contact with my family because of my history of drug use. It's pretty lonely. Not that we had that kind of relationship but it is family I suppose. I don't talk to my friends about my depression. I don't dwell on the depression itself. I don't get caught up in it. I let it ride, though I never used to be able to do that.

I don't know about the future. I think about being positive all the time but I try not to let it get to me. It's really difficult coming from a position where you didn't think you had a future to arrive at a place where you have but you're not sure which path to choose. I want to leave combination therapy until it's really necessary. I'd like to get a job in retail, and live on my own. I like to do my own thing. I might go back to uni later. ■

Postscript: Foley House provides up to three months accommodation to people (mainly injecting drug users and those having unprotected sex) whose lifestyles and situation places them at risk of acquiring or transmitting HIV or hep C. Foley House offers educational, personal and lifestyle support.

Mix and match

Psychiatrist, **Dr Laurie Power**, reviews the pros and cons of mixing HIV drugs with anti-depressants

Many PLWHA experience depression. The prevalence of depression among male plwha is in the order of 15–20 percent. This is significantly higher than in the general population for a similar group of young males. The prevalence of depression in HIV positive women has not been studied but it is likely to be greater than among HIV positive men.

Diagnosis may be difficult because often-underlying physical illnesses related to HIV may masquerade as depression. In addition a lot of the physical symptoms associated with depression may be related to the HIV illness or side-effects of treatment. Depression is not the same thing as sadness and clearly it is sometimes appropriate to feel 'depressed' about important losses in your life.

The treatment of depression can roughly be divided into three broad groups. Talking type of therapies or psychotherapy, anti-depressants, or a combination of the two. Generally speaking the type of treatment chosen is primarily determined by the severity of the depression, that is, the more severe the depression the more appropriate the use of anti-depressants.

Which anti-depressant?

There is a wide range of anti-depressants available for the treatment of depression. They can be artificially divided into three broad groups: the tricyclics or tetrocyclics like Prothiaden or Deptran, the Selective Serotonin Reuptake Inhibitors (SSRIs) such as Prozac, Aropax, Zoloft, Luvox or Cipramil and a group with intermediary properties such as Serzone, Aurorix, and Venlafaxine. In general no one anti-depressant is more effective than any other so the choice is determined primarily by the nature of side-effects. For example, if you have insomnia, anxiety, weight loss and diarrhoea you would benefit most from a tricyclic as first line but if you have hypersomnia, fatigue, poor compliance and high suicide potential then a SSRI would be a more appropriate first line drug.

Mixing drugs

Patients with HIV/AIDS are often on combination therapy and the addition of anti-depressants and sedatives can lead to significant drug/drug interactions.

Drug/drug interactions vary between the three classes of HIV drugs; for example, the Nucleoside Reverse Transcriptase that include AZT, 3TC, Combivir, ddI, ddC, d4T or 1592. Most of these drugs do not have significant interactions with anti-depressants. There may be interactions between the two groups of drugs because of similar side-effect profiles. In particular the Tricyclics and Serzone may cause sedation and postural hypotension and the SSRI may cause gastrointestinal upset and nervousness.

In the Non-nucleoside Reverse Transcriptase, including for example, nevirapine, delavirdine and efavirenz, the interaction appears to be different. The main problem is that these drugs can inhibit or stimulate an important enzyme system in the liver involved in the metabolism of the anti-depressants. As a result there may be an increase in the level of either the anti-depressant or antiretroviral, leading to more side-effects or a decrease in the effectiveness of either the anti-depressant or antiretroviral. Fortunately the potential interaction is often not clinically relevant. However, Prozac, Serzone and Luvox can significantly increase the level of Rescriptor. In addition nevirapine can reduce the efficacy of the SSRIs and the Trycyclics.

It is the protease inhibitors, (for example saquinavir, ritonavir, indinivir and nelfinavir) that display the greatest interaction between HIV and anti-depressant drugs. There are several ways these drugs can interact. First of all the protease inhibitors may decrease the metabolism of some of the Tricyclics, for example Endep and also Efexor. This may result in a large increase of the concentrations of the anti-depressant in the body and toxic effects. On the other hand some of the SSRIs (in particular Prozac and Luvox) and Serzone can significantly decrease the metabolism of the protease inhibitors, increasing the side-effects and the risk of poor compliance.

Self-medication

It is best to be cautious when deciding whether or not to self-medicate. Depression is difficult to diagnose. If a physical illness is masquerading as depression a wrong diagnosis can be potentially dangerous. In addition, the choice of anti-depressants should be tailored to the person and this requires a sound knowledge of anti-depressants. A risk of self-medication is in using inadequate doses over inadequate periods of time. This can exacerbate a sense of hopelessness when it seems as if the anti-depressants aren't working.

The use of various herbs and natural therapies for the treatment of depression has not been well studied. Generally speaking only St John's Wort has been found to have some direct benefit for mild depression. This does not exclude the indirect benefits of various herbs for relaxation, insomnia and other physical symptoms associated with depression. Please check with your treating doctor prior to taking these herbs, including St John's Wort, because of possible interactions between herbs and anti-depressants.

Drug/drug interactions have not been systematically studied so the clinical significance is unknown. There is potential for a large number of interactions but only a few are clinically significant. For more information talk to your Doctor. ■

Dr Laurie Power is the Consultant Psychiatrist at St Vincent's Hospital where he works with inpatients and outpatients and patients of the Sacred Heart Hospice. He also works with the AIDS Dementia Complex and HIV Psychiatry Service at the Darlinghurst Community Health Centre.

Having the Blues

Women (HIV positive or negative) are twice as likely than men to suffer from depression.

Warning Signs

If you're tired all the time, if you have no energy or motivation, if you've lost interest in sex, if you're having insomnia, if you have no appetite, it's easy to think that it's due to HIV. But these can also be signs of clinical depression. Loss of interest in pleasure in activities can indicate depression. So can irritability, losing your temper easily or withdrawing from your social group, especially when you're avoiding calls or avoiding friends and family. Crying a lot or feeling like you want to but can't anymore is another sign. Depression can cause concentration and memory problems that can be mistaken for dementia.

Possible Treatments

Psychotherapy, anti-depressants, and alternative treatments can all help. Nutrition is important no matter what other options you choose. In particular, PLWHA may need extra B-12. This is often not absorbed well into the stomach, so look for injections, sublingual (under the tongue), or oral sprays. Exercise is effective in treating depression and don't forget about sunlight. The best herbal treatment known for mild depression is St. John's Wort. There are some brands that have no active ingredients. If you decide to try this, look for hypericum at 0.3% and hyperforin at 6%; try 300 milligrams three times a day.

Antidepressants

Not all anti-depressants are the same. Some anti-depressants may interact with some HIV drugs and cause problems *(see our article on page 13)*.

Therapy

If you live in an urban area check for therapists who specialise in working with people with HIV. If you have to work with a therapist who is not HIV savvy, insist that she/he does the homework to find out more about the issues people with HIV have to deal with. If you live in a rural area or don't have much access to care, try to do as much as you can on your own and if possible attend some of the HIV conferences aimed at women; scholarships should be available for women living with HIV and AIDS. ■

Material from Women And HIV

Marie Lavis, a Respite Care Worker at Bethany for four years, and now a Pastoral Care person in Western Sydney, reports on a recent half-day workshop on depression held for PLWHA and their carers in the west.

beating the blue out west

A lot of people have talked to me about being 'depressed'. In our conversations we found that much depression is linked with the uncertainty that surrounds living with HIV/AIDS. Together with Ann Morris, the HIV Sexual Health Counsellor for Katoomba and Hawkesbury, Angelo Morelli, a counsellor at ADAHPS we recently facilitated a half-day workshop designed to engage a group of PLWHA and their carers in discussion that would share our experiences and knowledge.

We began the day with a relaxation meditation, a strategy that some people find helpful when they are depressed. We followed with an experimental exercise that used photo-language or symbols to capture our experience of the 'Blues'. We found many shared meanings of depression.

Some described feeling isolated, alone, angry, fearful, or anxious. Others described 'keep away' feelings, or feeling vulnerable, overwhelmed, useless and powerless. We discussed keeping our feelings inside or hidden, and the feeling of going nowhere, of being trapped. Feeling a unmotivated: 'why move' or 'why get out of bed' were raised. Finally, a sense of being helpless and alienated or having self-destructive and negative thoughts, and internal conflict was discussed.

After lunch 'Johnny Carson' entertained the group. He interviewed 'Depression' (played by Anne Morris) and her colleagues 'Stress' and 'Negative Thinking'. These experts came from the Australian Society for the Advancement of Depression. The society focussed on 'being there when people are experiencing difficult or painful times in their lives – and taking away their hope and direction.'

We asked the group how HIV might fuel depression. The group agreed that the virus made them vulnerable and created insecurity around relationships and sexuality. Further uncertainty arose around prognosis and treatments and the effect on health and finances. We discussed the limitations on what can be achieved and the loss of expectations held around having a 'normal' lifestyle. Other issues discussed included cumulative loss and grief, loss of trust and reinvesting in new friends. The issue of continually taking drugs, coping with test results and having to face unresolved issues around family and death were all raised. Some spoke of a loss of direction and control in life, or of continually having to re-assess their life. Others mentioned the stress of deciding whether or not to disclose their illness and the issues of discrimination, confidentiality and lack of compassion that resulted.

The group set strategies to deal with depression. These included building self-esteem, maintaining a positive attitude, setting goals, and avoiding comparisons with other people. The recollection of past successes in challenging depression was also suggested. One strategy is to stay focussed and work either as a parent, in employment or as a volunteer. Developing spirituality is another useful strategy in dealing with depression.

Seeking support and talking about your feelings is another strategy that can help overcome depression. Talk to a friend or join a support group like PozHet West or Positive Women. PLWHA organisations such as the Western Suburbs Haven or Karuna Blue Mountains can provide company, support, and relaxation services such as yoga or massage.

A relaxing bath, time with friends, or a pet, music, walking, sport and gardening are all activities that help address feelings of depression. The group agreed that being assertive about feelings and the type of treatments and lifestyle you adopt was vital to maintaining self-esteem and a sense of purpose.

