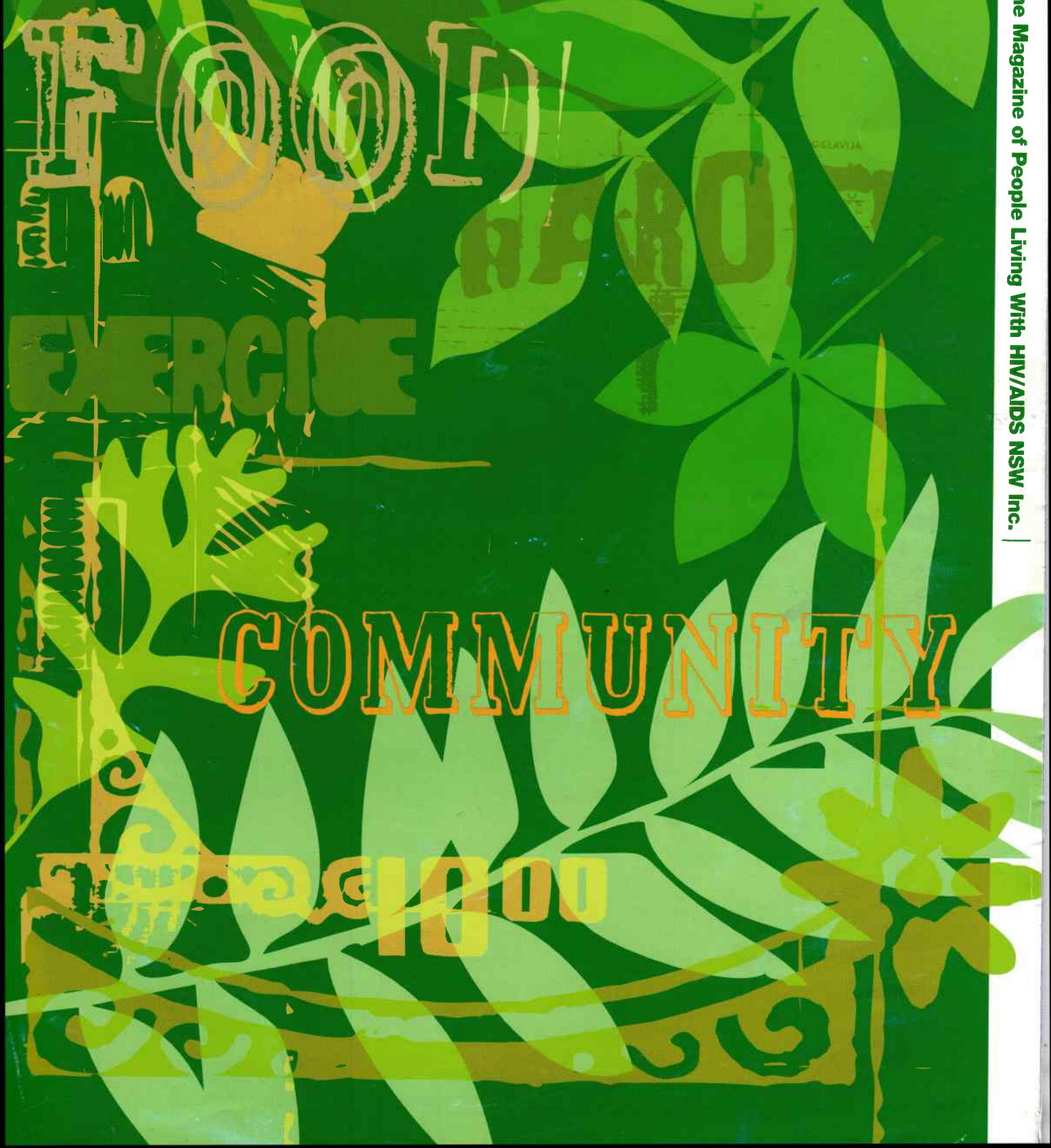
talkabout

Where we speak for ourselves

#128 | august – september 2003 | The Magazine of People Living With HIV/AIDS NSW Inc. |



POSITIVE CENTRAL

All groups are free. Places are limited and you don't want to miss out!

Art Classes

Who: HIV positive people, their parteners and carers.

What: An 8 week course in...

Printmaking – 14 July to 1 September

Ceramics – 15 September to 10 November

Mounting workshops – 15 & 22 November

Culminating in an exhibition for World Aids Day, 1 December 2003

Where: Pine St Creative Arts Centre, Pine St, Chippendale

When: Mondays, 12noon to 3pm (excluding public holidays)

To register call Kylie on 9395 0444

Cooking Classes

Monthly classes designed for HIV positive people, their friends and carers

7 August **Drinks and Smoothies**

4 September **Finger and Party Food**

Each session covers a different topic with take home nutrition notes and recipes.

Meet new people, enjoy new food.

All sessions will be held at The Sanctuary – 6 Mary St, Newtown.

Thursday, 11am – 2pm.

Phone Sidney or Robert to register on 9395-0444

Chilled - Want to drop down a gear?

Drop in to Chilled @ The Sanctuary and pick up some tools for calm.

Thursday afternoons, beginning late August. Have a chat with Kylie for details - phone 9395-0444.

The Sanctuary needs a hand... or two

If you've completed a basic massage course and can spare a couple of hours to help your community, give us a call.

The Sanctuary,6 Mary St,Newtown

For information, or enquiries, contact Robert on 9519 6142.

HIV treatment breaks?

THE BOTTOM LINES IN THINKING ABOUT OR TAKING A BREAK FROM YOUR HIV TREATMENTS ARE:

1. **Monitor your health if you take a break**
2. **Find out more – talk to your doctor or local treatments officer, get the more detailed treatments break booklet**
3. **Monitor your health if you take a break**
4. **If side effects are a big part of the reason for thinking about a HIV treatments break, stress this with your doctor – there may be alternative combinations or treatments for your side effects**
5. **Monitor your health if you take a break**

The issues for you in taking a break from your treatments vary depending on whether you started treatments soon after getting HIV, and your current CD4 cell count and viral load.

While there is not yet evidence to support taking a break in any setting, treatment breaks are currently under investigation and study around the world.

Most HIV-experienced GPs now realize that treatment breaks are often a fact of life for people with HIV.

What happens when people take a break from treatments varies for each individual – your experience will not necessarily be the same as everyone else. Some people can experience a very rapid decline in their CD4 cell count. Others won't. You can't tell what your experience will be – nor can you tell from 'how well' you feel. This is why monitoring your health, which includes regular testing of your viral load and CD4 cell counts, is so important.

For more information:
Contact your local AIDS Council or PLWHA group. Phone numbers can be found in the HIV Treatment Breaks Book or from the Australian Federation of AIDS Organisations website at www.afao.org.au and follow the links.

JUDY'S STORY

Time will tell...
"I am curious to see how things pan out for me"

"I contracted HIV in 1995 from a man I was in a relationship with. After being told that there would be an asymptomatic phase, I waited and waited....."

"Seven years later it has become clear that I fit into that group of approximately 5% of PLWHA who don't really recover from the initial infection onslaught. Within the first 18 months of living with HIV, my T-cells had steadily dropped to 100, and it was then that I started treatment. Since then my CD4 cell count has basically stayed between 100 and 200."

"Although to this point I haven't experienced a major illness, my general well-being has been at quite a low ebb with ongoing fatigue, digestive problems, skin problems and periods of weight loss."

"On the whole I have been a reliably 'good patient' rarely missing any medication doses. At present I am working again part-time and am happy with where I am in life. My weight has gone up, although it has appeared in a few of the wrong places! Subtle effects of lipodystrophy have certainly become apparent over the past couple of years and have perhaps contributed to the decision to take a treatments break."

"It has been a decision that took almost one year to make, and I suppose that simply put, it just felt like the right time. I needed to change my medication anyway, and my doctor has continued to be supportive of any decisions I make regarding my health. I psychologically needed a break – and having to change medication was a good opportunity."

"I have to admit that it's a bit scary given that I don't have too many T-cells to play with, but I really feel for so many reasons that I needed to do this. Although the agreement was to take a six week break, I think at this point I will be leaving it as long as I can – while carefully keeping an eye on my health."

"After 6 years of swallowing pills morning and night, I am currently on my 7th day combination-therapy-free. I am very curious, nervous and excited to see how things pan out for me...time will tell."

CAMERON'S STORY

"I can dance if I want to" ... the case of sloppy treatments interruptions

After 4 years of being on pills for HIV infection and missing about 3 doses, Cameron puts it like this:
"I was at a point in my life where I felt like I had to get out and about more. So I decided to go clubbing every second or third weekend. I had been such a 'good' person with HIV for so long, as far as I was concerned it was time to reward myself. I had read about the interactions of some of my anti-HIV drugs with recreational drugs. I'd also heard about people doing OK after breaks from their treatments – and some of my friends seemed to have done this without much harm – although one friend after six months off his pills got suddenly sick – but I was only having a break on occasional weekends."

A while later Cameron's doctor asked him if he was aware of the potential interactions between one of the drugs he was on and recreational drugs. Cameron had a quick answer: "Yeah, but I'm having a break from my pills every second or third weekend for a few days. And I've read about this new interest in treatments breaks so I decided it was OK."

"My doctor then explained to me the difference between unplanned breaks, the sort of 'do it yourself' breaks I was having, and what Structured Treatment Interruptions or Strategic Interrupted Treatment are and how it was different from what I was doing which he called 'sloppy treatment interruptions'. Well being called 'sloppy' doesn't thrill me – it's the same as being called 'slack'... so I guess I sat up and took notice."

"I had my viral load done and it had gone from 20 to 400... not a huge increase but... and as it's now winter I've taken a break from clubbing. But next summer I've pre-warned my doctor that I want a break and we are going to talk later about the best way to do this."

RON'S STORY

I think I did an oops...

Ron became HIV-positive "in the dark ages".

"At the beginning of the 1990s I was down to 200 CD4 cells. After postponing starting HIV treatments I couldn't any more", says Ron. "I did all right. But the early 1990s were a horrible time. It seemed like a funeral every week."

Ron managed to keep his CD4 cells around 250. Then the earliest interleukin-2 trials (a still experimental HIV treatment) were announced. "I was just lucky enough to qualify."

"The trial was a real grind... but whether it was interleukin or the new protease drugs or both... my CD4 cells count went to levels I'd never had since they were first tested. Over 700."

After 4 years on interleukin Ron had what he describes as "treatments burnout". "Something basically snapped. People weren't dying all the time any more. AIDS was no longer the big story – and I think the previous ten years hit me."

Ron threw all his treatments in the bin, put his furniture in storage, and drove north and ended up staying in Northern Queensland for 8 months. "For most of the time I felt physically better than I had for years. But I did notice I was losing weight. I had been thinking more and more about going home to Melbourne – but I kept putting it off. Then I got a cough... and ended up in hospital with a nasty lung infection that wasn't considered to be AIDS related. However, as a result my counts went down – and the picture was not good."

Ron's CD4 count had dropped to 50.

"When I got out of hospital I went back home... and since then it's been a real struggle maintaining my health.

I think looking back I did a big oops..."

MARK'S STORY

5 years, 18,250 pills later....

Mark had his first positive HIV antibody test result in 1992. He had regularly tested for HIV and other STDs and doesn't remember any seroconversion illness.

In 1992, the treatments picture was confusing – combination trials of 2 drugs were common, but the first drug, AZT, was mired in controversy. After talking to a number of people Mark decided that treatments was a future issue for him... and he would just regularly monitor his health.
"I guess after then I had a four year party. My attitude was the clock was ticking and I was going to have fun."

Then in 1996 Mark read banner headlines across the front page of the local gay newspaper announcing the arrival of seemingly effective antiviral treatments for HIV.

"It changed my life. I had to rethink my future and that was actually really scary. A year later, instead of dance parties, I was career oriented – and instead of recreational drugs... it was 10 pills a day of antiviral drugs."

Mark has started to hear more and more about long-term side effects so he decided to begin having discussions with his medical practitioner about stopping his drugs for a while.

HIV Treatment Breaks? **is a set of resources providing info about what to consider if you are thinking about a drug holiday.**

For more info, go to www.afao.org.au

To find out some of the answers to the questions raised by these stories talk to your doctor, your local treatments officer, get a copy of the more detailed HIV treatments break booklet from your doctor, AIDS Council or local PLWHA group.

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talkabout

features

Community gardens get you out and feed you. See story on page 32. Back cover: Street Jungle poultry provide eggs for community gardeners.

regulars

advertisers

PLWH/A(NSW)
People Living With HIV/AIDS

from the pwg

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It came as a great shock when the news of Kath Vallentine's death was announced. Kath died on Saturday, 19 July, in St Vincent's Hospital, Sydney. Kath showed great courage in the last weeks as she battled lymphoma. Her sudden death is a great loss to positive people and the greater community and her presence and spirit will be greatly missed.

Kath was instrumental in forming and volunteering for Screamline, a telephone support line for positive women provided by ACON's women's peer support project. Kath was very assertive about standing up for her rights and raising awareness about the issues facing hiv positive women.

Kath didn't just focus on positive women but shared her experiences with lots of other groups of people. She was always generous, sharing her story and time. She actively supported ACON's Community Support Network (CSN) and participated in the training of CSN volunteers. In fact, there are few aids services in NSW that Kath has not left her mark on.

Over the years, Kath has always maintained a connection with People Living With HIV/AIDS (NSW) Inc, including as a contributor to *Talkabout* and as a member of the organisation. Most recently, she contributed to PLWH/A's health promotion unit.

'I have done all that I've been prescribed to do to treat the AIDS but I really have changed at my core. I have started to look outwards, to step out of the control-seat sometimes, to be in the moment and appreciate it. ... I sense that I do exist on this planet for a reason and as part of a whole, much bigger than me.' (Kath Vallentine, *Talkabout*, July 1997)

Amelia McLoughlin

If you would like to read Kath's story, it is published in the latest edition of HIV Australia.

In this issue

Self esteem – it's a term people bandy around, but what does it mean? Maree Crosbie, of the Bobby Goldsmith Foundation, writes about how to improve your self esteem on **page 13**.

Could a free trade agreement with USA increase the price of hiv medication? John Cumming, PLWH/A (NSW) Research & Policy Officer, summarises the issues on **pages 14 – 15**.

Planning for your future is easier when you're healthy. HIV/AIDS Legal Centre Solicitor, Aimee Chan & volunteer Asha Ghedia explain powers of attorney, enduring guardianships and why you need a will on **page 16**.

AIDSimpact, a conference held in Milan in July, was attended by PLWH/A (NSW) Community Development Officer, Glenn Flanagan. Read his report on **pages 18 – 19**.

pos action

with **Antony Nicholas**, Executive Officer PLWH/A (NSW)

Having been involved with the hiv sector for nearly ten years – as a volunteer, committee member or staffer – it is surprising how many new and innovative ideas can be generated when staff manage to get out of the office and actually hear people speak. Hear the level of commitment and passion people still have and, most importantly, the continued willingness to participate. And I am not just talking about a few people. I am talking about many people, including volunteers, staff, public servants, community members, managers and CEOs. All happy to generate ideas and contribute to making People Living with HIV/AIDS (NSW) a better organisation.

From our round of consultations, attached to our strategic plan – yes I know you've heard it all before – some key ideas or visions have been generated. Goals to work towards over the coming years, recognition of projects and some old favourites that people don't want to see lost. As a small organisation, we are happy to realise we can aim to improve or change to take current circumstances into consideration.