The group will meet to follow up on the workshop in August. ■

the other side of darkness

I suppose I should have seen depression coming. I knew enough about this HIV business. My husband had been diagnosed more years than I cared to think about and long before we met. We'd had ten years together, many more than I had dreamed possible. But all of them had been lived within the walled city of HIV.

I was closeted at work, which is weird when you're straight. I made classic mistakes disclosing to people. Mostly it made them either curious or strangely unavailable. Outside of work I had a few very close friends who were also connected in some way with the virus, or who had themselves been through tough times. As time went on the amount of HIV in my life increased until my world was all virus. There was no space to be negative. I learnt over and over again that in HIV, partners don't really feature. The small world of our relationship became deeply bonded; something we treasured and worked for, the reason for our happiness and sense of place.

Eventually people I cared about started dying. Each death followed the last like some terrible checklist that couldn't be stopped. Each brought another layer of grief and the greater certainty that the one I loved most would have to follow. The evidence was in his body – thirty T cells and KS blossoming everywhere except on his face. There was some mercy.

I started to enclose myself in lies and camouflage. I was alone. Each new relationship had to be cut off before it could really take hold. Disclosure had stopped being an option. The time and energy it took to paint a positive picture of life with someone who was ill with AIDS, to show that love was the reason for it all, became too much. I stopped talking about myself, even to those who knew and loved me, and divided my life into emotional and physical boxes; some had HIV in them, and some didn't. In the end only the two of us, and the occasional HIV professional like my beloved counsellor, seemed to know the whole story.

The KS matted around his body and he started blowing up like some pain-rattled lymph filled balloon. The house filled with strangers: physios, community nurses, and pain management specialists. I wrapped him in compression bandages night and morning and in between dealt with an unheeding workplace. I cooked, washed, cleaned and arranged his therapies and tried not to think about the pain he was in. Mostly I felt a little mad. The loss I had dreaded for years seemed moments away.

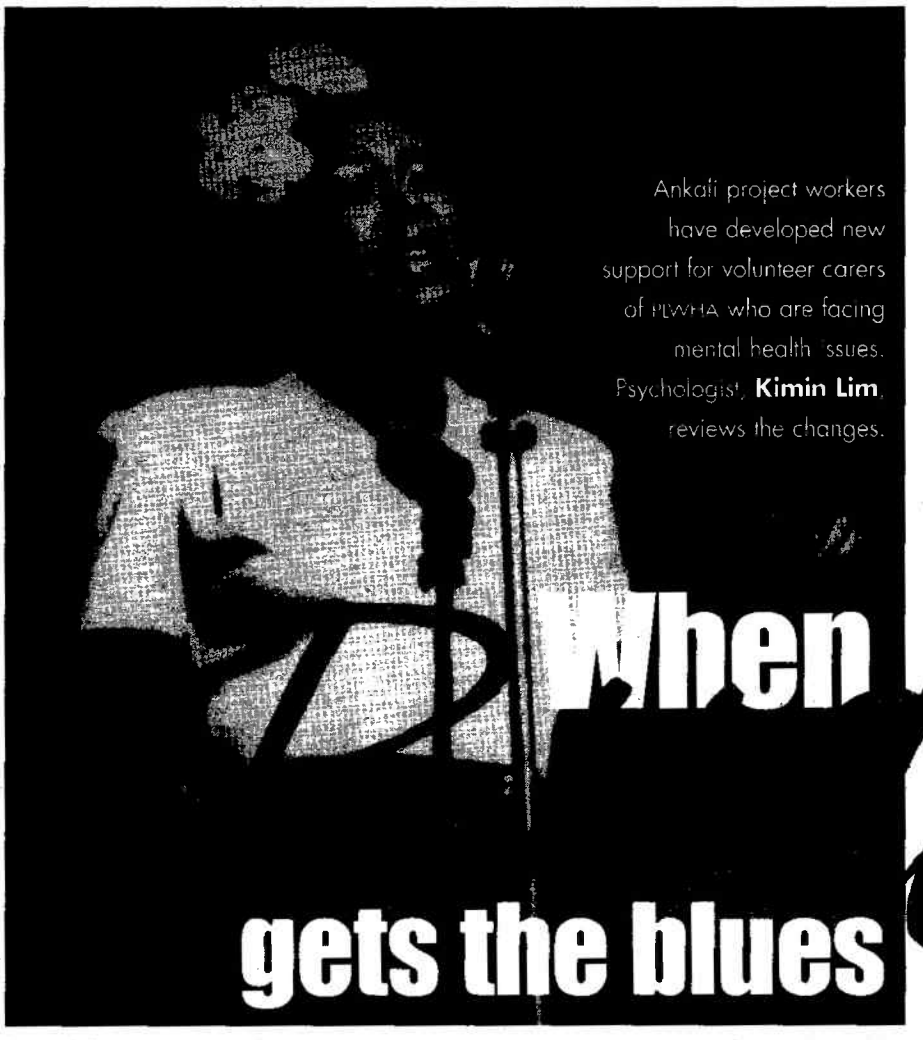
Then one day I heard talk about new drugs and a conference on the other side of the world. At the same time he was off to chemotherapy, onto the new treatments, and suddenly it all started turning around. I couldn't build all of this into my self reliant, burnt out little world, and I started to slide away. Very soon I was deep in depression, exhausted, confused, emotionally numb and for the first time unable to understand what was happening to me.

My counsellor helped me see that this was depression and a normal reaction under the circumstances. Anti-depressants was a sensible and effective option. I was prescribed Zoloft, and it was like stepping into sunshine. I felt detached, peaceful, safely tucked up out of harm's way. I could see my own exhaustion, the accumulated years as the warrior partner, and my desperate need for rest. Those little white tablets stepped between my feelings and me and gave me the space to close my eyes. I spent eighteen months on snooze control, and drip-fed all the love available from him and me back into my worn out reactors.

I had the occasional strange headache, sharp pains under the bone of the skull. Sometimes I felt weird, kind of nauseous. Generally it was OK. I didn't care, because I was resting, deep inside myself.

I went to work, came home, and watched with quiet and uncomprehending joy his steadily climbing count. The KS went soft and pink and became reminders of another reality. I stayed in counselling and learnt again the many and intricate ways in which I need to take care of myself. One day I realised I was strong again. I didn't need chemicals to filter the world and slowly I went off them. In the long time since then I've gone up and down but it's tiddlywinks by comparison.

I was lucky that I had the support to try anti-depressants. I was so emotionally debilitated I don't think I could have recovered without them. Looking back it's a choice I would make again because it worked so well, and I will always be grateful for that. ■



Ankali project workers have developed new support for volunteer carers of PLWHA who are facing mental health issues. Psychologist, **Kimin Lim**, reviews the changes.

When dy gets the blues

It is difficult enough to deal with a mental illness. Couple this with HIV/AIDS and issues of depression, dementia, mania, anxiety, mood or personality based disorders can make life for clients, their carers, volunteers and health workers harder to cope with.

The Ankali Project has provided one to one emotional support for PLWHA (and the carers and families of PLWHA) for fourteen years. Our volunteers support clients around a wide and diverse range of issues. In the past two years the number of clients we see who are assessed as having mental health issues has increased.

People experiencing mental illness and HIV/AIDS often become more difficult to support as they find their lives become more difficult to manage. Depression alone may leave a person feeling helpless and hopeless for weeks – making the most simple task almost impossible to accomplish.

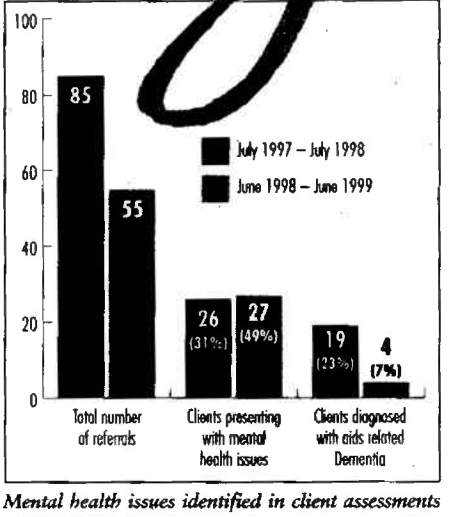
Data gathered by Ankali staff appears to support anecdotal evidence that more PLWHA are experiencing mental health problems such as depression, behavioral and personality disorders, anxiety and HIV-related dementia. The graph *(opposite)* shows a significant proportion of Ankali clients have required support around both their HIV/AIDS diagnosis and their mental health.

Our experience has shown that while some people are doing well on combination therapy and that many PLWHA are living longer, an uncertain future can highlight and encourage new stresses. Some of these factors such as poverty, social isolation, unresolved issues, loss and often multiple grief could lead to the onset of mental illness like depression. If a person already has a predisposition to mental illness, their symptoms will probably be exacerbated by HIV/AIDS.

Carers and volunteers express enormous difficulty in supporting such clients, often feeling they cannot 'make a difference' or 'connect' with this person. However, at this time support is increasingly important for the client and just knowing that they are not alone can be helpful. It is always easier to back off in a time of crisis; the challenge is to stay there.

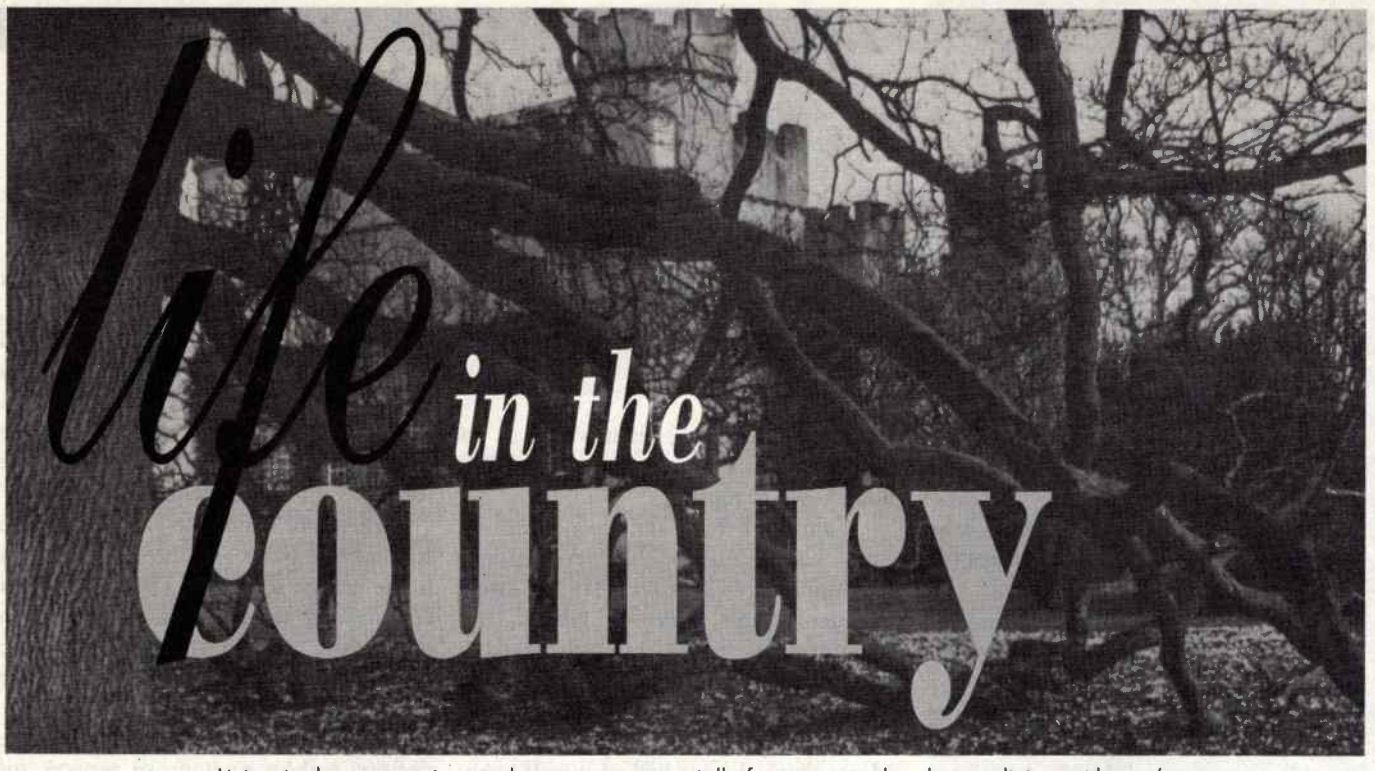
To help our volunteers effectively support our clients who have complex needs we have incorporated in our training program and supervision additional information and skills on topics such as mental illness, HIV-related dementia and working with drug and alcohol use. We provide, for example, specific strategies to adopt when working with a client with challenging or complex behaviour. This includes information that covers a wide variety of possible reasons why someone's behaviour, mood, or personality may change, and assists the volunteer's understanding and empathy with a client. In helping a volunteer to understand the changes a client may be going through, we hope to foster a supportive environment for volunteers to discuss their feelings and experiences of supporting a client through difficult times. Our staff has also increased the level of professional support and counselling available to clients. This strategy may be an alternative, or in addition to, matching a client with an emotional support volunteer.

Emotional support from friends, families, carers, colleagues, volunteers, peers and health professionals can make a difference for someone coping with both HIV/AIDS and mental illness. Emotional support is about finding creative ways to support someone with complex needs. It's not easy, but it may be as simple as encouraging, listening and just being there for our clients and loved ones. ■



Mental health issues identified in client assessments in previous two years

The Ankali Project Coordinators are Kimin Lim (psychologist), Leighan Kerr (social worker), Mary Bayldon (social worker), Jennifer Heighway (social worker), Michael Buggy (social work student) and Stewart Clarke (Unit Head). If you would like to speak to the Ankali staff please call 02 9332 1090 to make an appointment.



Living in the country is not always easy, especially for gay people who are living with HIV/AIDS.

Project Officer **Sue Rodder** reports on an innovative project that will improve service management for gay PLWHA who have depression or mental health issues

Emerging out of the AIDS epidemic are the real issues of isolation, low self esteem, anxiety about the future, depression, living in poverty, the side effects of HIV treatments, drug and alcohol abuse plus much more.

Around two years ago workers at the regional branches of the AIDS Council of NSW began to see more and more PLWHA who were experiencing mental health problems. Sometimes compliance to treatments or excessive drug and alcohol use was involved, sometimes not. Often we would get calls from Accident and Emergency. Staff there would tell us that one of our clients at the hospital was being 'difficult'. Sometimes Accident and Emergency staff would drop that client at our door. As a support worker I spoke with clients who described lives that appeared chaotic with complex issues such as drug and alcohol abuse, depression, low self-esteem, grief, paranoia and anger. Often these clients were unable to address these issues. It was difficult to assist these clients because mental health and drug and alcohol services in the region lacked understanding in HIV issues. When clients disclosed that they were HIV positive the mental health services sent them to the AIDS Council. It was like a merry-go-round.

In 1997, staff at the Sydney-based AIDS Dementia Complex and HIV Psychiatric Service (ADAHPS) came to the country to consult with HIV service providers. The consultation demonstrated that the greatest need of rural clients with overlapping issues, including mental health, drug and alcohol related problems was to have high quality case management. With the assistance of the ADHAPT team the Area Health Service agreed to fund a case management project model that would work with gay male PLWHA in the Northern Rivers and Mid North Coast region. The 14-month project will be administered by the AIDS Council of NSW Northern Rivers Branch and based at ACON Northern Rivers. I started as the project worker in July and will collaborate with mental health, drug and alcohol and other relevant services to provide coordinated case management for gay PLWHA in the area.

Emotional Factors and Safe Behaviour

It's time to examine motivation more closely in better understanding why and how gay men and others with HIV make the choices they do in relation to sex and recreational drug use and ultimately assist them in making the best choices to remain healthy. Emotional factors have been identified as a key priority in ACON's Gay Men's Education Strategy along with the sex and injecting behaviors of gay men.

The ACON Educational Project has developed a comprehensive educational program for both gay men who are PLWHA and HIV negative gay men. Over the last nine months the Education Officer, Ian Gray has gathered valuable feedback about how gay men deal with HIV. Emotional factors such as grief and loss, desire, intimacy, lust and love have emerged as the main issue for gay men, both HIV positive and HIV negative. Men also report feelings of being overwhelmed, worries about getting older, mood swings, and feelings of being cut off from a sense of community.

If you're from the Northern Rivers Region and would like to participate in any of the discussion groups for gay men, HIV positive and negative or would like assistance accessing mental health services contact Sue, Mary or Ian on 02 66221555 or Freecall 1800 633 637. ■

Northern Rivers Resources

Community Mental Health Team Lismore	02 6620 2300
Sexual Health Lismore	02 6620298
ACON Lismore	02 66221555
	Freecall 1800 633 637
ACON Mid North Coast Outreach	02 6584 0943
Drug & Alcohol Lismore	02 66202967
Lifeline	131114
Mensline	02 6622 2240
Interrelate Lismore	02 6621 4970
ACON Sydney Counselling	1800 647 750

Depression ... and me

He is a gay man who lives in the bush. Peter has lived with HIV-related depression for over ten years.

Most people know me as a happy-go-lucky, sociable guy with barely a worry in the world. Those who are closer to me know that inside lurks a worrywart. I worry about what happened in the past (even though it can't be changed) and I worry about the future.

Depression, in one form or another, has been a part of my life for over 20 years. To start with I didn't know how or where I fitted in. I couldn't accept my sexuality so I turned to alcohol and gambling for comfort. At 37 years of age, I seroconverted. It was 1983, in the days before ACON, PLWHA (NSW), and any peer support programs. As you can imagine depression hit me with a vengeance.

During the next three or four years I did what most newly diagnosed gays did at that time. I quit my job of 25 years with Westpac. I traveled overseas with my newfound wealth and, on my return, prepared for my inevitable death whilst living the 'pills and booze' scene to the limits.

In retrospect I often wonder if it was good or bad that my first breakdown intervened and I spent ten days in the psychiatric ward of Royal Brisbane Hospital. After six or eight week's as an outpatient I escaped to my Northern NSW home town to recoup.

I am still here in Yamba and through time have endured a never-ending 'emotional rollercoaster' of the latest anti-depressants, sleeping tablets, the appointments with psychiatrists, psychologists and councillors. I have survived a second breakdown and numerous half-hearted suicide attempts. Many a time I have locked myself away for days or even weeks at a time and not answered the phone or the door. Through experience I've learnt that to overcome these bouts I have to do it my way.

Perhaps many readers are thinking I sit at home and feel sorry for myself. I can assure you that this is far from the case. When I am feeling well enough I am out flying the flag for many issues. I am a volunteer at ACON Northern Rivers and you will find me listed in *Contacts* Directory (published by PLWHA (NSW)) as a support facilitator in the Clarence Valley. I am heavily involved in our local social and support group for gays, lesbians, bisexual and transgendered people, Camp Clarence.

I am on medication and/or treatment for diabetes, I have severe sleep apnoea, hypertension, gout, osteo-arthritis, and more recently have been diagnosed as suffering from anxiety attacks. Depression affects so many other aspects of my life that at times my HIV drops way down the list of my immediate priorities.

There are limited services in Yamba. It takes two buses and three hours to get to the nearest services in Lismore. I'm not complaining, though, because I do live in a beautiful part of the state with five beaches within ten minutes walk of my home to help me unwind.

I hope my story will help convince decision-makers to improve services for people suffering depression.

I consider myself to be one of the lucky ones. I am still able to live on my own; I can afford to keep a roof over my head and to eat regular healthy meals. My suicide attempts are, I hope, behind me, and my many medical conditions are under control. More importantly, my T cell count remains around 300–350 and my viral load has been undetectable since November 1997.

My friends must get sick of my whingeing but most have stood by me through my good days and bad days. For myself, I feel that I have been able to help others through my involvement in support groups. ■

Tim Alderman has experienced and learnt to live with HIV-related depression. He traces his journey for *Talkabout* readers.

Not who they knew

"Easygoing", "always smiling", "a strong shoulder to lean on", and "outgoing" – phrases you may be familiar with, especially if they have pigeonholed you, as they have me. That's not to say I am not all these things, just that it creates expectations of how I appear to people, irrespective of my true feelings.