To do our work effectively and provide the best outcomes for all hiv positive people, we need to:

- be very visible
- provide a voice for everyone already living with hiv/aids in NSW
- forge and nurture strong strategic partnerships, even if that means working through difficult situations together
- be very good at referral, knowing what services are out there and are appropriate for people
- have excellent media relations
- employ staff who have good people skills because the organisation is all about working with people.

As we move into our fifteenth year, we need to look at the ways we connect with people now, how we may be able to improve some of those and ways that we can connect with more people living with hiv/aids in the future. After all, we are an organisation directed by positive people, for and most importantly, with positive people.

As we move into our fifteenth year, we need to look at the ways we connect with people now.

Setting up your own business isn't as difficult as some people think. Chef and small business owner, Tim Alderman, describes setting up, getting started and keeping going on **pages 20 – 22**.

Lube for Sri Lanka – a *Talkabout* interview with Multicultural HIV/AIDS and Hepatitis C Service Project Worker Matthew Tyne – describes the reasons behind a fundraising dinner to be held in August. See **pages 23 – 25**.

Horticultural missionaries from the Royal Botanic Gardens Sydney can help positive communities set up and maintain a community garden. Talkabout interviewed Stephen Paul and Murray Gibbs, Senior Horticulturists at the Gardens, and Bruce, volunteer coordinator of the community garden at ACON Western Sydney. See **page 32**.

Where were you on 28 September, 1988? If you've been part of People Living With HIV/AIDS (NSW) or its predecessor, People Living With AIDS, during the past 15 years, we want you back for our 15th birthday celebrations. See **page 4**.

Where were YOU on 28 September, 1988?

Antony Nicholas, Executive Officer,
People Living With HIV/AIDS (NSW)

'Welcome to the first edition of TALKABOUT, the newsletter of People Living with AIDS (NSW). The aim of the newsletter is to provide a voice for the people most often unheard in the AIDS crisis the people infected and affected themselves. Talkabout is your voice: a means of getting in touch with others, expressing your opinions, concerns, demands; asking questions; sharing your experiences and knowledge; hearing news relevant to us – the people living with AIDS.'

Now you're probably wondering why we are harping back to the first edition of *Talkabout*, but if you remember that edition, or were at the 28 September meeting in 1988, or have been involved with People Living with HIV/AIDS (NSW) over the last 15 years then we want to hear from you ... but more on that later.

Paul Young and Irwin Diefenthaler were appointed interim convenors until the first Annual General Meeting, in September 1989, when the association was formed at the Trade Union Club in Surry Hills. With no staff, a constitution and elected committee was a few months away. Almost 15 years later, we have maintained that essence – even though the magazine looks vastly different to the photocopied original – in the current *Talkabout*, when so many other factors of the hiv epidemic have changed so dramatically. But the association – People Living with HIV/AIDS (NSW) – has changed far more dramatically and continues to do so through its teenage years.

In 1988, when people were still dying, the gay community was terrified of the public's reaction to the disease. Funeral homes were still refusing to accept bodies, and *The Sydney Morning Herald* published a story about public transport being fumigated because a suspected aids victim was on the bus. Few people realised that many of those who were suddenly getting sick may have carried the virus for a decade.

In spite of the stigma and discrimination people living with aids and people who supported people living with aids faced, a large number of people came forward to form what is now People Living with HIV/AIDS (NSW). Many people who were at the first meeting are no longer with us, but many are and we are hoping you will join us in October to celebrate life, lives passed and the continuing existence of People Living With HIV/AIDS (NSW). In October 2003, just after our 15th anniversary, we are planning to celebrate with an exhibition of the past and present, of lives and loves, people and projects over the last 15 years. We want as many committee and board members, staff, volunteers, working groups and anyone else involved to be there with us to remember and to celebrate.

Contact us if you'd like to take part. We're also looking for anyone who has photos or memorabilia, for example posters or stickers, either personal or associated with past campaigns, that could be used as part of a history display on the night. People Living with HIV/AIDS (NSW) believes the display is an important part of embracing where we came from and also to showcase where we are going.

What were you doing in September 1988 and where are you now?

If you were part of People Living with HIV/AIDS (NSW) at any time over the past 15 years, we need you back to help us celebrate.

Please send us your contact details so we can ensure you are invited to our 15th birthday and exhibition.

If you know others, who have also been involved with People Living With HIV/AIDS, please pass on details so we can hear from them too.

Contact Glenn Flanagan on 02 9361 6011 or freecall (outside Sydney) 1800 245 677 or email: glennf@plwha.org.au

treatment briefs

Drug level monitoring successful at reducing treatment failure hiv patients

Patients who received Therapeutic Drug Monitoring (TDM) were more likely to maintain undetectable viral loads. The Dutch ATHENA study, reported in *AIDS* (23 May 2003), consisted of 147 treatment naive patients who were starting treatment regimens based on either the protease inhibitor nelfinavir or indinavir.

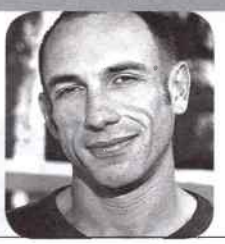
The object of the study was to see if TDM improved the success of therapy. Doctors were allowed to intervene to boost drug levels in patients who had insufficient quantities to achieve a clinical benefit, or to reduce the dose in those patients where levels were likely to cause side effects. Patients were followed for a year having blood work taken at four weeks, twelve weeks and every twelve weeks thereafter. Patients were asked at each visit to fill out a questionnaire in reference to their adherence.

Participants were separated into two arms, one TDM and one non-TDM. Investigators found that TDM patients were significantly less likely to discontinue due to toxicity than patients in the control arm. Investigators also found that the use of TDM allowed them to target interventions to boost the amount of nelfinavir in the blood, or reduce potentially toxic doses of indinavir. Amongst the indinavir-treated patients, TDM allowed doses to be reduced in those patients experiencing side effects due to toxic levels of the drug.

The investigators concluded that their study demonstrated 'TDM of protease inhibitors ... improves therapeutic response', with fewer nelfinavir patients discontinuing treatment because of virological failure and fewer indinavir-treated patients because of side effects.

[Source: www.aidsmap.com]

talkshop



PLWH/A (NSW) Community Development Officer **Glenn Flanagan** profiles what's happening in NSW

Treatment Briefs are written by ACON's Treatment Information Officers. Phone 02 9206 2013, tollfree 1800 816 518, email treatinf@acon.org.au

Feasibility of PEP in prisons

The use of post-exposure prophylaxis (PEP) by prisoners within three days of needle sharing may help prevent hiv transmission according to an Australian study reported in the *Australian Medical Journal*. The study identified two prisoners infected both with hiv and hcv who disclosed recent needle sharing with other prisoners. A total of 104 prisoners were found to have shared needles and potentially been exposed to both hiv and hcv.

Only 56 of the prisoners were eligible for PEP, having been exposed within the previous 72 hours, with 34 taking PEP for an average of 18 days. Eight men reported full compliance with PEP, and a quarter completed the four-week course of therapy. PEP drugs were reported being traded amongst prisoners so prison health staff began using directly observed therapy to administer the treatment.

No cases of hiv infection were found in 61% of those prisoners accessing follow-up testing a year later. However, the researchers acknowledged that sero-conversions might have occurred among those that did not access follow-up testing.

'The key finding of this study is that the provision of PEP inside prison is feasible but its implementation is complicated by administration difficulties,' said study author Dr Andrew Grulich. 'Providing PEP within prisons is challenging, firstly because prisoners don't want to admit to using, and secondly because it's difficult to assess the level of risk.'

The study highlights some of the potential problems of PEP in prisons, including the difficulty of accurate risk assessment and prompt initiation of therapy, ongoing risk behaviours, poor compliance, and inadequate follow-up.

Reference: O'Sullivan BG et al. Hepatitis C transmission and HIV post-exposure prophylaxis after needle- and syringe-sharing in Australian prisons. Australian Medical Journal 178: 546-549, 2003.

[Source: www.aidsmap.com]

See also page 10.

HIV+ Asian men get together

Asia Plus, ACON's project for hiv+ Asian gay and bisexual men meets once a month on a Friday night. It's a good social occasion. In June they had fun with a light hearted writing workshop with our Community Development Unit. For information on upcoming events call Matthew on 9206 2080.

Connect with other positive people in Western Sydney

The Haven is a great place to volunteer. They always need people for help with everything from admin work to cooking and housework. If you would like to meet up with other positive people, the Haven also has a social lunch on Mondays, Wednesdays and Fridays. For more information ring the Western Suburbs Haven on 9672 3600.

Planet Positive

The next Planet Positive (a social night for positive people and their friends) takes place 6–10pm, on Friday 8 August. About 90 people attended the last one in June at the Positive Living Centre. Planet Positive in August promises to be the same great night, for those of you who've been before, and a new experience for any pos queen Planet virgins.

The Positive Living Centre widens its range of therapies even further

Most positive people use complementary therapies and find they are an important way of managing their hiv. There will be new Hawaiian (Lomi Lomi) massage starting at the Positive Living Centre in August. There are art classes and remedial massage on Wednesday. Yoga is now on Saturday as well as Tuesday. Pick up the new calendar of events for July and August at PLWH/A (NSW), BGF and at the Positive Living Centre or call 9699 8756 for more information.

Join People Living with HIV/AIDS (NSW)

Become a member of People Living with HIV/AIDS (NSW) and you will get regular email updates of news, events and politics. You will also receive our newsletter, which only goes out to members (the next one is published in early September). And of course you will also receive the *Contacts* service directory. You will need to renew your membership this year to vote at the next Annual General Meeting in October. This will be a celebration of our fifteenth anniversary. Membership is free. Just fill in the form in this issue of *Talkabout* and send it in to us.

Presenting Positive Decisions

There has been international interest in the Positive Decisions project (work experience for positive people that demonstrates how important occupation is to our sense of health and wellbeing). The 6th AIDSImpact Conference on the Biopsychosocial Aspects of HIV Infection in Milan has expressed 'particular interest' in the project. Thanks to Pfizer Australia and ACON for assisting me to make a presentation about Positive Decisions at the conference in July.

HIV infection rates rose in 2002

Compiled by **Susan Hawkwood**

Rises in hiv infection rates in NSW, Victoria and Queensland have reinforced the need for a major revitalisation of Australia's response to hiv/aids, according to the Australian Federation of AIDS Organisations (AFAO). Last year, 700 Australians became infected with hiv, with gay and bisexual men making up the majority of these new hiv infections.

According to ACON, the first increase in hiv infections in NSW for 8 years should be taken as a warning sign that the aids epidemic is far from over in Australia.

'It is still not clear exactly what this data means – we are not certain if these people represent new infections or new diagnoses with people who may have been positive for some time and have only recently been tested,' said ACON President, Adrian Lovney.

'Although we have one of the highest rates of hiv testing in the world, ACON is concerned that there may well be a large number of hiv positive people in NSW who have simply not been tested and believe they are hiv negative,' he said.

Two new initiatives by ACON to encourage more hiv testing among gay men and a renewed commitment to safe sex were launched in late June.

These initiatives are:

- a new hiv awareness and testing campaign for at risk Asian gay men
- a new information booklet for gay men on prevention and testing for STIs, including hiv, for statewide distribution

'Further analysis of the NSW Health data may indicate the need for other new health promotion interventions. We will be working closely with NSW Health on this analysis and we are continuing our negotiatons around funding for new innovative campaigns that will reinforce the safe sex culture among gay men and the importance of hiv and sti testing,' said Lovney

Latest figures for the year 2002 show that the rate of new hiv infections rose by 7% in Victoria, the third successive year there has been an increase.

Victorian AIDS Council/Gay Men's Health Centre Executive Director, Mike Kennedy, said the third annual increase in notifications in Victoria was a sobering reminder that the hiv/aids epidemic was not over and that sexually active gay men still needed to take steps to protect themselves and their sexual partners.

Figures released by the Victorian Department of Human Services show that, in 2002, there were 234 new hiv notifications: 209 men (89%), 23 women (10%) and two transgender people (1%). The total is a 7% increase on the 218 notifications in 2001. The number of newly diagnosed hiv infections resulting from male-to-male sexual contact rose from 146 to 162, an increase of 11%.

Of the 209 men diagnosed with hiv in Victoria in 2002, 74 had newly-acquired hiv – determined on the basis of a previous negative hiv test and/or a seroconversion illness within the 12 months preceding their hiv diagnosis. Sixty of these 74 men had had a previous negative hiv test within the preceding 12 months.

Kennedy said it was a cause for concern that 91 of the 209 men (43.5%) had never had an hiv test prior to the one that resulted in their hiv diagnosis.

Infection rates rose by 20% in Queensland, from 97 in 2001 to 117 in 2002.

General Manager of the Queensland AIDS Council, Matt Gillett, said, 'The majority of diagnoses and therefore the highest risk remains in the population of gay men and other men who have sex with men.'

'We are currently revitalising some of our prevention projects and we are working with Queensland Health and other agencies to develop innovative ways to reach hard-to-

'However, it is very disappointing that after eight months the Commonwealth Health Minister has not yet released the review reports, nor has the Minister indicated how the review's recommendations are to be addressed. This delay is causing a loss of morale and uncertainty about the future of our aids response.' AFAO National President, Bill Whittaker.

reach populations,' said Gillett.

'Unfortunately, however, like other organisations we have not seen an increase in real funding since 1996.'

NSW Health confirmed that hiv notifications had increased in NSW during 2002, from 342 new cases in 2001 to 386 cases in 2002, a 12.8% increase.

'In the last 15 years there has been considerable progress in reducing hiv infection in NSW and we don't want to see those gains eroded,' said NSW Health Chief Health Officer, Dr Greg Stewart.

'NSW Health will continue to work closely with the AIDS Council of NSW (ACON) to ensure that our safe sex messages and programs are reaching the people at most risk,' he said.

Dr Stewart acknowledged that commitment of gay men to hiv prevention has been critical in controlling the epidemic in Australia. Safe sex continues to be the norm within the gay community, with 80% of gay men consistently practising safe sex.

'However, research conducted in recent years is showing definite signs of slippage into riskier practices among a minority of gay men. There has also been an increase in sexually transmitted infections in NSW, particularly syphilis and gonorrhoea, and these can play a significant role in increasing hiv transmission,' said Dr Stewart.

Dr Stewart advised that NSW Health would call on community organisations, clinicians and researchers to examine the increase in hiv notifications and plan a coordinated response to reduce future infections.

The majority of new infections have occurred among gay and bisexual men, in line with an upward trend in comparable countries in Europe and North America.

AFAO National President Bill Whittaker said that the rises in infection rates were significant and must be acted on.

'The increase that first occurred in Victorian hiv infection figures during 2000 and 2001 have occurred for the third year in a row and we now see rises in Queensland and in NSW. These three States make up almost 90% of the national hiv/aids caseload. So a worrying national pattern appears to be emerging,' he said.

AFAO says that the reasons for this situation are complex and multifaceted. They include declining Commonwealth and State/Territory government leadership and funding; rises in sexually transmitted infections and in unsafe sexual practices; declines in regular hiv testing; and possibly from misunderstandings about treatments and vaccines under development being 'cures'.