Late in 1996, at the end of chronic illness, I had a major emotional and psychological problem on my hands: me. I had been on the Disability Support Pension for three years. Although I was not exactly 100% healthy, I was no longer ill: my viral load was undetectable, my CD4's were stable. Combination therapy had moved the word 'death' quite a way down my vocabulary list. I had always had a group of peers for support but, by now, HIV had decimated the group. I felt alone, outcast, surviving with nowhere to go. I could not see a future with me in it.

Depression is a hard word to define. Ask twenty people, get twenty different answers. To me, depression isn't that dark, twisting spiral that it is for many. Nor was it an ongoing thing that re-occurred. It was a period of intense self-doubt, a loss of self-worth as a functioning member of my community. I wanted so much to return, not to the life I had known but an entirely new one, free of all the dross I had been dragging around with me, the frustration of unfulfilled dreams, and undirected yearnings.

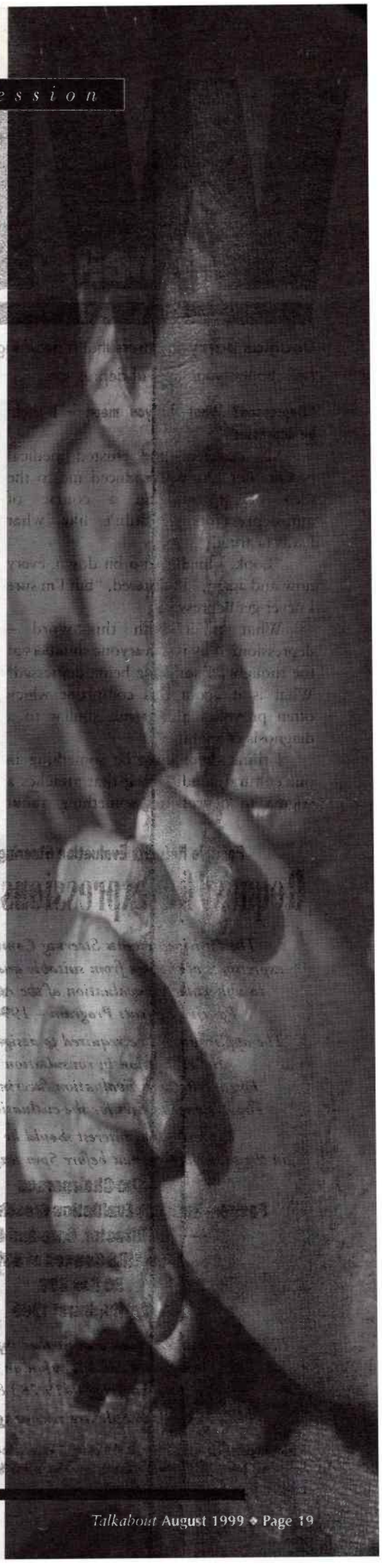
I started (known only by those close to me) to have black, brooding periods of long silence where I would not communicate with anyone. I had panic attacks in bed at night, and developed a fear of the dark. I could not stand to travel in the subway and avoided crowds. I saw a black future of living on the pension, struggling to get by, ageing on my own, loneliness, and pills, pills pills. I remember, late one day, I realised I desperately needed to talk to someone. I rang two HIV counselling services but was told that nobody was available and would I make an appointment for another day! I ended up ringing a friend and frantically dumping on him.

I do not like anti-depressants. This is a personal thing, I have nothing against them, nor the people who need to take them. I already shovel enough tablets down my throat (at the time, around 300 a week), and I have no desire to add to the load. I am also, by nature, one who is capable of intense self-analysis. I knew I had severe problems, I knew I needed help, but had no idea where to start?

The major problem, one I've had all my life, is impatience, wanting to do everything at once. I knew I needed counselling. This was not easy to admit. I'd never believed in counsellors. I rang Albion Street Centre, and arranged an appointment. The first meeting almost justified my misgivings – it was a rushed affair and I felt their time limitations were more important than my need to talk. Later appointments were different. Then I started three of the most beneficial things I have ever done in my life: volunteer work at the offices of PLWH/A (NSW) Inc, and group work through both the ACON HIV Living Unit and the Colão Project.

The ACON HIV Peer Support Group put me in contact with people going through similar experiences to mine. The group gave me an outlet to voice my opinions. From the advice and knowledge of other people I learnt how to handle my panic attacks. The Colão Project taught me the value of self-motivation, and the management of long-term treatment. I began to write creatively with the encouragement of the project workers. Writing has proved a good outlet for my emotions whether or not my work has been published. The Colão Project also led me to the Positive Speakers Bureau, which for me has been one of my most fulfilling experiences.

This is a very different person sitting at this computer today. I am no longer scared of what the future holds. I'm confident that I have both a place, and direction to move toward. I cannot give answers to others going through, what St. John of the Cross called 'the Dark Night of the Soul', except to say, "hang on", there is, and must be, light at the end of the tunnel. ■



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Staying alive
The Lazarus Syndrome

John Lesnick spent much of the time from Thanksgiving 1995 to Valentine's Day 1996 lying flat on his bony back at Roosevelt Hospital in New York, confronting a royal flush of AIDS ailments – lymphoma, mycobacterium avium complex, microsporidiosis and oesophageal thrush. He had few visitors, (his closest friends were already gone), and zero T cells.

His doctor suggested stopping all medication. It seemed that his time to die had arrived. "At one point, I had dragged myself to a scale outside my room, and it said 100 pounds," recalled John, a printmaker by training. "That's when I said, well, this is it."

But today, John, 45, is one of the success stories of protease inhibitors, the powerful anti-HIV, compounds introduced in 1996. He is swimming again, doing volunteer work and making longer-term plans for the first time since he learned he was HIV positive in 1985.

It is surprising, then, that John finds himself under more psychological stress now than ever, an emotional whipsaw that he is addressing with a counsellor.

"There's an awful lot below that surface. All my friends are dead. I haven't worked since 1992. I haven't had sex in six years. How do you begin being a human being again?"

In half the people taking protease inhibitors, the drugs have pushed HIV levels below science's ability to detect them and caused the body's disease-fighting T cells to rebound. As a result, AIDS death figures in the United States have dropped by half, and the constellation of opportunistic infections like the ones John was battling just three years ago have tumbled by 60 percent, according to a study by the Johns Hopkins University in Maryland.

Clinicians and therapists say that despite renewed health, many people with AIDS have been gripped by depression, acute anxiety – especially over financial issues – and other, unexpected emotional problems. Some patients have ended long-term romantic relationships and others have become suicidal, an odd response to being given a reprieve from death.

"This unique affliction has been called the Lazarus Syndrome after the biblical figure whom Christ raised from the dead", said Dr. Robert Remien, a clinical psychologist and researcher at the HIV Center for Clinical and Behavioural Studies at the New York State Psychiatric Institute. Though no statistics are available, Dr. Judith Rabkin, Professor of Clinical Psychology at Columbia University, estimated that tens of thousands of PLWHA might suffer from it.

"Despite the gruelling regimen of pills many AIDS patients contend with daily, Lazarus Syndrome is not thought to be caused by the medications per se, although the rigid medication schedule and side effects can contribute", said Benjamin Lipton, director of clinical services at Gay Men's Health Crisis in New York.

Experts say the Lazarus Syndrome is unique to AIDS, with no easy parallel to other illnesses.

For those who develop clinical depression, doctors are careful in prescribing anti-depressants, because some interact with certain AIDS medicines. To address the other issues, AID Atlanta, that city's oldest HIV service agency, last year designed a program to help clients cope with their emotions. The counselling program, called Reconstruction, leads patients through topics like "Hype vs. Hope," and "Wake Up and Smell the T cells" in an effort to ease what Mark King, the program coordinator, called a return to the rat race. Reconstruction is sponsored by Hoffman-LaRoche, one of several pharmaceutical companies that make protease inhibitors.

"We began to see more depression among these clients now than when they thought they were going to die," King said. "They had spent years tying up loose ends, making that trip around the world they always dreamed of, planning a funeral. In a perverse way the rug was pulled out from under them."

John Lesnick, the New York printmaker, now weighs 145 pounds, which he called 'my ideal size'. Although he has not responded ideally to protease inhibitors, they have nonetheless reduced his viral load from a high of 280,000 to 9,000 per cubic millilitre of blood, while his T cells have shot up from zero to near 65, still well below a normal count of more than 600. He is feeling much better. He has the strength now to volunteer regularly for three local AIDS organisations. "Every morning I stand up and get out of bed and I'm thrilled," John said. "But life is never back to normal." ■

Written by David France, reprinted from The New York Times

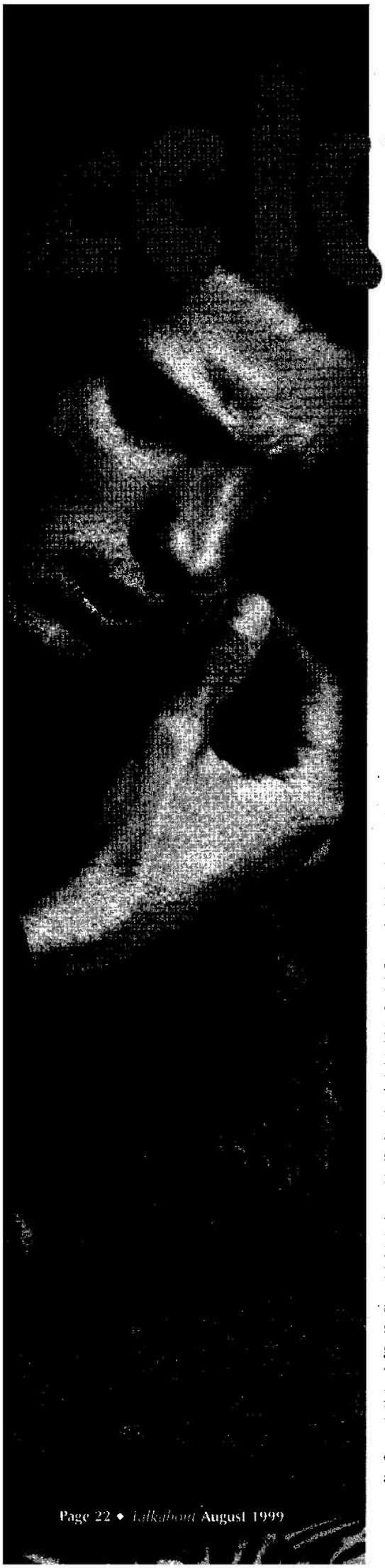
Reconstructing a life: the Australian Experience

In 1996, in response to requests from PLWHA who were considering returning to work, the Positively Working Committee was formed. The committee included representatives from peak HIV organisations, Area Health Services and employment and training service providers in Sydney. The aim of the committee is to advocate for equity and access to employment services for people living with HIV/AIDS.