'This upward trend in new infections is by no means confined to Australia,' Whittaker said. 'There have also been recent increases in hiv infection rates in a number of comparable countries in Europe and North America. Overall, the declines in hiv infection rates that characterised Western countries in the 1990s are now starting to trend in the other direction in a significant number of countries.'

'The warnings have been there for some time about Australia's vulnerability to new hiv infections. To its credit, the Commonwealth Government recognised this vulnerability and commissioned a review of Australia's National HIV/AIDS Strategy early last year. The review's reports and recommendations were handed to the Health Minister last November.

'However, it is very disappointing that after eight months the Commonwealth Health Minister has not yet released the review reports, nor has the Minister indicated how the review's recommendations are to be addressed. This delay is causing a loss of morale and uncertainty about the future of our aids response.'

'AFAO understands that the review calls for a major shake up of Australia's aids response – particularly in the area of hiv prevention – and for the early implementation of an upgraded National HIV/AIDS Strategy.

'We call on the Minister to release the reports and provide a roadmap for bringing in a revitalised National HIV/AIDS Strategy without further delay,' Whittaker said.

Whittaker pointed out that Australia has been widely praised for its very effective response to the hiv epidemic over the past 20 years.

'We are still doing many things right and we should not lose sight of this. But this rise in infections is a wake up call to all in the aids partnership – National and State/Territory Governments, community based organisations, and the medical and research sector – that we need to revitalise our efforts in the face of new complexities in our work.

'We look to the Commonwealth Government to lead a cooperative response to this challenge, consistent with the leadership role it has played in responding to hiv/aids over the past 20 years.'

Sources: AFAO Media Release 29/5/03. 'New HIV cases on rise in Australia', Megan Nicholson. NSW Health Media Release 18/6/03. QUAC Media Release, 28/5/03. VAC Media Release, 29/4/03.

News roundup

Australian woman wins damages

In June, the New South Wales Supreme Court ordered two doctors to pay a woman more than $700,000 in damages after she contracted hiv from her former husband, whom she believed had tested negative for hiv. Sydney doctors Nicholas Harvey and King Weng Chen had argued that doctor-patient confidentiality prevented them from telling the woman that her fiance had hiv before they got married.

But New South Wales Supreme Court Judge Jerrold Cripps said the doctors did not make it clear to her partner that he had to inform his partner of his medical condition.

Source: Reuters

Comment

People Living with HIV/AIDS (NSW) is concerned about low awareness among community GPs, that is, non-hiv prescribers, of recently enacted legislation requiring them to inform patients with sexually transmitted infections about health management strategies and how to minimise the risk of infecting other people. We have sent a submission to NSW Health asking them to develop and implement a strategy to educate GPs about these obligations. You can view the submission on the Research and Policy section of our website at http://www.plwha.org.au. Click on the Staff Projects icon after you enter the home page.

John Cumming, Research and Policy Officer

Post-test counselling

People Living with HIV/AIDS (NSW) is still concerned about the lack of pre- and post-test counselling for people undergoing hiv testing. The association has expressed this concern in submissions to government. The need for counselling has been further highlighted by a recent NSW Supreme Court decision, which found the counselling by two NSW doctors fell short of that expected by competent medical practitioners.

'Pre- and post-test counselling provides the perfect opportunity for doctors to discuss risks leading to hiv transmission and the possible implications of a hiv positive result with clients whom are concerned enough to be tested,' said President of People Living with HIV/AIDS (NSW), John Robinson.

'Current research has shown that, in the majority of cases, people who are hiv positive are not offered pre- or post-test counselling,' he said. 'HIV Futures 3*, the largest hiv study in Australia, found that 79% of respondents had not received pre-test counselling, and around 46% had not received post-test counselling.'

'This recent case has shown the possible implications of not providing quality opportunities for people newly diagnosed with hiv to discuss the ramifications of a hiv diagnosis on their daily lives and for their partners.'

'NSW Health is currently reviewing the guidelines for pre- and post-test counselling and People Living with HIV/AIDS (NSW) is calling for new guidelines that place a mandatory requirement on doctors to provide pre- and post-test counselling,' he said. 'We called for this in a 1999 submission on the NSW Public Health Act and have received no action. We will again be calling for this in 2003.'

**HIV Futures 3, The Australian Research Centre in Sex, Health and Society, 2002.*

Party drugs 'make people age faster'

Party drugs could be making people old before their time and lead to dementia, said Director of Geriatric Medicine at Brisbane's Prince Charles Hospital Dr Chris Davis during Drug Action Week in June.

'Ageing will catch up with drug users at an earlier age,' said Dr Davis. 'An excess load on the metabolic activities destroy your brain cells and the brain is the one organ which we cannot dive into and fix.'

Dr Davis said people needed to think twice before taking anything that altered their mental state.

The Federal Government was told party-goers who popped ecstasy pills could cause an avalanche of future Alzheimer's patients.

Risky behaviours included drinking to excess, smoking cigarettes and marijuana, sniffing paint and petrol, as well as taking amphetamines.

Forgetfulness and poor judgment were among the first symptoms of Alzheimer's, but the partners, family members and carers of sufferers were often those who were hardest hit, Dr Davis said.

Women had a higher incidence of dementia than men and the incidence was rising exponentially as the population aged, he said. 'Dementia by the year 2017, which is not that far away, is predicted to be the major cause in morbidity (disease) in females of all ages.'

www.news.com.au, 24/06/03

Diet changes improve cholesterol levels in men on hiv medication

An Australian study published in the medical journal *AIDS* has shown that diet modification can reduce blood fat levels (cholesterol and triglycerides) in men on hiv medication. Elevated blood fat levels have been associated with anti-hiv drugs, particularly protease inhibitors. Chronically elevated blood fat levels are a risk factor for heart disease. The study involved sixteen hiv positive men with elevated cholesterol levels, fourteen of whom were taking a protease inhibitor-based regimen. Their average age was 45, with a mean viral load of 158 and an average CD4 cell count of 722 cells/mm3. Their average cholesterol level was 7.47mmol/L, significantly above the normal range, which is less than 5.2mmol/L. Instead of changing to a low-fat diet or taking medication to lower blood fat levels, the men were counselled to reduce their consumption of saturated fat, including animal fat, dairy fat and egg yolk, and eat more polyunsaturated and monounsaturated fats. Polyunsaturated fats are found in safflower oil, sunflower oil, corn oil, soybean oil, fish oils, peanut oil, grapeseed oil, linseed, and walnuts. Sources of monounsaturated fats include canola oil, olive oil, avocado, almonds, hazelnuts and peanut oil. The men were also advised to maintain a high fibre intake. They attended an average 7.6 dietary counselling sessions and kept a diary of their changing diets. They cut saturated fat by switching to low-fat dairy products and lean meat, increased polyunsaturates by using polyunsaturated spreads and maintained monounsaturated fat levels by continuing to use olive oil for cooking. They made more meals at home and ate less restaurant and takeaway food. By the end of the study these dietary changes had produced an average fall in cholesterol from 7.47mmol/L to 6.48mmol/L. Although this result was still well above the recommended cholesterol level (5.2mmol/L or less), it could be explained by the fact that not all the men were able to reduce their intake of saturated fats to ideal levels. Additionally, four of them were unable to eat the recommended two portions of fish per week.

Marijka J. Batterham, Dannae Brown, Cassy Workman. 'Modifying dietary fat intake can reduce serum cholesterol in HIV-associated hypercholesterolemia.' AIDS 2003;17:1414-1416.

Immune system boost

Australian researchers have found a way of regenerating the immune system. The treatment could offer a lifeline for aids and cancer patients. Melbourne researchers revealed their discovery at the biotechnology conference BIO2003 in Washington in June, when they announced that they had been able to boost the depleted immune systems of cancer patients.

Richard Boyd, from Monash University's department of pathology and immunology, said the therapy would not cure all cancers but would give patients a better chance. By using drugs to block the body's sex steroids, or hormones, they could stimulate the thymus, the organ that produces T-cells and is involved in all immune responses.

In a trial involving 20 leukemia patients, blocking the sex steroids enabled the patients' immune systems to recover after bone marrow transplants. Between 60 and 80% of the patients improved significantly, and all had a 50% increase in their number of T-cells.

The trial was so successful that another 20 patients were treated, and further trials with 100 patients were now underway in the US and Britain.

'In patients with diseases such as cancer and hiv, auto-immune diseases, even transplant rejection, the possibility of creating a new thymus with its unlimited store of new immune cells provides new hope,' Professor Boyd said.

Last year his team was the first in the world to create a fully functioning organ, a thymus, from stem cells.

Two years ago, doctors told Ziad el Haouli he faced certain death – and soon. The then 32-year-old had lost 45kg and was rapidly capitulating to non-Hodgkin's lymphoma, a cancer that attacks the lymphatic system.

Six months of chemotherapy failed to conquer the cancer, leaving the father of three devastated.

'I felt like an old man,' Mr el Haouli said.

'I was tired and sleeping a lot and I was weak. I also had a lot of nausea.'

Nine months ago, Mr el Haouli joined the Monash University program and had a bone marrow transplant at Melbourne's Alfred Hospital – and he has not looked back.

While the treatment had some side-effects, including nausea and irregular aches and pains, the positives far outweighed the negatives, he said.

I feel a lot healthier. I'm starting to feel a lot stronger and I'm going to the gym a couple of times a week,' he said.

'Researchers tap 'fountain of youth', Helen Tobler and Daniel Hoare, 24/06/03. www.news.com.au.

news roundup

PEP feasible in prisons

A new Australian study – the first to document the use of hiv post-exposure prophylaxis in prisons – received international coverage on the AIDSMAP website. The study found that hiv transmission may be prevented in the prison setting by administering antiretroviral medication to prisoners within three days of needle-sharing with an hiv-positive prisoner. Published in the *Australian Medical Journal*, the study describes two prisoners infected with both hiv and hcv (hepatitis C virus) who disclosed recent needle-sharing with other prisoners. One prisoner also had active hepatitis B.

Following further investigation, the authors identified 104 prisoners who had shared needles in recent days and were potentially exposed to hiv and hcv. Baseline testing showed that none had hiv infection, while 72% were infected with hepatitis C and 69% were infected with or immune to hepatitis B.

Of the 104 inmates potentially exposed to hiv, 56 were eligible for post-exposure prophylaxis (PEP), having been exposed within the previous 72 hours. Thirty-four men took PEP with AZT and 3TC for an average of 18 days. Eight men reported full compliance with PEP, and a quarter completed the four-week course of therapy. Some trading of PEP drugs was reported amongst prisoners and as a result prison health staff began administering PEP as directly observed therapy.

No cases of hiv infection were found at follow-up testing a year later. However, only 61% of the 104 potentially exposed prisoners received follow-up testing, and the researchers acknowledged that seroconversions might have occurred among those lost to follow-up.

'The key finding of this study is that the provision of PEP inside prison is feasible but its implementation is complicated by administration difficulties,' study author Dr Andrew Grulich told AIDSMAP. 'Providing PEP within prisons is challenging, firstly because prisoners don't want to admit to using, and secondly because it's difficult to assess the level of risk.'

The study highlights some of the potential problems of PEP in prisons, including the difficulty of accurate risk assessment and prompt initiation of therapy, ongoing risk behaviours, poor compliance, and inadequate follow-up. The authors have called for the development of guidelines for the use of PEP in prisons.

The study also looked at transmission of hepatitis B and hepatitis C. Inmates susceptible to hbv infection at baseline received hbv vaccination or immunoglobulin and no new cases of hepatitis B were detected during follow-up.

While only 29 men were susceptible to hcv infection at baseline, four (14%) were found to be infected with hepatitis C at follow-up testing. Researchers were reluctant to attribute these hcv seroconversions to the documented exposures due to multiple exposures and ongoing risk behaviours by the prisoners involved. Nevertheless, they conclude that their findings 'are consistent with the higher probability of transmitting hcv compared with hiv through sharing needles and syringes'.'

'PEP is only a very small part of the prevention arsenal,' Dr Grulich said. 'The study highlights the need for other inventions such as needle exchange and bleach within prisons. PEP is the last option.'

Reference: O'Sullivan BG et al. Hepatitis C transmission and HIV post-exposure prophylaxis after needle- and syringe-sharing in Australian prisons. Australian Medical Journal 178: 546-549, 2003.

Source: Megan Nicholson, www.aidsmap.com, 3/06/03

Medical cannabis bill

The NSW Premier, Bob Carr, announced in July that preliminary legislation to allow the medical use of cannabis in NSW has been delayed until the next session of parliament because of its complexity. Mr Carr had already announced, in May, that the government would set up a four-year trial to allow the medical use of cannabis to alleviate the chronic suffering of people with severe pain. The government must overcome many difficult legal and moral issues before the trial can go ahead, including how to control the supply of medicinal cannabis. Mr Carr said an exposure bill for the scheme would be released late July, with a three-week consultation period to follow. An exposure bill is draft legislation made available for public comment.

The government wanted the exposure bill tabled in the most recent parliamentary sitting. 'However, due to the complexity of the issues involved, the legislation has taken longer than expected to draft,' Mr Carr said. 'There are a number of issues to work through in order to set up the trial,' he said. 'In particular, we need to carefully consider options for supply.'

'We will seek the views of experts and the community on the exposure bill and be ready to introduce legislation in the spring session of parliament.'

The spring session of the NSW Parliament commences on 2 September.

Source: The Age 1/7/03

BGF welcomes cannabis trial

The NSW Government's announcement of a four-year trial of the use of legalised cannabis for people with chronic pain or wasting illness was welcomed by the Bobby Goldsmith Foundation Inc (BGF).

'BGF is very pleased to see support from the Government for this humane and overdue initiative of prescribing cannabis for people with medical needs, particularly those with advanced hiv disease' said BGF President, Peter Brennan.

'Experience from overseas has clearly established the benefits of cannabis use in assisting those with hiv manage the side effects of new generation antiretroviral treatments including nausea, loss of appetite, diarrhoea and vomiting.'

'Many of the people with hiv whom BGF assists experience significant weight loss as a result of advanced hiv disease and the side effects of treatment. The changes would directly benefit our client group by removing from them the stigma of illegality associated with cannabis use.

'For people with hiv who use cannabis as one of a limited number of ways to manage pain or nausea – living with the possibility of criminal prosecution that this involves is a continuing challenge.

'Many more people with hiv could benefit from accessing prescribed cannabis if the stigma of illegality was removed.

'BGF looks forward to working with the Government in the implementation of this trial.'

Federal Liberals critical of NSW trial

The NSW plan to trial cannabis as pain relief medicine has drawn wider criticism from within the Federal Government, despite the qualified support of the Prime Minister.

Prime Minister John Howard said he would support a trial to allow cannabis use for pain relief in the chronically ill if the drug was prescribed. He said he would not back patients growing their own marijuana and remained opposed to the decriminalisation of the drug.

'In principle, providing it's prescribed and people aren't allowed to grow it, I'd agree to that,' Mr Howard said on radio 4BC.

'In other words, if it's spray or a tablet of some description I would in principle see merit in it for cases where there are no other conventional medicines available to reduce pain and to provide greater comfort.'

Mr Howard said the trial was not a step towards the full legalisation of marijuana.

'I certainly don't see it as the thin end of the wedge, I am totally opposed to decriminalisation of marijuana.

'The evidence is greater now than it was a few years ago that marijuana leads to depression and schizophrenia and anybody who thinks that it's smart to generally decriminalise marijuana is crazy.'

The Deputy Prime Minister, John Anderson, senior Liberal Ross Cameron and Education Minister, Brendan Nelson, have expressed disquiet about the plan.

The Carr Government has not ruled out patients being allowed to grow their own marijuana under a 'compassionate access scheme', a measure the Federal Government is likely to oppose on the grounds that it would contravene the international narcotics convention to which Australia is a signatory.

Mr Anderson took up the concern of the Prime Minister, John Howard, about maintaining strict controls on supply of cannabis.

Who was going to grow, process and supply the drug were issues that had to be worked through, he said.

Cannabis might have a place in helping 'those who face really seriously debilitating pain, and we all sympathise with people in that position, but I'm yet to be convinced that this is the best way forward,' he said.

Criticism of the trial by Dr Nelson, who said that there were other effective drugs available as alternatives to cannabis, was rejected by a Sydney pain relief researcher, Macdonald Christie, as 'ill-informed'.

Studies had shown about 10% of patients suffering severe and chronic pain did not benefit from available pain-killing drugs, said Professor Christie, Director of basic research at the Pain Management Research Institute at Royal North Shore Hospital.

The NSW expert report, a British House of Lords committee and the National Academy of Sciences in the United States concluded that cannabis-based drugs were a viable alternative for a significant group of patients, he said.

Dr Nelson was 'just plain wrong' to say existing pain relief drugs were always effective.

'We do have them for some conditions, but not for many others,' Professor Christie said.

He said many patients with wasting conditions such as multiple sclerosis and aids were likely to be helped by cannabis, which offered them benefits, including appetite stimulus and relaxation, besides pain relief.

Federal Health Minister, Kay Patterson, said the trial could have merit but the Government would examine it for safety and legal issues.

'I've expressed a personal view about the trial, as a member for NSW and a parent, apart from anything else,' Dr Nelson said.

The Parliamentary Secretary for Family and Community Services, Mr Cameron, said the cannabis scheme would undermine the Government's investment in the 'tough on drugs' campaign.

'Whatever medical benefits may be claimed, they will be massively outweighed by the tacit encouragement [of cannabis use],' said Mr Cameron.

Sources: www.news.com.au, 23/05/03. 'Anderson warns of pot plan's pitfalls', Mark Metherell and Aban Contractor, www.smh.com.au, 23/05/03

News roundup

Palliative care

Helping people to die well in an atmosphere of care and support should be as important a role of Australia's health system as helping people get well, Kay Patterson, Federal Minister for Health, said in May at the opening of National Palliative Care Week.

'The advances made in medical science over the past few decades are incredible. But we need to balance these with sensitive and compassionate models for caring in cases where we have no cure.'

The Senator said that the 37 projects funded under the Government's Caring Communities Program exemplified the participation and involvement required in establishing successful, integrated services. These projects involve communities and organisations working in partnership to improve palliative care for people in the local area.

'Our funding of $5 million to the Rural Palliative Care Partnerships Program also seeks to foster the leadership of rural divisions of general practice to support their community in providing responsive and integrated palliative care services.'

'Palliative care is about ensuring quality of life for people with a terminal illness, their families and carers,' she said. 'National Palliative Care Week will raise people's awareness of the options available to them and their families in those circumstances.'

'Palliative Care – A Community Affair' is this year's theme for National Palliative Care Week. Senator Patterson endorsed the theme, saying that medical care was only one component of a comprehensive palliative care system.

'Good palliative care brings together hospital and residential services as well as those provided by GPs, counsellors, pastoral carers, and other community members to deliver the complex personal and medical care needs of people when they most need it,' she said.

'The results are innovative services that fit with the particular needs of different communities to create real improvements in people's experiences of death.'

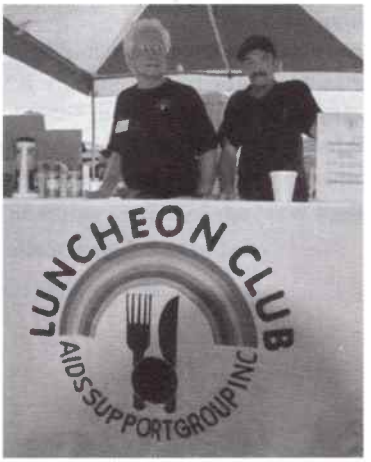
Sydney Leather Pride Fair

With a blessing by the Sisters of Perpetual Indulgence, the Sydney Leather Pride Association (SPLA) held its fair day on Sunday, 1 June 2003 – sunny enough to enjoy, cool enough not to swelter in leather. This annual event gives the wider community a chance to meet leatherfolk and enjoy a fun day in the sun. As well as raising funds for the Luncheon Club, Fit X Gym and the Bobby Goldsmith Foundation, ACON's Sex Workers Outreach Project promoted safe sex. Community clubs included the Dolphin Motor Cycle Club (for men), Vixens Motor Cycle Club (for women) and Harbour City Bears.

SPLA member and organiser of the event, Lisa Stollznow, described the late afternoon competition events as an invitation for people to 'have a laugh at themselves' by challenging stereotypes and expectations of the scene, especially 'body image and 'cool' behaviour'.

Illawarra service suspended

The services of Our Pathways Inc (OPI) have been suspended until further notice, pending an investigation into the financial matters of the organisation. Illawarra Area Health Service has suspended OPI funding until further notice. The OPI Management Committee advised suspension of their services by fax dated 16 July. If you need to access OPI services, please contact ACON Illawarra on 02 4226 1163.



What is self esteem?

Maree Crosbie, Choices Coordinator at the Bobby Goldsmith Foundation, about improving self esteem

Self esteem is a term that we hear bandied around a lot – but what does it mean?

Self esteem is how you feel about yourself, about your mind and body and also about what parts of yourself you are prepared to put on public display.

It is also about valuing your personal qualities. We all have plenty of positive qualities and it is great to acknowledge these, perhaps write them down.

Unfortunately many of us have a negative inner voice that constantly detracts from our positive qualities by telling us that we are ugly, hopeless or a failure.

Sometimes this becomes so ingrained that you forget that it is a little negative voice and start to believe it is you, thereby eroding your self esteem.

People with high or healthy self esteem usually have the motivation to do the best they can. They see themselves as contributing to life in all ways. Due to the confidence they have in themselves they tend to be less sensitive and will usually express themselves openly.

If someone criticises them, they may listen to it and take it on board without feeling personally attacked. They seem to regain their sense of balance easily.

People with low self esteem usually do not feel confident in dealing with everyday aspects of their lives. They often rely on what other people say about them to define a sense of self. Any criticism is seen as cruel and unfair.

Negative thoughts and self talk – for example, 'I can't do that' and 'I'm no good at …' and 'It is not fair' – often lead to feelings of powerlessness and a feeling of lack of control in life.

A person with low self esteem is unlikely to think they will succeed and the less likely they feel their chances of succeeding are, the lower their self esteem will be – it becomes a vicious cycle.

The good news is that it is possible to improve your self esteem. To start feeling better about yourself you need a sense of wellbeing in your life that can be achieved with a combination of things, such as:

- the encouragement and support of people around you
- a leisure activity or volunteer/paid work that allows you to use your skills and see the benefits of that
- to accept yourself as you are and remember that you don't have to be perfect
- to like yourself
- learn to say 'no'

You can't control all aspects of what will happen to you, however you can control your own thinking and reactions and, with practice, this will help to break the cycle of negative thinking and poor self esteem.

Be aware of the words you use, check to see that they mirror your positive thoughts. Take time out for relaxation.

If you would like assistance to raise your self esteem, you could consider speaking to a counsellor, social worker or doctor.

The Choices Program at Bobby Goldsmith Foundation (BGF) also works with self esteem issues and will work with you in your quest to live a full and satisfying life. Please ring Maree at BGF on 9283 8666.

Free Trade or trade-off?

Could a free trade agreement with the USA increase the price of hiv medication? **John Cumming** summarises the issues.

What is a Free Trade Agreement?

Free Trade Agreements are legally binding agreements that remove barriers to trade between two or more countries.[1]

Why does the Australian Government want a Free Trade Agreement with the USA?

The Government believes a Free Trade Agreement with the USA could boost Australia's Gross Domestic Product by 4 billion dollars annually.[2] In June 2003, Prime Minister John Howard told the Liberal Party's national convention in Adelaide that a free trade agreement with the United States 'will forge Australia's economic future for the next 50 years.'[3]

What's 'on the table' in the negotiations?

The Australian Minister for Trade, Mark Vaile, has said 'everything is on the negotiating table', including foreign ownership of Telstra and Qantas, reducing Australian quarantine restrictions and softening labelling requirements for genetically modified food.[4]

Why should Australians with hiv be concerned?

Australia's Pharmaceutical Benefits Scheme is one of the policies that have already been publicly identified as potential areas for negotiation. The PBS gives Australians access to some of the cheapest medicines in the Western world. United States drug companies want the federal government to overhaul key parts of the $4.6 billion-a-year PBS to ensure they receive higher returns on their investments.

US drug manufacturers argue that depressed prices hurt their businesses and affect their intellectual property rights. The companies, including Merck Sharp & Dohme, Pfizer, Eli Lilly and Bristol-Myers Squibb, argue they can't recoup the billions spent on research and development needed to bring new medicines to market. As a result, a group of 15 drug companies has formed to advise US trade negotiators on changes they want as part of any free trade deal.

The chairman of this specially formed lobby group, Eli Lilly Australia managing director David Noesges, says the group wants to reform the processes that decide drug prices as well as which products are listed on the PBS. Of particular concern was the 'reference pricing' system, under which prices of new medicines on the PBS were not allowed to be any higher than the cheapest similar drug already on the market.[5]

Couldn't the Senate block the FTA?

No. An executive government decision is sufficient for Australia to become a signatory to a free trade agreement.

What have FTA negotiators said about the PBS?

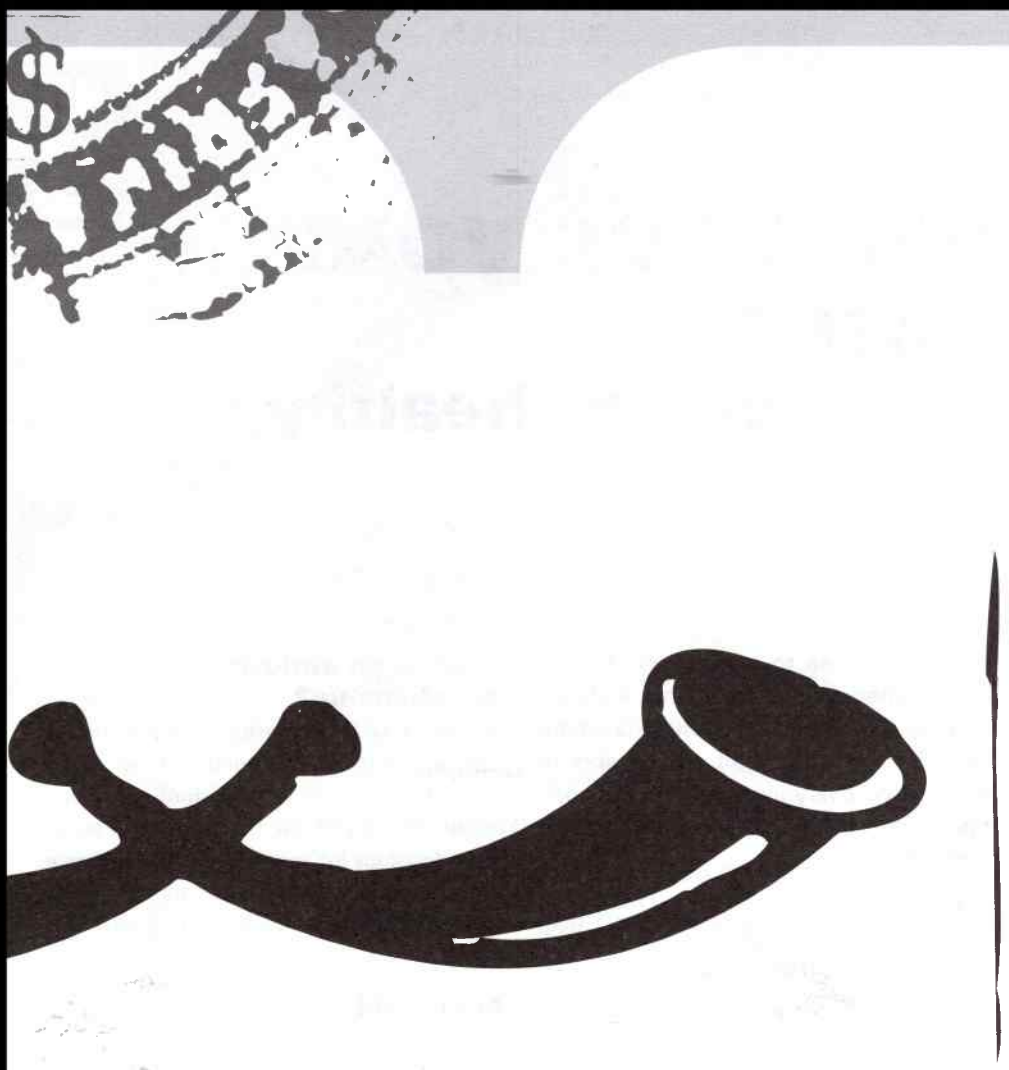
In March 2003, USA negotiator Ralph Ives said:

'I think we discussed it (the PBS) only very briefly just to get an idea of what it is. We became very aware of the importance of the PBS to Australia. What we are stressing is that we are in no way going after the PBS.

'We are genuinely seeking: how does it operate; could it be perhaps a bit more transparent in its operation; what are the procedures? We understand the strong feelings by Australia towards the PBS. That is not part of the agenda.'

He was asked by a journalist:

'Your PHrMA, the American pharmaceutical manufacturers association, said that the PBS amounts to nearly $900 million govern-



The Australian Federation of AIDS Organisations (AFAO) and the National Association of People with AIDS (NAPWA) will continue dialogue with Australian branches of international pharmaceutical companies with the aim of ensuring they use whatever influence they have with the USA parent companies.

ment subsidy from the companies to drug buyers. Surely that is something you would be under pressure to deliver something on for industry?'

to which he replied:

'At this point, we are very much in a fact-finding mode and we have to do it from both sides, from the Australian side and from the PHrMA side. I will take the information we got here and go back to PHrMA and we will see where we go.'

On 23 May 2003, at the second round of Free Trade Agreement negotiations in Hawaii, Australian Minister for Trade, Mark Vaile said:

'One thing I would like to note though is that there is no basis whatsoever for the claims that the FTA negotiations will limit the Government's ability to provide affordable medicines for all Australians or that the FTA will change the fundamental framework of the PBS.'[6]

Mr Vaile did not define what he regarded as 'affordable' medicines.

What happens next?

The 'negotiating' phase of the Agreement is expected to commence in July 2003, with a second meeting in October and possibly a third in December. The Australian Federation of AIDS Organisations (AFAO) and the National Association of People with AIDS (NAPWA) will continue dialogue with Australian branches of international pharmaceutical companies with the aim of ensuring they use whatever influence they have with the USA parent companies.