Positively Working obtained a grant from the Department of Employment Workplace Relations and Small Business (DEWRSB) to conduct a seven-month research project looking at the employment needs of PLWHA in Sydney. This project has finished and the report is currently being printed.

In 1998 the committee was also successful in gaining a grant from the Mark Fitzpatrick fund via the Department of Health. This grant was received to provide pre-vocational assistance to PLWHA. The committee recruited new members and has decided to look at the provision of 'Reconstruction' workshops for PLWHA who have improved health and are confused about their future.

The committee is currently recruiting a project coordinator to run the first Reconstruction Program and develop an Australian Reconstruction Kit that can be utilised by other service providers within Australia. For further information contact Reconstruction Chairperson, Sarah Yallop on 9926 6767 or Ben Alfred at BGF on 9283 8666. ■



Tuesday

Paul van Reyk isn't against taking recreational drugs; it's just that – in his experience – not all drug use is harmless.

The first time I took LSD I did it absolutely unsuitably. A friend dropped in one evening, and I wanted to take a trip. I popped the pill and away I went for the next 12 hours. There were a couple of worrying moments there when I didn't quite know what was happening – unusual physical sensations, and some undefined fear. But mostly it really was being somewhere wild and utterly beautiful. I felt tired the next day, but that was all.

I tripped about once a week for a couple of months after that. The trips got gradually heavier. The fear grew into mild paranoia. Hallucinations became frightening, full of images of disease, corruption, and isolation. Then the death fantasies began – not about me taking my life, but each time I would reach a point where I believed I was about to die, a lonely, wasteful death.

It took me a couple of weeks to figure out that something wasn't working with me and acid. I didn't think I could talk to anyone about it. No one had told me that for some people paranoia and depression were likely results of taking acid. No one had told me that these effects might remain post the trip. The 'folk pharmacology' around tripping said nothing about this. Or if it did, it joked about it and dismissed it.

The first time I took ecky, I was careful. I took a small amount and was happily buzzy for the night. I had heard only that ecky was the love drug, that I might act foolishly and say stupid things. I knew that my friends who used it regularly had a couple of days post party where they were out of it too much to go to work. But that was all. I knew some of them carried around Valium and that they took it in some connection with ecky. But, again, the folk tales about ecky were all safe stories.

The next time I took it, I took just one tablet. Three hours later I was in the most horrifyingly paranoid and fearful state. I had left my group of friends sometime before. I took an incredibly long, lonely and terrifying walk to the medical tent, sure at each step that I was going to die or go mad. When I got there, a nurse tried to talk me down. It didn't work. So they pumped me full of Valium. Four hours later I was down.

In the week that followed I felt totally disoriented. I began to have anxiety attacks – gasping for breath, paralysed by fear, my heart racing and my blood pressure through the roof. A month later I was clinically depressed, but unaware of it. I couldn't concentrate. I felt emotionally wiped out. I was becoming agoraphobic. Ecky Tuesday was going on for a very very long time. Eight months later, I finally cracked and got the medical intervention I needed. None of my friends knew anything about this level of depression. They had no resources to deal with me. I had no resources to deal with myself.

I don't do hallucinogens, amphetamines or similar drugs now. I'm one of those for whom whole classes of drugs seem to either precipitate or 'unmask' mental disorders like anxiety and depression. And let's not let alcohol off the hook, either. We don't know what the precise link is between drugs and these disorders. My friend Paul's half-joking suggestion that we ought to hand out vials of serotonin to everyone as they leave a dance party is unfortunately nothing like the full answer. Neither is knocking back Valium or other tranquillisers on a regular basis. Valium withdrawal is not a good look.

It's generally accepted that as many as 20% of the adult Australian population will at some time in their life experience an episode of anxiety or depression. For depression alone it's as high as 10% to 15%. That's without throwing drugs into the equation. We know little about what may pre-dispose someone to these disorders. Arguments are put for genetic factors, for behavioural conditioning, for relationship dysfunctions etc. We know little about why some people can take ecky in large doses for years without apparent side effects, and why for others, like me, a single experience can have disastrous consequences. And we know next to nothing about the interaction between treatments for HIV/AIDS and recreational drugs and the impact these interactions may have on mental functioning.

If anything in my description of my experience with ecky is familiar to you or to someone you know, then maybe you want to think about whether drug use is a contributing factor. And if it is, believe me, it's worth doing something about it. ■

Paul Van Reyk is a regular contributor to Talkabout. *He recently presented a writing workshop for* Talkabout *contributors.*

positive 100 quiz

Welcome to the **Positive 100 quiz** – an opportunity to test your knowledge and have some fun. This month, *Talkabout* celebrates our 100th issue – a remarkable achievement. To mark the occasion, we've devised 100 questions to test your knowledge of the HIV/AIDS epidemic. So pick up a pen and join us in the celebration. May the best Quizbuster win! Send your answers to *Talkabout* Positive 100 Quiz by September 1st. Your name will go into the draw for three $100 vouchers. **Thanks to our generous sponsors: The Bookshop Darlinghurst, Ottoways Pharmacy and Raw.**

1. In which year was *Talkabout* Magazine first published
- ❒ 1992
- ❒ 1979
- ❒ 1988

2. Who was the first Convenor of PLWHA (NSW)
- ❒ Bill Whittaker
- ❒ Alan Brotherton
- ❒ Robert Ariss

3. Women living with HIV don't access support services because
- ❒ there are already lots of resources for them
- ❒ their family and friends accept their status and offer support
- ❒ they are isolated and afraid

4. What HIV antiviral should be taken without food
- ❒ Nelfinavir (Viracept)
- ❒ Invirase/Fortovase (Saquinavir)
- ❒ Indinavir (Crixivan)
- ❒ all of the above

5. The 1990 Fourth National Conference on AIDS, at which ACT UP was highly active, was held in
- ❒ Canberra
- ❒ Hobart
- ❒ Dubbo

6. Iridology helps you
- ❒ jump more effectively
- ❒ learn foreign languages
- ❒ analyse your Iris

7. Which Governor General of Australia called for compulsory testing of homosexuals before surgery
- ❒ John Kerr
- ❒ Bill Hayden
- ❒ Bronwyn Bishop

8. Women always use condoms because
- ❒ they want to protect their penises
- ❒ they help with erotic sex
- ❒ women don't use condoms

9. What would you find in Commonwealth Street
- ❒ the Reserve Bank
- ❒ car parking
- ❒ the AIDS Council of NSW

10. Fun and Esteem is for what age group
- ❒ under 26
- ❒ under 5
- ❒ the elderly

11. A popular volunteer buddy program is run by
- ❒ the Liberal Party
- ❒ Greenpeace
- ❒ Ankali

12. If you're at the Bigge Park Centre you would be in
- ❒ a safari park
- ❒ the Liverpool Sexual Health Centre
- ❒ the Olympic site

13. Who is the current NSW Minister of Health
- ❒ Craig Knowles
- ❒ Jillian Skinner
- ❒ Andrew Refshauge

14. The medical marijuana derivative medication that can be used to control nausea and vomiting (and encourage appetite) is called
- ❒ Maxalon (Metoclopramide)
- ❒ Panadol (Paracetamol)
- ❒ Marinol (Dronabinol)

15. The Bobby Goldsmith Foundation is a
- ❒ telephone exchange
- ❒ public fountain
- ❒ community based charity

16. Women disclose their HIV status to sexual partners because
- ❒ it's the best way to get rid of a loser
- ❒ women put the feelings of others before their own
- ❒ they don't necessarily disclose

17. Who is the current President of ACON
- ❒ Chris Gration
- ❒ Peter Grogan
- ❒ David Stone

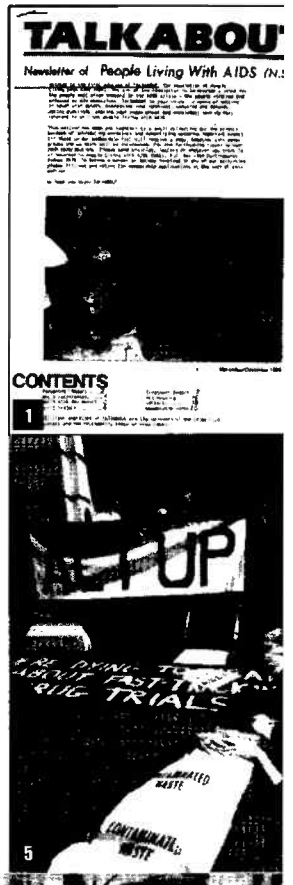
18. The Food Distribution Network always delivers
- ❒ Pizza
- ❒ quality priced fruit and veg
- ❒ pet food

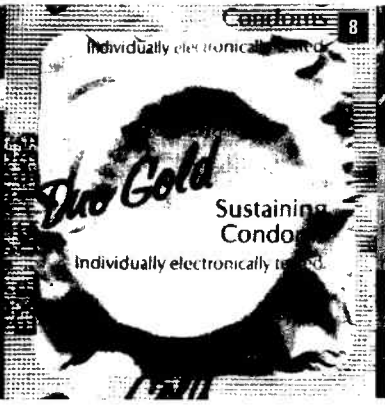
19. If you had acupuncture you would be
- ❒ repairing a bike
- ❒ swimming underwater
- ❒ using fine needles