For more information

Australia's Dept Foreign Affairs and Trade: www.dfat.gov.au/trade/

USA position: www.cptech.org/ip/health/c/australia/

Online activism

Sign an online petition against the FTA at http://www.aidwatch.org.au/index/phy?current=57&display=aw00304&display_item=1

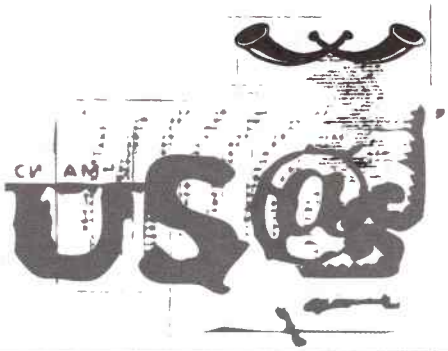
email your concerns to:

1. The Senate Foreign Affairs Defence and Trade Committee: Cassidy.1@aph.gov.au
2. Mark Vaile MP, Minister for Trade, Parliament House Canberra ACT 2600 ph 02 6277 7420, fax 02 6273 4128, email: mark.vaile.mp@aph.gov.au – view a sample letter at http://www.aftinet.org..au/campaigns/sampleletter5.html

Acknowledgment

Portions of this article were adapted from an AFAO briefing paper on the potential impact for the PBS of the Australia – US Free Trade Agreement, June 6, 2003. The Briefing Paper can be viewed at the Policy and Legal section of www.afao.org.au

1. APEC Study Centre, Monash University (2001), An Australia-US Free Trade Agreement: Issues and Implications, Union Offset Printers, Canberra
2. Alexander Downer, Minister to Foreign Affairs Speech at the Australian APEC Studies Centre conference on The Impact of an Australian-United States Free Trade Agreement: Foreign Policy Challenges and Economic Opportunities' Canberra, 29 August 2002
3. 'US free trade agreement will secure Aust's economic future: PM' ABC Newsonline 7 June 2003
4. Free trade comes at a painful price by John Garnaut, Sydney Morning Herald 26/2/03
5. Australian Financial Review 3.3/03 by Morgan Mellish
6. http://www.dfat.gov.au/media/transcripts/2003/030523_ausfta.html



Plan for your future
when you're healthy

HALC Solicitor **Aimee Chan** &
HALC Volunteer **Asha Ghedia**,
HIV/AIDS Legal Centre (HALC)

It's a good idea to make plans for the future when you're well. This includes making the important decisions about your life that you might not be able to make later. Everyone, whether hiv positive or not, should think about planning their future.

The HIV/AIDS Legal Centre (HALC) can help you with this planning. HALC can help you do this by helping you draft your will, a power of attorney and/or an enduring guardianship.

What is a will and why do I need one?

A will is a legal document that lets you decide what happens to your possessions after you die. If you don't have a will, the law decides what happens to your belongings and you cannot be sure that your wishes will be considered.

If you don't have a will, all your possessions (your estate) will be distributed amongst your spouse, children, parents and/or close relatives after your death. Same sex partners may also be recognised but the court may require proof that the relationship was genuine.

The easiest and least complicated way to ensure your property is distributed in accordance with your wishes is to make a will.

What is a power of attorney?

A power of attorney is a document that gives someone else (the attorney) the power to act in your name when making legal decisions. For instance, the power can allow the attorney to withdraw and make payments in and out of your bank accounts or to make decisions in relation to any property you may have. A power of attorney is useful in situations where you are unable to either make these decisions for yourself, or to act out these decisions.

A power of attorney is a document that gives someone else (the attorney) the power to act in your name when making legal decisions.

What is an enduring guardianship?

An enduring guardianship enables you to appoint someone (the guardian) to make medical and lifestyle decisions on your behalf should you lose the capacity to make these decisions for yourself.

The person you wish to appoint must agree to being appointed as your guardian before the document is valid.

About HALC

The HIV/AIDS Legal Centre (HALC) is a specialist community legal centre that provides free legal advice to people with hiv/aids related legal matters. HALC recognises that people living with and affected by hiv/aids have special legal needs. As well as assisting people with wills, powers of attorney and enduring guardianships, HALC can also provide assistance in other areas where hiv may impact on legal issues, such as discrimination, immigration, superannuation and insurance matters.

HALC is a free legal service available to anyone with an hiv/aids related legal matter. HALC observes strict standards of confidentiality and any information that you provide is always kept strictly confidential.

HALC holds fortnightly Monday night advice nights. To make an appointment to see a lawyer at HALC, contact HALC Monday to Friday from 10am to 6pm on:
Phone 9206 2060
Freecall 1800 063 060
Or by email: halc@halc.org.au

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3

getting started on combination therapy

If your doctor has suggested that you consider starting combination therapy then this factsheet is for you.

Taking three or more different anti-HIV drugs, known as combination therapy, is the best way to decrease the amount of HIV in your body. This requires planning, as each drug needs to be taken strictly as prescribed, usually twice a day, sometimes with or without food. This factsheet describes some lifestyle changes and daily routines that will help you integrate combination therapy into the way you live.

1 The best combination for you

There is no perfect anti-HIV drug combination for everyone. All combination therapies have their advantages and disadvantages. The best combination therapy is one that works for you. Some combinations are more complicated to take than others, so choosing a combination that is easier to fit into your lifestyle is important. Before starting combination therapy, discuss with your doctor and ACON's Treatment Information Officer how to fit the dosing instructions into your lifestyle.

ACON's Treatment Information Officer supports you in your treatment decisions by providing accurate and up to date information about treatments for HIV and for illnesses that are associated with HIV infection.

Before you start treatment find out as much as you can about choices you have. You don't usually have to make an immediate decision. You have time to think about it first.

Why is it important not to iss doses?

he goal of combination therapy is to reduce the amount of HIV in your blood to undetectable level and thus preserve your dy's ability to fight infections, but it only orks if you follow the dosing instructions d don't miss doses. Sticking with your sing instructions is called **adherence**.

r the drugs to work, and for their effects to st, they must be present in the body at gh enough concentrations to keep HIV ppressed. Therefore it is important to take e doses at the same time every day, though hour or so either way is okay.

Resistance and medication

f you miss doses, you give HIV a chance to develop drug resistance. his means that HIV has mutated, which may low it to escape control of the drugs. Drug esistance can limit your future treatment ptions. Just two missed doses per month, n a regular basis, increases the chance that he drugs will stop working.†

4 How do I know if the drugs are working?

The amount of HIV in your blood is measured using a viral load test. After you start treatment, your doctor will use viral load tests to make sure that the amount of HIV in your blood, known as your viral load, is going down. This indicates that the drugs are working.

The other test that your doctor uses is the CD4 count (also called a T-cell count). CD4 cells are white blood cells that play important roles in the immune system. HIV is able to attach itself to the CD4 cells, allowing the virus to enter and infect these cells.

A fall in your CD4 count and an increase in your viral load would be a sign that your treatment is not working and you should consider switching to a new combination.

You will probably be advised to have a viral load test and CD4 count four to six weeks after starting combination therapy, and then every three months to make sure the drugs are working.

To get the most from your combination therapy and to prevent treatment failure:

- Ask your doctor, pharmacist or Treatment Information Officer for information about your drugs, including whether there are special dietary requirements which help your treatments work best.
- Like all medicines, anti-HIV drugs can cause side-effects. Ask your doctor, pharmacist or Treatment Information Officer to explain what side-effects you can expect, including mild ones which wear off, and serious ones which you should report to your doctor straight away.
- If you are frequently forgetting to take your medication, or are not taking them because of side-effects, it is important to let your doctor know as soon as possible. You can get support and work out a treatment schedule which suits your lifestyle or that you are better able to tolerate.
- Don't change the doses of your drugs without your doctor's advice.

If you find you can't stick with one combination therapy because the drugs are giving you bad side-effects, there might be others that don't. It's important to talk to your doctor, clinic staff or ACON's Treatment Information Officer about different treatments.

5 Becoming forgetful?

If you notice that you start forgetting your pills it is important that you act on it. Talk to your doctor, Treatment Information Officer or a HIV Support Worker who can help you plan your adherence schedule.

Forgetfulness can be a symptom of depression. Depression can make it difficult for you to remember dosing times. If this is becoming a problem for you, ask your doctor to assess you for depression. Depression is a common medical condition that can and should be treated.

6 Missing a dose

Sometimes missing a dose just happens despite all your efforts. Think about why you missed the dose. That way you can prevent it happening again. Take the usual dose at the next dosing time to help you to get back into the routine of correct dosing times.

Don't double the dose at the next dosing time – this does nothing helpful and increases the chances of side-effects.

† Paterson DL, Swindells S, Mohr J et al. Adherence to protease inhibitor therapy and outcomes in patients with HIV infection. *Ann Intern Med*, 2000; 133: 21–30.

General Disclaimer:
This information is intended to inform and educate. It is not intended to replace the advice of your health care professional. If you have or suspect you may have a health problem, consult your health care professional.

7 It's for the long term

You should only start combination therapy if you are committed to continuing to take it. You may need to find support that enables you to take your treatment over the long term.

8 Plan your treatments routine - how do you remember?

Taking every dose of a medication over a long period of time is possible when you make small but permanent changes to your daily routines, such as taking your medication at the same time as a regular daily event.

Planning now for how you will make these changes to your lifestyle will help you get the most benefit from your drugs.

Most HIV drugs need to be taken once or twice a day. Look at your usual routines:

- Getting out of bed
- Brushing your teeth
- A favourite TV show
- Coming home from work
- Mealtimes

Everyone has different ways of remembering. Some people use pocket-sized beepers, reminder notes, programmed mobile phones or digital watches.

Work out what method is best for you:

- Place your pills near something you use every day – next to the milk or your toothbrush. If you see them, you remember them.
- Keep a record of when you need new prescriptions – mark in your diary or on a calendar when it is time to get new prescriptions filled so you don't run out.
- Plan ahead and carry your drugs with you if you think you might be away from home at dosing time.

9 Use pill-boxes

You can buy pill boxes from pharmacies. They are small and discreet, which helps to protect your privacy when taking medication in public places. By using a pill box, you can carry a few doses with you when you are away from home without having to carry around big pill bottles. Use a film canister or Gladwrap if you can't get a pillbox.

10 Prepare answers for nosey people

If someone sees you taking drugs and asks you about it, it might help to have a few answers already prepared:

- These are vitamins
- I'm on a treatment for allergies
- They're protein pills
- This is a naturopathic treatment
- These are antibiotics for a skin condition
- Mind your own business

With a little planning you can avoid problems before they happen.

Checklist

Discuss the following questions with your doctor and Treatment Information Officer to help you choose the best treatment for you:

- ✍ Can I be prescribed a combination of drugs that only needs to be taken once a day, and that can be taken with or without food?
- ✍ Do any of these drugs have special food requirements?
- ✍ Do these drugs interact with any other medications or herbal supplements?
- ✍ What happens if I miss a meal?
- ✍ What happens if I miss a dose?
- ✍ How often should I have a Viral Load Test?
- ✍ What is the location and what are the opening hours of the hospital pharmacy where I pick up my medication?
- ✍ What are the best timers or alarms or other options to remind me when to take my drugs?
- ✍ Do any of these drugs need to be stored in the fridge?

Help is always available, so talk with your doctor or Treatment Information Officer at the AIDS Council of NSW (✆ (02) 9206 2036 or 9206 2013 or Freecall from outside the Sydney area 1800 816 518).

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Getting information and support

- **Maintain good communication with your doctor.**
- **ACON's Treatment Information Officers** ✆ (02) 9206 2013 or 9206 2036 Freecall 1800 816 518. Call for up to date information about treatments for HIV.
- **ACON's Women's HIV Support** ✆ (02) 9206 2012. Information, education, support and referral services for women living with HIV/AIDS.
- **Albion Street Centre** ✆ (02) 9332 9600. HIV/AIDS, hepatitis C clinical treatment and research centre. Trials, nutrition, counselling, antibody and viral load testing. Needle and Syringe Program and pharmacy. Counsellor and doctor on call 24hrs. Hours vary. Albion Street Centre HIV/AIDS Information Line ✆ (02) 9332 4000
- **Heterosexual HIV/AIDS Service (Pozhet)** ✆ (02) 9515 3095. Freecall 1800 812 404 (national). Men and women living heterosexually with HIV/AIDS.
- **Multicultural HIV/AIDS Service** ✆ (02) 9515 3098 Freecall 1800 108 098 Mon–Fri 9am–5pm. Bilingual/bicultural co-workers providing emotional support, advocacy and information to people living with HIV/AIDS from non-English speaking backgrounds.
- **People Living with HIV/AIDS (NSW) Inc.** ✆ (02) 9361 6011 Freecall 1800 245 677. A non-profit community organisation representing the interests of people living with HIV/AIDS in New South Wales.

For Regional NSW HIV/AIDS and related services:

- ***Contacts. A Directory of Services for People Living With HIV/AIDS.*** Available from People Living With HIV/AIDS (NSW) Inc. ✆ (02) 9361 6011. Freecall 1800 245 677 or www.plwha.org.au

For more information

Online copies available at www.afao.org.au; print versions available from the AIDS Council of New South Wales or People Living with HIV/AIDS (NSW):

- *Access: A positive diagnosis*, AFAO/NAPWA 1998
- *Complementary and Alternative Therapies: A Guide for People Living with HIV and AIDS*, AFAO/NAPWA/ ANCAHRD 1999
- *HIV+ Gay Sex: A Booklet About Being Gay, Having HIV and Sex*, AFAO/NAPWA 2002
- *HIV Tests and Treatments: Information and advice to help you make decisions*, AFAO/NAPWA 2000
- *SOS Drug Guide: Surviving Our Side-effects* PLWHA (VIC) Inc./AFAO/NAPWA 2000
- *Taking Care of Yourself: A Guide for People Living with HIV and AIDS*, AFAO/NAPWA 2003
- *Treat Yourself Right: Information For Women with HIV and AIDS*, AFAO/NAPWA 2000

Produced by the Health Promotion Unit of
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GILEAD

Design Geoffrey Williams + Associates, Sydney

So, can you cook?

The multi-talented **Tim Alderman** shares some expertise with readers

Well, with the cooler weather, it is time for comfort food. When making soup, make large batches, then divide it into smaller containers and freeze it. This can be done with a lot of foods, and gives you meals-on-hand for any tough times that come along. Remember, if a soup contains milk, yoghurt or cream of any variety, freeze the base soup without the dairy. Add it later when you reheat it.

Fast Tomato and Carrot Soup with Basil Oil

3 tblspn olive oil
2 medium brown onions, peeled and chopped
6 cloves garlic, crushed (use less if preferred)
3 medium carrots, peeled and chopped
½ kg fresh tomatoes
800g canned tomatoes
1 bay leaf
sea salt, black pepper
1 cup white wine (chicken or vegetable stock if preferred)
½ bunch fresh basil
¼ cup extra virgin olive oil
extra sea salt

Heat the oil in a heavy based saucepan and add the onions. Sauté, allowing to colour a little, for 5 minutes. Add the garlic and cook a further 2 minutes. Add the carrots and the fresh and canned tomatoes. Add the bay leaf, season to taste, then add wine or stock. Cook for 20 minutes for a light flavour, or for up to 1 hour for a more concentrated flavour. Remove from heat and puree.

Blend the basil, oil and salt until smooth, and add a swirl to the bowls of soup as they are served up.

To make a quick damper to go with the soup, mix together 3½ cups self-raising flour, ½ cup dried milk powder, and a teaspoon of salt. Make a well in the centre, then with a knife blade mix through 1½ cups water (use ½ milk and ½ water if you want it more 'sconey'). Knead lightly on a floured board, form into a flat disc, place on a baking sheet and mark into 6 sections with a knife. Sprinkle a little flour over the top. Bake in a 200° C oven for 30-40 minutes. If it sounds hollow when tapped, it's cooked.

Serves 4-6

Approx $11 for soup and damper.

Sorry people. I got myself into trouble from my partner for not putting approximate costs on last issue's recipes. I promise I will do it from this issue on.

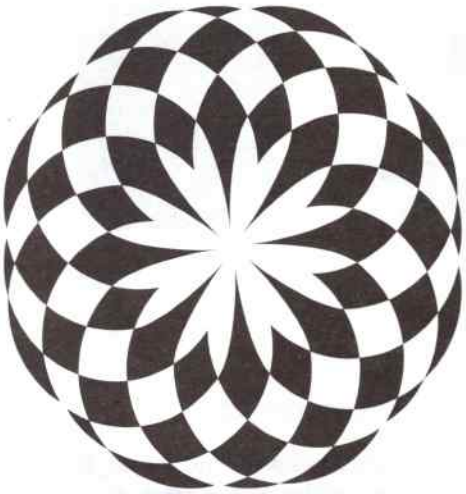
Chocolate Drizzle Cake

A yummy vegan cake. If you wish, exchange chocolate for carob, though remember that carob will give a chalkier texture.

2 cups brown sugar
2 cups raisins
½ cup cocoa
2 cups water
¾ cup canola or vegetable oil
½ teaspoon each cinnamon, cloves, nutmeg and salt
2 teaspoons baking soda
1 teaspoon vanilla essence
1 cup nuts of choice

Mix all ingredients in a saucepan except the flour, soda and last 4 ingredients. Boil for 2 minutes. Add dry ingredients and mix well. Pour into a greased and floured 20cm cake tin, and bake at 180°C for 1 hour.

To make chocolate icing, mix together 1 cup icing sugar and ¼ cup cocoa. Mix through 2-3 tablespoons soft butter or margarine, and enough milk or water to make spreading consistency. Add this slowly, and mix well. If icing gets too thin, add more icing sugar.



AIDSimpact

Glenn Flanagan, Community Development Officer, PLWH/A (NSW), recently returned from Milan

'There are not enough prevention messages for positive gay men, and we do need to address the sexual health needs of positive gay men. It is often difficult talking to a GP about sex. There was an excellent presentation by Antony Nicholas from People Living with HIV/AIDS (NSW) on maintaining a positive voice in the debate.'

This was the view of Graham Hart of the University of Glasgow. He spoke in the final plenary session of the AIDSImpact Conference on the Biopsychosocial Aspects of HIV Infection in Milan in July, and commended Antony's presentation and the work of our organisation. Antony's was the only paper specifically mentioned during the closing session. This was one highlight during the conference week for me. He also endorsed the view of PLWH/A (NSW) that this public health debate must also concern itself with stigma and discrimination faced by positive people.

Graham Hart's views reflected something of the level of interest generated by the work Antony described in 'Community Cultural Development of Prevention Programs Targeting Gay Men with HIV in Sydney'. This set out the processes undertaken by our Health Promotion Project Officer, Kathy Triffitt, to encourage and facilitate the participation of positive people, including positive gay men, in program development, and the program's intention to inform us about the increasingly complex issues of safer sex, communication strategies, disclosure of hiv, infectivity, negotiating sex and sexual health and discrimination. It seems that a lot of other places in the world are just starting to think about these issues, and how to involve people living with hiv in these processes. It was very exciting to see how keen others were to learn from our small but energetic organisation.

The President of People Living with HIV/AIDS (NSW), John Robinson, gave a paper 'Developing travel and visa information for people living with HIV/AIDS', which generated considerable interest. While highlighting the discrimination faced by positive people when seeking accurate information about overseas travel from embassy staff, he also drew attention to the rights of positive people to travel. I felt the interest in this paper points to the anxieties we feel when arriving at customs with our treatments or filling out forms for visas.

I presented a paper on the Positive Decisions work experience program at PLWH/A (NSW). I think this reinforced the view that occupation is central to our health and wellbeing as positive people. A number of people from other organisations spoke to me afterwards, saying that they would like to begin a similar kind of program. The range of presentations from our organisation in NSW underlined our creative and energetic response to the hiv epidemic in our communities, addressing life issues of work, travel, sexuality and sexual health.

There were a number of presentations, of course, which addressed issues of sexual health. For example, Sue Kippax, Director of the National Centre in HIV Social Research here in Sydney, gave a thought provoking paper: 'Sex in Serodiscordant Relationships: Anxiety for HIV Negative Men?' In her research, negative men in serodiscordant relationships were more likely to report libido difficulties and Viagra use than men in seroconcordant relationships. It

seems that further study of the anxiety hiv negative men feel in serodiscordant relationships is needed. This was food for thought for health promotion planners. The same could be said for a paper presented by Garrett Prestage from the National Centre in HIV Epidemiology and Clinical Research, Sydney. His research pointed to evidence that although most gay men were well informed about hiv, they appeared to be less knowledgeable about other sexually transmitted infections.

Treatments in the context of the developed world (Europe, North America, Australasia) were also on the agenda at the conference. Massimo Guarinieri from Italy spoke on 'Adherence: the Community Perspective'. He suggested that poor adherence is particularly prevalent in the asymptomatic period of hiv infection. He also made the interesting point that for many people who have never had aids and who have started taking treatments, side effects are the first hiv related symptoms they will experience in their lives. Experiences of lipodystrophy or sexual dysfunction are some of the factors that affect people's ability to adhere to treatments. Dominique Blanc of AIDES, France's largest hiv/aids service organisation, gave a presentation called 'University for People under Treatment'. These are residential courses for positive people, assisting people to increase their adherence to treatment regimens and improve their quality of life with a strong peer education element. It sounds a little like the work NAPWA does on treatments education here, but the residential character of the university for people undergoing treatment, prioritised helping people to form stronger bonds with others in the same situation. It also sounded like a nice idea, to be able to get away from everything that distracts you in life to give some time for thought for your own wellbeing. Maybe we could try it here?

Joan Tallada, from a Spanish national hiv/aids advocacy organisation, presented a sobering paper 'Therapeutic Vaccines: A Community Point of View'. He spoke of the expectations of a therapeutic vaccine; expectations which have reduced from what he described as 'the chimera of eradication' to a vaccine which would mean people would still live with hiv but could avoid treatment. This possibility is still a long time off. Another possibility is reducing the time on treatment, which would reduce costs and the burden of taking treatments, and could improve quality of life. Even that seems a very impractical goal according to some researchers, and now it seems good enough if a vaccine helps to reduce the treatment burden. So, in this case, we are talking about a partially effective therapeutic vaccine. And, of course, there are still all the questions that need to be answered with even that kind of therapeutic vaccine, such as:

- What would be the risks of transmission during an interruption of treatment?
- What is the clinical significance of any viral rebound?
- What would the impact be on resistance and the transmission of resistance?

However, the success of even a limited therapeutic vaccine described by Joan Tallada would still have benefits, not the least of which may mean that positive people in countries where combination therapies are available could benefit longer from treatment.

Nikolai Chaika from Russia described the very grim situation unfurling in Russia and Eastern Europe, with an escalating epidemic, few resources and meagre community structures.

Peter Smit, of the HIV Assocation of the Netherlands, gave a persuasive paper on the counterproductive attempts in Europe to legislate on safer sexual practice: 'Human Rights and Public Health endangered by recent criminal convictions for unsafe sex and by new immigration laws'. He argued that fear based safe sex education does not last because, at the end of the day, people want to have a life.

Patrick Rawstorne's paper, 'Community in the Lives of People Living with HIV/AIDS' (National Centre in HIV Social Research, Sydney), drew attention to the perception of the changed and changing hiv positive community set against a background of the general demise in civic engagement, a diminishing sense of an aids crisis, the relative success of combination therapy, and an increasing individualisation of the experience of hiv. The more recently diagnosed are less likely to have links to community. According to his research, positive people who are more likely to be connected with the positive community are those diagnosed before 1996, who have fewer difficulties taking pills and had more recently taken prophylaxis for PCP. He concluded that positive people diagnosed since combination therapy seem to be delaying their engagement with the positive community until they experience a bout of illness. This is important for People Living with HIV/AIDS (NSW) to consider.

There were many other interesting presentations. Nikolai Chaika from Russia described the very grim situation unfurling in Russia and Eastern Europe, with an escalating epidemic, few resources and meagre community structures. Helene Rossert, the Executive Director of AIDES, called for continued pressure on wealthy governments to contribute resources to the Global Fund to fight aids, TB and malaria. There were also some reports and studies from South Africa but the conference focused very much on the issues facing people in the developed world. I could mention a few other quibbles about the conference but I'll stick to the positives: on the whole, it was a very enriching learning experience.

I was very conscious that it would normally be impossible for a small organisation like ours to send someone to a conference like this, so I applied for a scholarship with the conference organisers to cover the registration. I was amazed when the organising committee said they had only given out ten scholarships (and I got one of them). I would also like to thank ACON and Pfizer Australia for their assistance in covering the costs so I could attend the conference and make a presentation on the work PLWH/A (NSW) has been doing.

The Business of Business

Tim Alderman, chef and small business owner, on setting up, getting started and keeping going

THE IDEA was relatively simple: a set of events and decisions; excellent, ongoing health; the desire to achieve a life dream and not end up feeling as though I've left it all too late; a determination that NEVER again will I work for a boss or as an employee of an organisation; currently having myself trained in skills that will assist to follow my dream; a need to move somewhere quieter, where the business can evolve at a pace that will not make me ill, or wear me out; a long-term, stable relationship; a knowledge that I am more than capable to create and organise everything necessary for the successful formation and running of my own business. These are all the ingredients needed to create – perhaps later in life than expected – my dream, to make it a reality ...

My mother deserted the happy (not) family home when I was 11 years old. My old man had to do shift work to support my brother and myself so, being the eldest, it was left up to me to run the household much of the time. No mean responsibility for someone that age. And so began my lifelong passion and, until recently, hobby of cooking. There were a lot of culinary disasters in those early days, and I'm sure my family ate many things out of sheer necessity rather than pleasure (I seem to remember a blancmange that was like rubber, and tasted of flour), but I learnt from all this and became a more than adequate chef.

I guess the desire to turn what I have always classed as a hobby into a business should have been obvious to me years a but, like many things, it is what is sitti right under your nose that is most oft ignored. I thought for a while, rather roma tically (sitting-on-a-verandah-by-the-se side-with-a-typewriter type of dream), tha wanted to be a writer. To that end, I manag to get a degree in humanities from UTS ov the last couple of years. However, though consider it no mean feat to gain a degre it hasn't taken me long to realise that I w never make money from writing, probab not even enough to support me in the mea est way. On the other side of the coin, I ha always been aware of my capabilities in th kitchen, of the fact that cooking is som thing I derive a lot of pleasure from, and something I could use to successfully earn living. So, with this knowledge in mind, an with several very successful functions unde our belt, my partner and I decided to start catering business.

THE REALITY is that starting a busines is a lot more complicated that just choosin a name – though that is fraught with enoug problems of its own. The last three month have been a constant, unyielding, uphil climb. You can read whatever you like abou establishing a small business but nothing really prepares you for the dogged determination you need just to get the groundwork done. For those wishing to follow this path – and believe me, the desire to own your own business is really all you need – I set out the following list of things you need to know, or do, and I will include some useful links at the end of this article.

Decide what you are going to do, and that you really do want to run it as a business.

Find a business name, and register it. You can search the database at the Department of Fair Trading to see if the name you want is available to register. You can download all the info and forms you need. Using a family name can be easier than trying to be creative. Approx cost is $100.

Apply for an ABN (Australian Business Number). You MUST have this to trade. Application is free. If you start your business as a sole trader, the ABN will be in your name (trading as...), and it will be tied into your personal Tax File Number (TFN). If you go into partnership, or form a company, you can have a separate ABN and TFN for that company. This is preferable, but it is cheaper to start out as a sole trader, and develop structures later on.

Decide what structure your company is going to have. We have started as sole traders. Forming a partnership will require a solicitor to set up a legal agreement between the partners. Forming a company is expensive – over $1,000.

A business plan. I downloaded a template from a site, then edited it to suit my business. I found a lot of it irrelevant but only because of the nature of catering.

Register a domain name. This is fairly cheap these days – around the $100 mark. Developing a site, and finding someone to host it is quite a bit dearer.

Buy software to organise your paperwork. In our case, we purchased MYOB Business Basics, which is about $179. It is comprehensive enough to get us through quite a few years.

Eventually, you will probably need an accountant and a solicitor. We have funded the business ourselves, so a lot of things will have to wait, including these two. The difficulty of self-funding is that we have no money to throw around, and have to delegate importance to every cent we spend. The advantage is that we do not have a debt hanging over our heads, so do not feel compelled to have to do a certain number of catering jobs every week to cover the debt repayments. This means the business growth is slow, but is always controllable, and done the way we want it done. We don't have to cut corners to earn money.

Set up a post office box. This is also around $100.

We purchased a printer/scanner/copier, and a fax machine. These were bought on special, so were not huge outlays.

We purchased our first business cards online. They are exactly what we wanted (surprisingly), and only cost $50 for 250. We have decided to use the image on the business card as our logo.

Research your business thoroughly. In our case, we have a number of things that are important to running the business. We have to notify the local health authorities that we are running a food business, and there are food safety and food handling standards that must be adhered to. We have to transport food in a certain way, and this is eventually going to mean we need a commercial kitchen, and a van. All things in time. We eventually want to get a Caterers Liquor Licence, which entails doing a RSA (Responsible Service of Alcohol) course, and applying for licences.

Marketing and advertising. Definitely the most expensive area of the lot, and one you will need to research thoroughly to get the best value for your money. Use as many free listings as you can get, for example Yellow and White Pages, sites linking back to yours, City Search etc. If you outlay money, you need to ensure returns.

Marketing and logo development are expensive. We have utilised friends with expertise in these areas, who offered their services for free. This has advantages, and disadvantages. It is free, always an advantage. We can't get things done as quickly as we would like, as they can't spare time from their own jobs to just dedicate themselves to our needs, so progress is slow. This then holds up things like advertising, and developing a style and theme for the business.

Do your demographics. The Bureau of Statistics has demographics for most areas – some for free, others

You can search the database at the Department of Fair Trading to see if the name you want is available to register.

The difficulty of self-funding is that we have no money to throw around, and have to delegate importance to every cent we spend.

Useful sites

Intellectual Property: http://www.ipaustralia.gov.au/

Industrial Relations: http://www.dir.nsw.gov.au/awards/index.html

Small Business Website: http://www.business.nsw.gov.au/

Business Plan template: www.becbb.com. This is the Ballina Business Enterprise Centre. The business plan template is great.

Department of Fair Trading: http://www.dft.nsw.gov.au/businesstraderservices/businessnames.html

Sydney Business Enterprise Centre: http://www.sydneybec.com.au/ Useful info and brochures. They have a business incubator.

Australian Taxation Office: http://www.ato.gov.au. Info on GST, with links to ABN and TFN.

Grants: http://www.grantslink.gov.au. If you are eligible, go for it. There is nothing to lose.

Click Business Cards Online: http://www.clickbusinesscards.com/. Great range of cheap business cards.