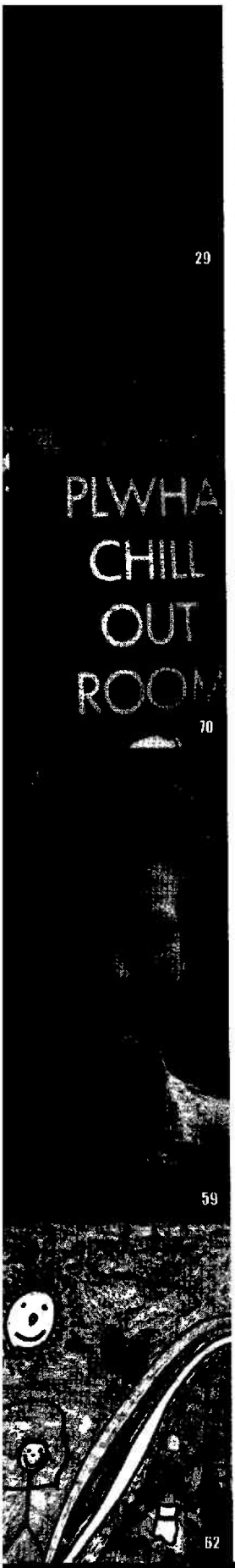
20. Herbalism uses
- ❒ plants and medicines
- ❒ primitive people
- ❒ Volkswagens

21. Women living with HIV want to participate in drug trials because
- ❒ they provide childcare
- ❒ they are all post menopause or are sterile
- ❒ they don't generally enrol in trials as the protocols often exclude women

22. You can find the Positive Living Centre in
- ❒ Double Bay
- ❒ Rose Bay
- ❒ Surry Hills







23. Which pharmaceutical company announced in 1999 a commitment of $100 million to improve HIV research and community outreach in Africa
- ❒ Nestle
- ❒ Bristol-Myers Squibb
- ❒ Glaxo Wellcome

24. ACON (AIDS Council of NSW) has branches in
- ❒ Newcastle
- ❒ Lismore
- ❒ Parramatta
- ❒ All of the above

25. If you're visiting at the Lizard Lounge on Monday you'll be at a
- ❒ reptile festival
- ❒ the Luncheon Club
- ❒ fly-catching contest

26. If you were travelling to Northside you would be going to
- ❒ the Gold Coast
- ❒ the Top-End
- ❒ Crows Nest

27. Pozhet is a support project
- ❒ for pigeon fanciers
- ❒ for marathon runners
- ❒ for heterosexuals

28. What is one of the drugs given to HIV+ women, to reduce risk of transmission to their baby
- ❒ AZT
- ❒ ecstasy
- ❒ aspro clear

29. If you asked for PAWS you would be getting
- ❒ a quick grope
- ❒ Pets Are Wonderful Support
- ❒ Levinia's cat

30. If you went to the Quilt you would be
- ❒ getting into bed
- ❒ at a gay bar
- ❒ looking at the AIDS memorial

31. HIV is transmitted to most women by
- ❒ men
- ❒ martians
- ❒ mosquitoes

32. Who was one of the main activists around Complementary Therapies in NSW
- ❒ Robert Baldwin
- ❒ Claude Fabian
- ❒ Don Baxter

33. If you met a CSN volunteer they would be working for a
- ❒ TV news channel
- ❒ Community Support Network
- ❒ cruise company

34. If you had Contacts you would be
- ❒ seeing aliens again
- ❒ using an HIV/AIDS directory
- ❒ wearing lenses

35. What colour is the AIDS ribbon
- ❒ Pink
- ❒ Red
- ❒ White

36. What was the first HIV antiviral licensed for use in Australia
- ❒ ddC (Zalcitabine, Hivid)
- ❒ Abacavir (1592, Ziagen)
- ❒ AZT (Zidovudine, Retrovir)

37. If you found yourself at the Western Suburbs Haven you would be at a
- ❒ marina in Penrith
- ❒ casino in Blacktown
- ❒ luncheon support group

38. Who was the first Executive Director of the AIDS Council of NSW
- ❒ Peter Grogan
- ❒ Don Baxter
- ❒ Bill Whittaker

39. Naturopathy is
- ❒ taking your clothes off
- ❒ studying wildlife
- ❒ a combination of treatments

40. Relexology is
- ❒ photo copy paper
- ❒ manipulating your feet
- ❒ flexing your muscles

41. Rock Hudson (USA movie star) died of AIDS related causes in
- ❒ 1985
- ❒ 1983
- ❒ 1981

42. Who is the current President of the National People Living with AIDS (NAPWA)
- ❒ Phillip Medcalf
- ❒ Andrew Kirk
- ❒ Peter Canavan

43. HIV (Human Immunodeficency Virus) was first isolated (identified) in laboratories by the French and Americans (and initially called LAV or HTLV-III) in
- ❒ 1983
- ❒ 1981
- ❒ 1987

44. Which is Australia's oldest HIV organisation
- ❒ ACON
- ❒ Sydney Sexual Health Centre
- ❒ Bobby Goldsmith Foundation

45. How many National Women's Conferences have there been
- ❒ three
- ❒ thirteen
- ❒ thirty

46. How many consecutive years have Positive Women carried their banner in Mardi Gras
- ❒ eight
- ❒ eighty eight
- ❒ three

47. If you rang Chaps Out Back you would be talking with
- ❒ dry lip sufferers
- ❒ PLWHA in Coffs Harbour
- ❒ warehouse workers

48. What is the name of the information booklet for HIV+ women
- ❒ *Treat Yourself Right*
- ❒ *Treat Yourself Wrong*
- ❒ *Treat Yourself to a New Dress*

49. Who was one of the most famous Australian gay artists who died of AIDS
- ❒ Peter Tully
- ❒ Rock Hudson
- ❒ Peter Allen

50. If somebody said Our Pathways to you they would be talking about a
- ❒ a gravel wholesaler
- ❒ a Qantas air steward
- ❒ the Illawarra PLWHA centre

51. If you asked for HALC what would you be getting
- ❒ martial art supplies
- ❒ free legal advice
- ❒ an unpleasant rash

52. Which early video highlighted the fact that women are living with HIV
- ❒ *Bram Stoker's Dracular*
- ❒ *The Band Played On*
- ❒ *Suzie's Story*
- ❒ *Philidelphia*

53. Belonging to the Mature Age Gay Men's Group you must
- ❒ eat a lot of cheese
- ❒ live in a wine cellar
- ❒ be over 40

54. The controversial Australian AIDS public education Grim Reaper campaign, with images of death bowling down a wide range of people in a bowling alley, first appeared on television in
- ❒ 1989
- ❒ 1991
- ❒ 1987

55. Women don't get HIV because
- ❒ women would know if the person they were fucking was positive
- ❒ women aren't gay enough
- ❒ women equal half the global plwha population

56. The AIDS Trust of Australia provides you with
- ❒ a personal support garment
- ❒ a national AIDS charity
- ❒ a symphony orchestra

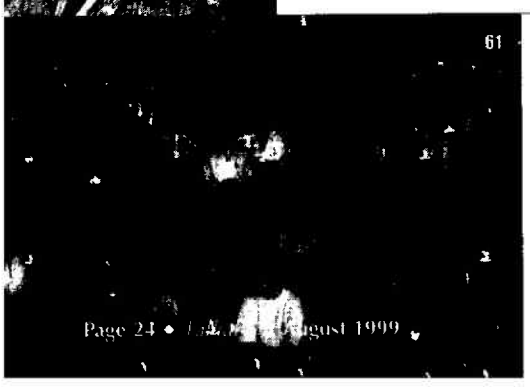
57. *Polare* is the bimonthly publication of
- ❒ Australian Geographic
- ❒ Perisher Valley
- ❒ The Gender Centre

58. NAPWA is the national organisation for
- ❒ parent care products
- ❒ PLWHA
- ❒ sleep disorders

59. Who was the first woman convenor of PLWH/A, NSW
- ❒ Amelia Tyler
- ❒ Claude Fabian
- ❒ Fanny Farquar

60. Which Federal Minister of Health made such an impact in the early days of the epidemic
- ❒ Michael Wooldridge
- ❒ Neal Blewett
- ❒ Chris Puplick

61. The Candlelight Vigil is
- ❒ a power failure
- ❒ a romantic dinner for two
- ❒ a World AIDS week event



62. At Camp Goodtime you would run into
- ❒ six queens in a tent
- ❒ families with kids
- ❒ dykes on bikes

63. Women with HIV live longer because
- ❒ they have their children to live for
- ❒ they have great sex lives
- ❒ HIV positive women in fact die sooner than their male counter parts

64. Aromatherapy is
- ❒ smelling your partner
- ❒ using essential oils
- ❒ sniffing exercises

65. Bach Flower Remedies are
- ❒ cantatas by Johann Sebastian
- ❒ liquid preparations
- ❒ lozenges for dogs

66. Chiropractic work is
- ❒ Egyptian medicine
- ❒ spine adjustments
- ❒ banking money

67. Which community group was formed at the Trade Union Club in Surry Hills in September 1988
- ❒ PLWA (NSW)
- ❒ Mardi Gras
- ❒ Neighbourhood Watch

68. In April 1990 which activist group held their first demonstration to urge the availability of AZT
- ❒ ACT UP
- ❒ Young Liberals
- ❒ Right to Life

69. In March 1993 which Commonwealth legislation was changed to protect the rights of PLWHA
- ❒ Privacy Act
- ❒ Disability Discrimination Act
- ❒ Bigots Act

70. PLWHA (NSW) set up the first positive time out space for partygoers at which party in 1993
- ❒ Teddy Bear's Picnic
- ❒ Mardi Gras
- ❒ Labor Party

71. Which Foundation, named after a young boy who died of AIDS, was set up to improve the quality of life of children with HIV
- ❒ Bobby Goldsmith foundation
- ❒ Troy Lovegrove Foundation
- ❒ AIDS Trust of Australia

72. Which project of the AIDS Council of NSW assisted PLWH/A (NSW) to organise the first positive retreat for PLWHA
- ❒ HIV Support Project
- ❒ Women's HIV support
- ❒ Positive Fun & Esteem

73. In which year did the Australian Standards of Care announce that people with HIV should be treated with combination therapy and receive viral load monitoring
- ❒ 1988
- ❒ 2000
- ❒ 1996