Work Cover: http://www.workcover.nsw.gov.au/

you have to pay for. Make sure what you are starting, and where you are starting it, are suitable to that area.

Other areas that need to be looked at, depending on what you do, include:

- Copyright, trademark and patent. We are planning other things besides the catering, and want our ideas protected, but intellectual property protection for ideas is expensive.
- Joining organisations relevant to your business
- Purchasing equipment and stock
- Uniforms
- Work Cover, Occupational Health and Safety, information on industrial relations for if and when you need to hire staff
- GST basics
- any licences you need
- business stationery, a separate phone number
- finding funding in the form of grants available for your business. Unfortunately, not a lot of people seem interested in providing grants for the food service industry

The list goes on and on. Make a list of everything you need to do, then prioritise. You may be surprised, as I was, to find that the initial costs for establishing a business are minimal. The other bit of advice I have from experience is to not do everything online. We applied for our ABN online only to have all the details lost in cyberspace. What should have taken 4 weeks took nearly 3 months.

You may be surprised, as I was, to find that the initial costs for establishing a business are minimal.

What I would have liked

Contacts and information that I needed t do all this from one of our hiv organisa tions. It would have made life a lot easie and a lot less stressful. Hiv poz people hav made great progress over the last 8 years o so going back to work but there are still gap in service delivery. Help is available fron counsellors on new life choices, retracing ol directions, or travelling new ones. There ar employment agencies and job networks t help people who want a smooth transitio back into the workforce, or to commenc training or tertiary courses. However, ther are no mentoring or advisory services specifi cally aimed at hiv people to help them estab lish new businesses, or to assist and encour age them along what is a difficult path How many guys have given up their dream because there was no one to support then through the process, or how many, havin made a start, have given up because they jus don't know how to go about it? These peopl need a lot of support and encouragement t follow their life dreams.

I would like to thank BGF's 'Choices program, and in particular Maree Crosbie Though the program was not initially se up for people as far down the line with thei business planning as I was, Maree nurture and supported my business venture fron its fledgling days through to its instigatio and early development. She was someone t bounce ideas off, and to trial scenarios on She put commonsense into idealism. Though probably too humble to admit it, in many respects, 'Alderman Catering' would no have happened without her unfailing faith and support.

Lube for Sri Lanka

Matthew Tyne, a Senior Project Worker for the Multicultural HIV/AIDS and Hepatitis C Service since the beginning of this year, previously worked in Sri Lanka for three years. In a personal capacity, Matthew is working to raise funds to purchase water-based lubricant for hiv prevention programs in Sri Lanka. He spoke to *Talkabout* in July.

Matthew: [...] in Sri Lanka, water-based lubricants are not widely available. They are available in some supermarkets, such as KY Gel and things like that, but they're very, very expensive, and so the majority of people may not use water-based lubricants. Although condoms are fairly widely available, lubricants are not, and so this particular fundraiser has come really as an initiative by a gay organisation based in London, which is Sri Lanka's only gay organisation. [...] This dinner is – will be – a small contribution to this work that they're doing.

[...]

Talkabout: How long has there been an issue about getting water-based lube in Sri Lanka?

M: The thing is, in Sri Lanka, it's considered to be a low prevalence country for hiv and, in fact, the UNAIDS estimates for 2002, the latest ones, were actually downgraded in terms of the estimated numbers of infections of hiv in the country. However, water-based lubricants have not been readily available, and [...] uptake of condom use is still fairly low [...]. I know there are issues in other South Asian countries, such as India, to actually manufacture their own water-based lubricants, which is a really good idea. [...]

The gay organisation there, who are called Companions on a Journey, they have reported that a number of their membership, or the people that they're working with or come into contact with, are using oil. They're using saliva too, as lubrication. So what they need to do is not just [...] supply the water-based lubricants but also to include education around 'why use a water-based lubricant' as opposed to coconut oil, which is readily available there. [...] It's not just a matter of supplying the product but also then making sure that the people understand what that product is for and how it can help them.

T: Is homosexual activity between men against the law in Sri Lanka?

M: [...] There's some interesting things in Sri Lanka in terms of same sex relationships. [...] I cannot remember when the first law to outlaw what was, I think, acts of gross indecency between men but certainly it comes under the penal code section 365A, which covers acts between men. However, the government has recently amended that law in 1995, [...] after some lobbying by Companions on a Journey and some other human rights groups in the country. They've got to be able to lobby to overturn that law for a number of reasons: one, about the oppression of same sex attracted or homosexual people in the country but also in terms of hiv prevention strategies, having homosexuality illegal could be a barrier to prevention programs. So the government did amend the law and [...] they then outlawed sex between women.

[...]

The laws that cover adult homosexuality [...] are those that are also used to prosecute people who have sex with minors in the country and there has been an issue, and there still is an issue, with not just foreign tourists coming there for sex tourism but also locals as well having sex with underage people. [...] It's a separate sort of issue but, in terms of the law, some of that is blurred. Certainly some sections within the community broadly talk about homosexuality equal to child sexual abuse and that is a big concern. In fact, a lot of gay and bisexual women organised a conference in 1999 and

they got some good press coverage about it but following that there was some very damning letters to the editor who referred to these women as jaded but jubilant jezebels. [...] What that has done is often bring out a lot of hostility, not necessarily from people on the street, but in terms of some institutions, either the government or the media, some very hostile things, which have been the result of further violence and threats of violence against gay men and bisexual men [...] in the country. [...]

T: Is it against the law to declare yourself a homosexual person?

M: It's quite tricky. In terms of that law, a lot of people aren't actually prosecuted under that law and often people say, 'Oh, yest, it's against the law' but people are not arrested under that law. However, there are other laws, such as the vagrancy ordinance, which is also used to arrest sex workers. It's used in that way. So the actual act, yes, is against the law but if you say that you are, that I think is ok, although there is a part of the law that talks about the promotion of [...] rights for gay people that [...] is against the law because you're promoting an illegal activity by talking about it. [...]

In terms of prosecutions there, [...] I don't think there have been many but certainly there are, and have been, people who have been arrested who have been arrested under suspicion of having sex with other males.

T: And that would make it difficult even if you had the money to buy lube off the shelf. [...] What's it like there if you're a person who is regularly going in and out of a chemist or a supermarket buying water-based lube?

M: Well, for one, you have to go to one of the largest supermarkets, which, I suppose, are similar to supermarkets here, although they're a bit smaller but the price is often prohibitive for the majority of people. In terms of condom availability, they're available at small shops and there is a culture where people will buy them but I'm talking more here about young men. But certainly, for women to carry them, they can be arrested for that because the police might see them as [...] going to sell sex [...] if they're carrying condoms. So one of the things Sri Lankans don't like to do is carry condoms on them, whether in their wallet or in a bag. [...] People might be encouraged to have them but there's also that risk that if they're stopped by the police for a range of reasons, and they go through their pockets or through their bags, that can be perceived both for men and women, particularly for women, that they are going to be involved in illegal activities, and also, because of the civil war that's there, there are lots of police checkpoints. [...] More recently, those checkpoints are being reduced because of the ceasefire underway in the country. [...]

T: So, there's nothing illegal about buying condoms? [...] There's no law that says you can't walk around with condoms in your bag or your pocket but if people are searched and condoms and/or lube are found on them, there's a possibility that that person can be arrested under suspicion of intention to engage in sex work.

M: Yes, that's right. They're sometimes charged with loitering, so they get around it like that. The other thing is, if they're not arrested, there's also the embarrassment and threats can be made. And, I know instances where threats were made to young men, and the police would contact the family and say that they were homosexual, or that they were carrying condoms. [...] These young men were not married, so that, [...] carrying a condom means that [...] you might be homosexual but you also might be having sex with sex workers, or with women, and although that's not illegal, it's certainly frowned upon and there could be a lot of shame attached to that. [...] I know of instances, as well, where the police have said, 'Look, if you don't give me 500 rupees, I'm going to take you back home, and I'm going to talk to your mother and father, and tell them what I've seen you doing'. So, of course people pay the money. They cop a bit of abuse from the police, perhaps, and then are sent off. [...]

T: What are the religious influences in Sri Lanka?

M: Well, the majority of people, the biggest ethnic group in Sri Lanka, are the Singhalese and the majority of Singhalese people are Buddhist. And then [...] another big ethnic majority are Tamils, and their predominant

- estimated number of adults and children living with HIV (end 2001): **4, 800**
- estimated AIDS deaths in 2001: **250**
- official number of people diagnosed with HIV since 1987: **405**

(Ministry of Health, Govt. of Sri Lanka)

igion is Hinduism. [...] There's a signifi-nt Tamil Catholic population, as there are nghalese Catholics, there's also a variety Christian churches because of influences m the Portuguese, who were masters there one time. [...] Then, after the Portuguese, me the Dutch, so there's the Dutch Reform urch, and [...] then the British came, so re's a form of Anglicanism there as well. .] About 7% of the population are Mus-s. [...] There's also a small population of ople who are Malay ethnicity. [...] There's sort of singular authority within any form Buddhism and certainly in Sri Lanka, re's not, but there are these sort of big nks who have a lot of power. For example, se monks, in conjunction with the Catho-Church, were able to stop the widespread motion of condoms.

[...]

Certainly, there has not been huge num-rs of people who are living with hiv/aids Sri Lanka.

T: Do you know how many there are?

M: Up until 1987, when figures first started be taken, up until 2002, there had been 405 ople died in that 15-year period. So, com-ratively, those numbers are very small. e estimate from UNAIDS is about 4,500, obviously there's a huge disparity there. terms of people who have died of aids-ated illnesses, I think, it's about 130 but at's known. And I know of cases where ything to do with aids has not been put someone's death certificate. It's always mething else. [...]

T: [...] Is that because people who suspect ey have hiv, or know they have hiv, don't ek medical treatment and get a diagnosis cause of the stigma in relation to their milies? [...]

M: The testing rates are fairly low, and so there's talk that there's no cure, so if I t tested and I'm found out to be hiv posi-e, what is the point in knowing that if I'm t going to be able to get medicine. [...] hen I was working, I worked with [...] ale sex workers, and that was their argu-ent: 'I need to do this work in order to ake some money now, and you're coming re talking about a disease that I might get d I might get sick. What's going to happen if I can't do this work?' [...] I found it difficult to argue with, I [...] was [...] trying to say, 'Look, we're not trying to tell you to stop doing the sex work.' [...] I suppose it's just a form of harm minimisation. You're saying, 'Well, look, we can't stop the sex work but [...] there are a lot of ways we can try to reduce the risk of someone getting sick.' [...]

There's a great fear around confidentiality and disclosure there. [...] The main sexual health clinic is referred to as Room 33, and everybody knows about it, and it's a place where sex workers are forced to go when they're caught and arrested. They go for a mandatory sti screening, so on any one morning, you see a police truck or a prison van full of women, being sort of marched into the clinic. [...]

However, the World Bank is loaning [...] I think it's about $1,200 US dollars to do what's called an hiv prevention project. It's a huge project and one of the things, I dare say, will be the upgrading of some of those facilities, which will be necessary. [...] In addition to that, US AID, which is the main agency for international development in the United States, is looking to increase its funding around hiv in many countries, and Sri Lanka will be, I suppose, lobbying for some of that as well, given that it's a low prevalence country.

T: What's the date of the dinner?

M: The date of the dinner is August the 17th. [...] There'll be a dinner, [...] followed by a talk around some of the issues based on some of the research [...] but also [...] a Sri Lankan human rights lawyer, and a human rights advocate, who will be also speaking about his experience in Sri Lanka. [...]

T: [...] Overall, how much money are you trying to raise? [...]

M: As a start, we need about $1,300, which is really not much money at all. That would be for three months supply. [...] For me, it gives me the opportunity to talk about a subject that I'm very interested in but also [...] I'm trying to raise awareness around some of the issues for gay and lesbian people in Sri Lanka. We'll see what happens.

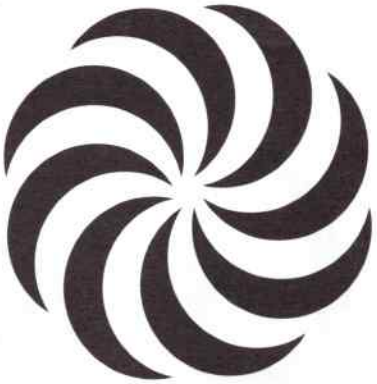
'Lube for Lankans' Dinner

Where:
Janari Sri Lankan Restaurant
32 Burlington Rd
Homebush

When:
17 August

Cost:
$25

Book:
Ph Matt on
0408 496 657
before 7 August



olga's personals

HIV+ gay male 42, GSOH, caring, romantic, good health, enjoys travel, dining in/out, bushwalking. Looking for an intelligent, passionate, genuine active guy to 46 with a view to LTR. Not into drugs or the scene. Genuine replies only. **Reply: 010202**

HIV+ guy, 53, 5ft 7, brown eyes, OK looks and physique. Prudent, compassionate, monogamous, I have learned not to try and understand women but simply adore them. Gold Coast resident. Seeks similar female penpal with view to whatever. **Reply: 010402**

Central Coast. Cute, slim, Hiv+ (18yrs), 42yo, passive bumboy. Seeks slim hung Hiv+ dickman, 35-50, for fun, sex and compassion. **Reply: 010602**

39yo, +ve, fit, goodlooking, 5'11, honest genuine, live in Eastern Suburbs, dog owner, seek guy, late 30-50, sincere, intelligent, warm, articulate, fit. **Reply: 010801**

Mid 40s, HIV+ gay male with good looks, in full time work and so healthy I could bust, seeks like spirited guy to join me in a new beginning. **Reply: 011002**

Early 40s guy would like to meet with a genuine guy 35+. Preferring sincerity and understanding is a must, so (please) don't waste our time; genitals are fun but I really need some heart. Heritage is no barrier. **Reply: 020402**

Shy, sincere, loyal, hardworking 35yo hiv+ divorcee. I'm a straight, honest male living in Sydney. Seeks friendship with hiv+ lady in similar situation who wants to meet a true loyal and down to earth true friend. ALA. **Reply: 020602**

Hiv+, 36yo male, ok looking and DTE. I have good friends and a GSOH but need that someone to share my life with to love and spoil, 18-40yrs. **Reply: 021002**

South Sydney, 41yo, black, gay, hiv hepC man. Hi, I've been hiv, hep C for 11 yrs. I'm 5'4" tall, tight body. Good health. OK looks, you similar 36-43yrs wanting same. **Reply: 030402**

HIV+, 38yo, goodlooing, GSOH, living Western Suburbs. Seeking fun and fair dinkum bloke for friendship and maybe more. Love horseriding, breed dogs and cats, love the bush and love a drink. My first advert. Genuine guys only please. **Reply: 031002**

24yo, gay guy, hiv+ for five year, DTE, GSOH, come from the country. I am currently in goal and looking for penpals with other gay, hiv+ people with the same interest. ALA. **Reply: 040402**

HIV+, gay man, early 50s, still in good health and shape, enjoys home life, reading, theatre and travel, excellent cook, have my own business, looking for a companion, or more, with similar interests. **Reply: 041002**

Guy, 50s, Ryde area, active and in good health, hiv+, 6'1", 85kg, blonde, likes home, tv & videos, going out, GSOH, no ties, seeks person for companionship, relationship. ALA, so please write. **Reply: 050402**