74. The Sacred Heart Hospice is located in
- ❒ Darlinghurst
- ❒ Palm Beach
- ❒ Commonwealth Street

75. The common test to measure how your immune system is coping is called
- ❒ IQ
- ❒ Going for your L-plates
- ❒ CD4 or T Cell count

76. Who has been one of the main Doctors in the HIV research field in NSW
- ❒ Basil Donovan
- ❒ David Cooper
- ❒ David Plummer

77. Who is Associate Editor of *Positive Living*
- ❒ Colin Batrouney
- ❒ David Menadue
- ❒ Darryll O'Donnell

78. If you attended The Sanctuary you would be
- ❒ saving wetland birds
- ❒ housing nuns
- ❒ enjoying therapies

79. Drug companies offer the same drug combinations to HIV positive children because
- ❒ kids have a voice and demand equity
- ❒ children love to swallow pills
- ❒ none of the above/the same combinations are not in liquid form or are not licensed for children

80. If you stood outside The Tree of Hope you would be looking at a
- ❒ tall white gum
- ❒ drop-in centre for carers
- ❒ Westpac branch

81. In May 1998 the medical journal *The Lancet* reported cases of what unusual coronary disease in young men treated with protease inhibitors
- ❒ Tricky Heart Syndrome
- ❒ Lipodystrophy
- ❒ Angina

82. A Positive Retreat is a
- ❒ failure to disclose HIV
- ❒ a fun weekend
- ❒ dental procedure

83. AFAO is the name of a
- ❒ Arnotts' biscuit
- ❒ new planet
- ❒ national AIDS organisations

84. Albion Street is a
- ❒ childrens' TV show
- ❒ HIV/AIDS clinic
- ❒ red light district

85. Which Princess is known for her early morning visits to the AIDS units of British Hospitals
- ❒ Princess Anne
- ❒ Princess Di
- ❒ Princess Leia

86. What HIV antivirals should be taken with food
- ❒ Invirase/Fortovase (saquinavir)
- ❒ ritonavir (Norvir)
- ❒ nelfinavir (Viracept)
- ❒ All of the above

87. Women love the effects of combination therapy on their bodies because
- ❒ big breasts and skinny legs are a woman's dream
- ❒ they like being asked, "when is the baby due"
- ❒ a high percentage of women attribute side effects as their reason for stopping treatments

88. Reiki is a
- ❒ swiss word
- ❒ Japanese word
- ❒ Dutch word

89. Shiatsu is
- ❒ a wrestling game
- ❒ finger pressure
- ❒ Japanese car

90. What class (group) of HIV antivirals does indinavir (Crixivan) belong to
- ❒ Protease Inhibitors
- ❒ Nucleoside reverse transcriptase inhibitors
- ❒ Non-nucleoside reverse transcriptase inhibitors

91. Who has been the most prominent journalist during the HIV epidemic
- ❒ Piers Ackerman
- ❒ Martyn Goddard
- ❒ Jana Wendt

92. What is it called when you get tingling and/or numbness in your feet and hands
- ❒ Stevens-Johnson Syndrome
- ❒ Peripheral Neuropathy
- ❒ Pancreatitis

93. If you develop kidney stones as a side effect of taking Indinavir, then they would be located in your
- ❒ gastric system
- ❒ renal system
- ❒ nervous system

94. Who was Bobby Goldsmith
- ❒ an AIDS activist
- ❒ the first person to die of AIDS
- ❒ a gay man with a supportive group of friends

95. Symptoms of anaemia (low level of red blood cells that carry oxygen in the blood) usually include
- ❒ tiredness
- ❒ headache
- ❒ dizziness
- ❒ all of the above

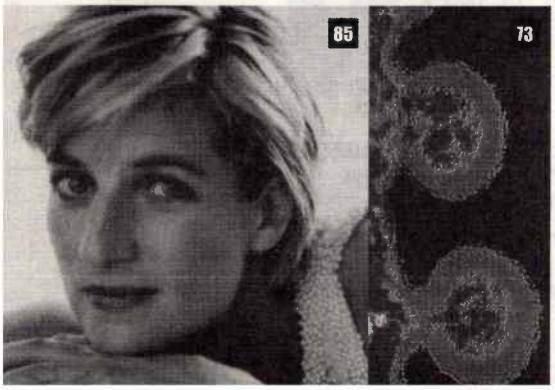
96. Women love combination therapies because
- ❒ neuropathy is a great excuse to obtain legal morphine
- ❒ added energy is great for finishing off the housework
- ❒ women use antivirals less than men do

97. Who is the current President of Bobby Goldsmith Foundation
- ❒ Phillip Medcalf
- ❒ Levinia Crooks
- ❒ Georgina Harman

98. Who is the longest serving Convenor of PLWHA (NSW) Inc
- ❒ Bill Whittaker
- ❒ Phillip Medcalf
- ❒ Alan Brotherton

99. Diarrhoea can be controlled with the assistance of
- ❒ Acidophilus
- ❒ Slippery Elm
- ❒ Acupuncture
- ❒ all of the above

100. The ASHM (Australasian Society for HIV Medicine) 10th Annual Conference was held in Newcastle in
- ❒ 1990
- ❒ 1998
- ❒ 1994



Conditions of entry

Entry is open to NSW residents only, except PLWH/A (NSW) staff, family members and members of the Editorial Working Group.

Entries close September 1 1999. Entries will be judged by the *Talkabout* Editorial Working Group. Entries judged to be correct will go into a draw held on September 10th 1999. Prizes will be drawn by PLWHA (NSW) Inc. The judges' decision will be final and no correspondence will be entered into. Winners will be notified by mail and phone. Winners names will be announced in the October issue of *Talkabout*. Vouchers are not transferable and cannot be redeemed for cash.

Glossary

Anxiety An unpleasant emotional state in which unreal or imagined danger is anticipated. Can also include feelings of powerless, apprehension, and tension. Symptoms include increased heart rate, altered respiration rate, sweating, trembling, weakness, and fatigue.

Aropax One of the SSRI anti-depressants. Drug name Paroxetine.

AZT Common name for the first anti-retroviral drug developed. Brand name Retrovir

CD4+ A protein imbedded in the surface of helper T lymphocytes also known as T-cells. The CD4+ test is a measure of how your immune system is coping.

Combination therapy The use of two or more drugs as treatment. Also, the use of two or more types of treatment in combination, alternately or together.

Ddl An anti-retroviral drug in the same class as AZT. Brand name Videx

Dementia Chronic intellectual impairment (loss of mental capacity) with organic origins that affects a person's ability to function in a social or occupational setting.

Depression A mental state of depressed mood characterised by feelings of sadness, despair, and discouragement. Depression ranges from normal feelings of 'the blues' through dysthymia to major depression. Symptoms include low self-esteem, guilt, self-reproach, and withdrawal from interpersonal contact and eating and sleep disturbances.

KS Karposi's Sarcoma. A tumour of the wall of blood vessels. Usually appears as pink to purple, painless spots on the skin, but may also occur internally in addition to or independent to lesions.

Lipodystrophy A clinical condition involving body fat redistribution and high levels of glucose, cholesterol and triglyceride levels. Men commonly experience increased fat around the stomach and women experience a narrowing of the hips and breast enlargement. Although no clear-cut cause has been established, studies suggest that these problems may be related to the use of HIV antiviral treatments over time, particularly the protease inhibitor class of antiviral drug.

Lymphoma A cancer of the lymph cells that are responsible for normal immune function. Symptoms may include lymph node swelling, weight loss, and fever.

Mania A phase of bipolar disorder characterised by expansiveness, elation, agitation, hyperexcitability, hyperactivity, and increased speed of thought and speech.

Microsporidiosis A bug found in the bowel. Can cause diarrhoea and colic. Transmitted through certain sex practises, food contamination and poor hygiene.

Mycobacterium Avium Complex (MAC) A disease caused by an organism found in soil and dust particles. In people with HIV, it can spread through the bloodstream to infect many parts of the body. Symptoms of MAC include prolonged wasting, fever, fatigue and enlarged spleen. It is usually found only in people who have cd4+ counts less than 100.

Nevirapine a Non-nucleoside Reverse Transcriptor Inhibitor. Brand name Viramune

Non-nucleoside Reverse Transcriptase Inhibitors Also known as NRTIs or non-nucleoside analogues. A type of antiviral drug, for example nevirapine

Nucleoside Reverse Transcriptase Also known as RTIs. A type of antiviral drug, for example acyclovir and AZT. These drugs work by inhibiting the development of HIV once it is inside cells.

Oesophageal Thrush Thrush (Candidiasis) is a fungal infection, usually in the mouth and throat or in the vagina. It usually causes white spots or blotches. Oesophageal refers to the throat.

Protease Inhibitors Protease is a substance that breaks down proteins. When first made into a cell, a number of HIV proteins are joined together. HIV protease breaks them into functional proteins. Protease inhibitors interfere with this stage in the HIV life cycle, slowing the progression of viral infection.

Serotonin is a chemical naturally produced by the body that is thought to play a significant part in determining our moods. Drugs targeting the retention of serotonin are one of the successful treatments for depression and anxiety.

SSRI a class of anti-depressants known as Selective Serotonin Reuptake Inhibitor. Stops the natural cycle of serotonin increasing the level of free serotonin available in the brain.

D4T also known as stavudine. Brand name is Zerit. Anti-viral drug in same class as AZT.

T cells White blood cells that play an important part in regulating the immune system. All cells are derived from the bone marrow, and where they mature will determine their function. T cells mature in the thymus, whereas B cells mature in the bone marrow. There are two major types of T cells, CD4+ (T4) and CD8+ (T8). Each type of cell has subsets that perform different functions. CD4+ cells can be TH1, TH2, or TH0 cells, each of which supports different types of immune responses. CD8+ cells are often cytotoxic cells, which seek out and destroy infected cells.

Tetrocyclics a class of anti-depressants similar to Trycyclics.

Tricyclics Class of anti-depressant that has been a mainstay treatment for many years. Useful in assisting sleep problems. When used in combination with opiate painkillers Tricyclics can be useful to reduce physical pain.

Viral load The quantity of virus measurable in blood serum or other fluid or tissue. This test is used to show how active the virus is at any particular time. The test is also used to show whether the treatments you are on are having any effect.

Y2K Bug (Year Two Thousand Bug) A computer program that relies on a six digit date field. The year 2000, (requiring an eight-digit dateline) will trigger a general collapse of computers programmed before 1989.

Zoloft The common name for an anti-depressant in the SSRI class. The drug name is Sertraline.

Source

Terms taken from, but not exclusive to, the following texts:

Taking Care of Yourself, AFAO NAPWA, July 1999

HIV Drug Book, AFAO, 1998

HIV Tests and Treatments, AIDS Council of NSW, January 1997

Living With HIV/AIDS, Peter de Ruyter, Allen & Unwin, 1996

The HIV Drug Book, Project Inform, Pocket Books, New York 1995.

From the Heart

Loving yourself ... just the way you are

Malcolm Herbert has leapt many of lifes hurdles ... and found a very simple statement made all the difference

One of the most exhilarating experiences of my life was going to a public lecture on dreams at Wollongong Town Hall in 1980.

A very simple statement was made: "You are a soul with a physical body, not a physical body with a soul."

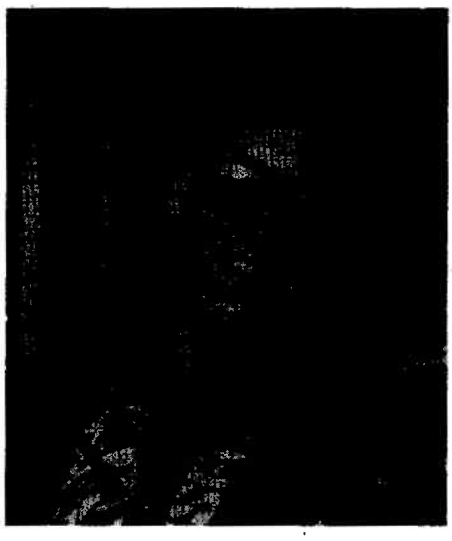
That statement hit me fair between the eyes and right into my heart.

Suddenly, everything spiritual that had happened to me in my life fell into place. I spent many years studying all types of religion, both western and eastern. At one stage I even trained for the ministry. Somehow though, there had always seemed to be a gap. There had been no peg to hang all this stuff on. All the things I had studied seemed to be pointing to something outside myself.

I felt as though all this knowledge was for a 'soul' that was an add-on to my body, and when it came down to 'how does this relate to me, and me to it', I felt totally disconnected.

That night in Wollongong was the night I found freedom. Now I had my peg. There was no more gap. Yep, the peg is me. I fill the gap. No longer did I have to search everywhere to find me. I was here. Now.

At that time my life became meaningful. Today it still is.



Over the years I have slowly learnt to be patient with myself in my spiritual growth. I have also learnt how my concepts and fears, (many of which I picked up quite early in life from parents, teachers, etc), have held me back and caused me to sidestep hurdles and issues which I would have to face eventually.

Slowly over almost twenty years, I have learnt to love myself just as I am. I have also learnt that my concept of love was somewhat awry. I learnt to try at all times to respect myself where I am, and others where they are.

I believe that each of us is a unique soul here to do it for ourselves. We are all equal spiritually. We just have to live each day as it comes, solid in the knowledge that we are doing it the best we know how. That takes the pressure off me. It allows me to learn and grow at my own pace. It allows me to accept that I will make mistakes. It frees me to make the choice or not to learn from those mistakes and move on.

It also allows me to not fear death, but to see it merely as an opportunity to get on with my spiritual life, because my soul does not die, only my body.

I said earlier that my life was now meaningful. It is also satisfying. By always trying to stay positive or maintain a positive attitude to things happening to me or around me I have found that I can handle everyday 'problems'. I have a lot more joy in my life. So each day I am grateful that I followed my hunch to go to that lecture in Wollongong. Each day I wake up and look forward to what the day might bring.

To me life is a challenge. Can I stay positive enough to get the most joy and happiness out of each moment? My answer to this challenge is that I am getting better at it as each day goes by. ■

Hyper.Active

Going back to work ... and unzipping '7'

Tim Alderman introduces the latest sites and sights on the Net

AID ATLANTA
http://www.aidsatlanta.org

Rating Informative site perhaps best utilised by HIV people visiting this area of the States. It has its own search engine, and a handy pop-up menu. Click what you want, then click 'GO'.

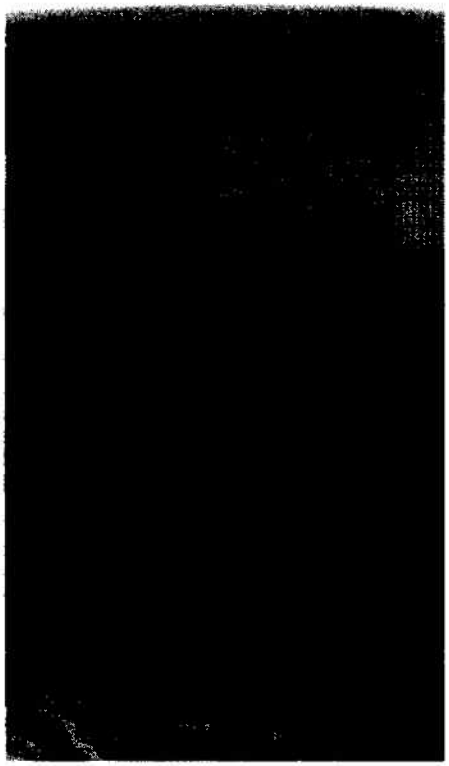
Contains as much diverse information as one would expect from a university-designed site. Issues as diverse as African American and Hispanic gay and HIV concerns, including outreach programs, an AIDS Infoline (I don't know if I like this idea of putting AIDS in small letters – it is after all the name of an illness), an important section on AIDS in the workplace, bilingual volunteerism, and issues and contact for hearing impaired people. One of the most important issues this site covers is its very comprehensive return-to-work section for PLWHA in its 'Reconstruction' program. This model is about to be adopted in Australia for PLWHA returning to the workforce.

Hint If using the site navigator, make sure Java is enabled in your browser.

NATIONAL AIDS FUND
http://www.aidsfund.org

Rating Very much aimed at return-to-work issues. Though aimed basically at Americans, the site provides information that is relevant no matter where you are.

HIV/AIDS Workplace Resource Center, and very comprehensive it is. There are many aspects relevant to local needs, including sample workplace policies, how to talk to family members about HIV/AIDS, and information on returning to work with HIV/AIDS. A full section on their "return to work Initiative" covers many issues. Believe me, they have a much tougher time with Social Security than we ever had.



HIV.NET
http://hiv.net/hiv/english/index.htm

Rating More an educational site, with those interested in the European history of HIV/AIDS catered for. Site is available in English, Dutch, Spanish and French.

A 100-page section entitled HIV Therapy covers drugs, drug interactions, side effects, and what treatment is all about. An Interactive Screening Service will email you updates from journals, and provides links to individual abstracts. This is free! The European AIDS Epidemic has figures and tables documenting the epidemic there and can be downloaded in its entirety (unzipped 7 megabytes). Conference Reports has selected abstracts from conferences, and the Global AIDS Epidemic contains the UNAIDS (reviewed last month) analysis, with 13 pages and 6 slides available for download.

Hint You can join their mailing list.

AFAO
http://www.afao.org.au

Rating When completed, this will be an interesting site, especially with the links to their main publications. Like a lot of sites, it needs to be both completed and regularly updated if people are to get much out of the site and continue to visit.

I assume this is a recently redesigned site. I originally had an address for AFAO, but got no results from URL. The address shown here is now operating.

The site, once onto the Index page, uses frames, but I found this quite user friendly. The index itself features treatment information, and has links to AFAO's publications *Positive Living* and Tests and Treatments, 'What Now?' and 'What's Up?' sections of *HIV Herald*. Unfortunately none of these sections is currently on-line. Other index subjects include 'About AFAO', 'What's Happening at AFAO' (including AFAO Updates and 'Other Current Events' with a CHECK BACK message), and a Member Organisation with links section. The Policy Papers was not currently on-line, and the Other Publications section covered mainly AFAO's Strategic Plan, the Annual Report, a Legal Link, and AFAO's major publication, the 'National AIDS Bulletin'. Their Links page wasn't available either.

Hint You'll need a 'Flash 3' (Shockwave) plug-in, and a browser that supports Java to successfully navigate the site. You can download the plug-in from the site itself. ■

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Talkabout

WHERE WE SPEAK FOR OURSELVES

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Subscribe now!

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- ☐ Full member (NSW resident with HIV/AIDS receiving benefits) $2
- ☐ Full member (NSW resident with HIV/AIDS in employment) $15
- ☐ Associate member (NSW residents affected by HIV/AIDS) $15

Disclosure of HIV status entitles you to full membership of PLWHA, with the right to vote for all management committee positions. Membership status is strictly confidential. **Members of PLWHA automatically receive a subscription to *Talkabout*.**

Talkabout Annual Subscription Rates

Please note that *Talkabout* subscribers also receive With Complements Newsletter eight times a year for no extra charge! All NSW *Talkabout* subscribers also receive *Contacts* — the directory of services for people living with HIV/AIDS in NSW — three times a year.

Individuals

- ☐ I am not a member of PLWHA (NSW)) and/or I live outside NSW $30 per year
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Yes! I want to make a donation to ☐ PLWHA ☐ Talkabout

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Make all cheques payable to PLWHA (NSW) Inc., we'll send you a receipt on request (donations $2 and over are tax deductible). Please note that the Membership & Subscriber database is totally confidential.

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Please forward this completed form to: Talkabout Subscriptions PO Box 831 Darlinghurst NSW 1300.

Thank you!

Tuesday 7th September, 1999

1pm – 5pm

Afternoon Tea provided

HIV Service Provider's Forum 2

Heffron Hall, Palmer Street
Darlinghurst

Changing Needs

All HIV Service Providers and volunteer service providers are invited to attend

The minutes from the first forum are now available. If you would like a copy or further information about the forum ring Drew Mollineau on

9699 8756

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