Long Bay, 28yo, hiv pos, goodlooking, intelligent, kindhearted, country lad, straight acting, like a drink, don't do gay scene, looking for good friends, penpals. A real man is hard to find. Are you my knight in shining armour. **Reply: 060402**

HIV+, 45yo gay guy, 16 yrs survivor, NS, SD, enjoying good health, would like to meet and see a guy younger or up to early 50s on a regular basis for drinks, dinner, coffee ... nationalities open. **Reply: 061002**

Goodlooking, 30yo, straight + male, recently diagnosed, good health, NS, SD. Seeking honest, straight, single female 22-32 yrs for serious relationship and love. Genuine responses only. Looking forward to hearing from you girls. You will not be disappointed. **Reply: 070402**

Looking for boyfriend! I enjoy good company, good conversation and good wine. Looks, physique ok. Interests: health, hiv+ & rebuilding immune system. Holistic wellness. WLTM interesting, personable guy, age open, social status unimportant if sincere. Seek monogamous friendship. **Reply: 071002**

HIV+ gay male 30, GSOH and responsible. With view to LTR for the best in life, love and happiness. Enjoys cosy nights in, seeking fun and healthy relationship without the use of drugs and alcohol. Only genuine replies. **Reply: 100000**

Active, horny male seeks: totally passive male, 18-40yrs, quiet, gentle, softspoken, caring, non-scene & likes lots of loving & TLC. Good looks not important. Prefer reasonably solid build guy who is unattached & wants a longterm relationship. **Reply: 100001**

Very goodlooking hiv +ve guy, good body, very healthy. Professional, NS, GSOH, 5'9", olive complexion, brown eyes, 32yo, seeking guy up to 40yo for fun, sex, companionship. Preferably North Shore area. **Reply: 100002**

Hiv+, 38 yo guy, lives in the the country. I'm 183cm slim/average build, hairy chested and DTE. Seeking someone (18-50s) for fun and maybe more if compatible. I like country life, animals, art, food and a good time. **Reply: 100004**

Surry Hills. Black, gay guy. Late 30s, DTE, hiv+ with a GSOH. Versatile. WLTM Mr TLC. View LTR. Welcome all nationalities. **Reply: 100005**

Heterosexual male. 42yo, hiv and positive that he will one day find a friend who is heterosexual, female, hiv and positive in complementing each other's life journey in love, health to becoming free. **Reply 100006**

HIV+ male, 31yo, tall and muscular, motorcycle enthusiast, seeks female 28-40. I'm hardworking and searching for companionship/relationship, genuine replies. **Reply: 100008**

Young country guys, are you coming to Sydney? Goodlooking, 34yo, hiv+ guy from the bush ISO DTE country lad looking for LTR. NS but will do the odd party. R U non-attitude? Straight acting? Beach, bush walks, horseriding, cuddling. **Reply: 100009**

Nthn NSW male. 27yo, hetero pos, single Dad of 1 seeks female to write to, and/or meet. Any nationality, age. **Reply: 100010**

WLTM young guys or students, to 20yrs, reactivate new r/ship. Hiv+ ok. Join friends, similar age, interests, instructional material, sexuality, good health, bedroom fun. I'm girly, in beauty business. Your mail gets mine, discreetly. **Reply: 100011**

Joe, 42yo, poz guy. 6'3", tall, dark hair, blues, seeks 1-1, easygoing, honest, sincere, handsome for fun & better thinking. I'm attracted to stocky, solid guys into wrestling, massage, laughter & life. Will travel, let's chat. **Reply: 100012**

Attractive, Sydney, 35yo +ve male. Seeking attractive lady 20-45 yrs for f/ship, r/ship, love. I'm sincere, excellent health, athletic build, olive skinned, and a hopeless romantic. Enjoy theatre, music, fine dining, deserted beaches, GSOH, live bands. Discretion assured. ALA. **Reply: 100013**

No contact details:

Olga's has no contact details for the following personals. If you recognise your personal ad, please contact Olga on 9361 6750.

011201: GM, 50yo, 22 yrs with hiv, still goodlooking, albeit a bit creased. Defined muscular little body, seeks someone to share life. Everything from 10 pin bowling to discussing books and life's ironies: walking the dog to making love. You smart, kindhearted and humanoid.

021201: Homebody, hiv +ve guy, early 40s, appreciate the quiet simple things in life, and the occasional affection. Looking for some similar for LTR.

The following personals are no longer included and replies will not be forwarded: 020802; 051002; 100003; 100007; 100014.

When placing and answering personals

Be clear about who you are and what you are looking for. Too much detail can be boring, and too little may be too vague. Be honest to avoid disappointment for you and your correspondent.

Do not give out your work or home address, telephone number or email address until you think you can trust the person. Use a Hotmail or Yahoo address.

Like you, other people may be anonymous. You can't always believe everything you are told.

When meeting someone:

Have reasonable expectations. Don't let your fantasies run away with you – how somebody seems might not be who they are face-to-face.

Meet for the first time in a busy public place, like a pub or club, or with friends. You can go to a private place after you have met the person and think you can trust them. Don't rely on the other person for transport.

Let someone know who you are meeting and where. You can leave a note, keep a diary, email a friend, or ask someone to phone you on your mobile to make sure you are alright.

Apply commonsense and the basic rules of personal safety. Maintain a healthy degree of suspicion: if anything seems odd, be careful.

How to respond to a personal

Write your response letter and seal it in an envelope with a 50c stamp on it – Write the reply number in pencil on the outside – Place this envelope in a separate envelope and send it to Olga's Personals, PO Box 831, Darlinghurst 1300.

How to place a personal

Write an ad of up to 40 words – Claims that you are not negative cannot be made. However, claims that you are hiv positive are welcome and encouraged – any personal that refers to illegal activity or is racist or sexist will not be published – Send the personal to Olga, including your name and address for replies. Personal details strictly confidential.

Dear Miss Bitch

Dear Miss Bitch,

The other night I was having dinner with friends and tried to discreetly pull out my black film container, take off the grey lid, and take my pills. But what happened to style and fashion. Where are the cute flat boxes that slip into your pocket without bulging in the wrong places? Why can't I colour coordinate my pill box with my outfit. Do you have any suggestions where I might start looking?

Fashion-conscious

Dear Fashion Conscious,
This is a problem, and not so easy to solve. At one stage, one of the drug companies actually realised we might need pill boxes, so a select few who got on well with their doctors received a slimline pill box, which often didn't hold the number of pills required. However, I have a feeling that a visit to your local home for the elderly could bring some interesting possibilities. After all, they have been dealing with medications a lot longer than many of us. For myself, I would be looking out for a musical pill box. I can't decide whether it should play, 'I am What I am' or 'Better the Devil you Know'.

Dear Miss Bitch,

I was diagnosed hiv+ six months ago. I live in Burwood. I am not gay. I am writing because I get quite isolated sometimes and reckon there's all sorts of stuff I would like to talk to people about. But who?

Alone

Dear Alone,
Sorry to hear you seroconverted. It can be a bit of a club but you'd be crazy to wanna join. But now you're in, I wanna make you real welcome. But how? You live out at Burwood, and you're straight – and most hiv social activities – like Positive Living Centre and Planet Positive are predominantly gay. Problem. Certainly, you should hook up with ACON and PLWH/A (NSW) – to check out what is happening. Pozhets even have a tollfree line: 1800 812 404. But you might have to just be brave and get on a train and get into some of these events – and handle the fact that most people there are gay. And remember, we gay people have had to come to terms with most people around being straight for a long time. And most of us find a way to handle it. So there's a good chance you'll find some worthwhile people to connect with and swap stories of symptoms, health strategies and drug combinations ... and maybe even make some friends and have some fun.

I know there are a lot of you out there who have something to say to Miss Bitch – a little question, a situation, something that is downright wrong. Send questions to Miss Bitch, PO Box 831, Darlinghust 1300

diary

Sydney

Positive Living Centre, 703 Bourke St, Surry Hills. The centre is a one-stop access point for a range of free hiv and community based services. Programs for pos people to help develop new skills, interests and work opportunities.

Comp therapies at the PLC – Acupuncture – Tu, 2 – 4pm (until end August). Massage – W, 10am – 2pm. Yoga – Tu, 6.30 – 8pm, Sat, 4 – 6pm. Reiki – Th, 7.30 – 8.30pm, Fr, 10am – 4pm. Lomi Lomi (Hawaiian massage) – Tu, 6pm, Sat, 11am. Bookings essential for all therapies. Ph 02 9699 8756.

Social lunch at the PLC – 1 – 2pm, Fri. Soup, main meal, dessert.

Gone Shopping – weekly shopping trip by bus from PLC to Marrickville Metro, Fri, 2.30 – 4.30pm. Bookings advisable. Ph 02 9699 8756.

Basic Computer Skills at the PLC – Tu, 6.30 – 8pm. From August. Ph 02 9699 8756 to book.

Fit X Gym At the Community Pride Centre, Hutchinson St, Surry Hills. Positive Access Program (PAP) offers qualified instructors, free assessment, free nutritional advice, free individual programs and a free session to try out the gym. $2.50 a session, or $20 for a 10 visit pass. Contact Fit X Gym, 4 – 7pm, Mon – Fri or PAP, 9.30am – 12 noon, Mon, Wed, & Fri on 02 9361 3311.

Luncheon Club noon – 2pm, Mon, for people living with and affected by hiv/aids, Pride Centre, 26 Hutchinson St, Surry Hills.

Luncheon Club Larder noon – 4pm, Mon and Wed, for plwha, Pride Centre, 26 Hutchinson St, Surry Hills.

The Breakfast Group offers hiv positive gay men who are working a chance to network and support each other through a monthly breakfast meeting. Ph Men's HIV Support at ACON on 02 9206 2037 for more info.

Yoga for plwha Special weekly classes at Acharya's Yoga Centre Mon – Fri. Call 02 9264 3765 for more information.

The Sanctuary offers free services. Call Robert for details and bookings on 02 9519 6142. Also holds cooking programs. For more info, ph Sydney Leung on 02 9395 0444.

Community Garden - Learn how to grow your own vegies. Newtown and Waterloo: Ph Street Jungle on 02 9206 2000. ACON Western Sydney: Ph 02 9891 2088.

Newtown Neighbourhood Centre runs a shopping service five times a week to Marrickville Metro and once a week to Leichhardt. They'll pick you up from home, give you two hours to shop, then drop you off again. Price is $4. Available to residents in Dulwich Hill, St Peters, Tempe, Newtown, Enmore, Marrickville, Camperdown and Petersham. Ph Gavin on 02 9516 4755.

'Outings' from South Sydney Community Transport is always offering day trips and excursions. More info or bookings ph Jane on 02 9319 4439.

Shopping service for residents of South Sydney City Council area. Cost is $4. Trips are to Marrickville Metro, Eastlakes and Eastgardens. Ph Jane or Eunice on 02 9319 4439.

Dementia support for family, partners and friends. Telephone/group support for significant others of people with hiv associated dementia, cognitive impairment and/or mental illness. Ph Margaret 02 9698 3161.

Silk Road, social and support group for Asian men, meets the first Friday of each month. Ph Matthew on 02 9206 2080 for more info.

Asia Plus for hiv+ Asian men, meets the second Friday of each month. Ph Matthew on 02 9206 2080 for more info.

Myrtle Place at Milson's Point offers massage services for plwha. Also lunch M/W/F, 12.30pm. M/W: $2.50 donation. F: $3 donation. For appointments and info about other services call Dennis or Mark on 02 9929 4288.

Western Sydney

Community Garden - Learn how to grow your own vegies. ACON Western Sydney: Ph 02 9891 2088.

Pozhetwest offers peer support and education for men and women living heterosexually with hiv/aids in Western Sydney. Ph 1800 812 404.

PozWest Women Support group for women living with hiv in Western Sydney. Fun and friendship, social activities and newsletter. Ph Maxine or Pat on 02 9672 3600.

Blue Mountains

Drop in to the **Blue Mountains PLWH Centre** at rear of 2 Station St, Katoomba for info mal peer support. Open W/F, 11.30am – 3.30p Lunch W 1pm, $3 conc/$5 waged. Ph/fax 02 47 2119. Closed for renovations. Please phone befo dropping in.

Hunter

Karumah A meeting place for positive people a their friends in Newcastle and the Hunter. Activiti held each week. Pos-only space and open grou Contact Karumah Inc, 47 Hudson St, Hamilton. 02 4940 8393.

Poz Space @ Karumah for people living wi hiv/aids and their families/carers. Third weekend each month. Contact 02 4940 8393 for details.

Illawarra

ACON Illawarra at 47 Kenny Street, Wollo gong provides drop-in, care and support, advoca and referrals for positive people. Contact Craig 02 4226 1163.

Central Coast

HUGS (HIV Understanding Group Support) A su port and social group for hiv positive people on t Central Coast. We meet at PSN (Positive Suppo Network) in Gosford every week on alternate Tue days and Thursdays 12.30-3pm for support, discu sions, outings and lunches. Please call Sean @ ACO Hunter on 02 4927 6808 or Leslie @ PSN on 02 43 2905 for upcoming dates and further information.

Port Macquarie

Port plwha Support group for plwha. Lunche social events, fundraising activities, peer support. P 0418 207 939 or 1300 658 878, email portplwha@o usnet.com.au. Postal address: Port PLWHA, C/- P Box 5648, Port Macquarie NSW 2444.

Northern Rivers

Peer support for plwha Ph Sue on 02 66 1555 or 1800 633 637.

Have you got an event coming up? To list your organisation's events, phone the Editor on 02 9361 6750 or 1800 245 677, or email editor@plwha.org.au

Want to be part of the team that produces *Talkabout* magazine?

It takes a lot of people to get *Talkabout* on the street and in subscribers' letterboxes six times a year.

The people who make *Talkabout* happen are:

- the members of the Publications Working Group of People Living With HIV/AIDS (NSW) Inc, which meets once a month to plan the content of *Talkabout*
- the staff of the Publications Unit of People Living With HIV/AIDS (NSW) Inc, who between them, edit, design and coordinate production of each issue
- the people who contribute to each issue, including paid staff of hiv/aids organisations and readers of the magazine

If you would like to join the Publications Working Group, or contribute an article to *Talkabout*, please contact the Editor on 9361 6750 or 1800 245 677 (outside Sydney). Contributors to *Talkabout* who are living with hiv or aids, and receive a Social Security benefit, or other low fixed income, are paid $35 for each published article of 500 words or more.

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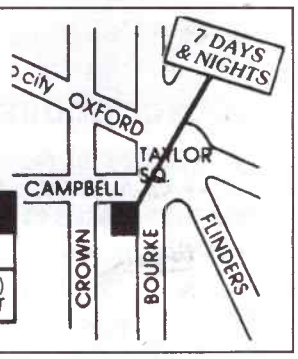

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How to contact People Living with HIV/AIDS (NSW) Inc

Office: Suite 5, Level 1,94 Oxford Street, Darlinghurst
Mailing address: PLWH/A (NSW), Reply Paid 831, Darlinghurst NSW 1300

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Menzies plan won't fix housing crisis

The Menzies Research Centre's proposals as they stand will do little to assist low income Australians.

The Australian Council of Social Service welcomed the release, in June, of the Reports by the Menzies Research Centre's Prime Minister's Home Ownership Taskforce but the Menzies proposals, as they stand, will do little to assist low income Australians.

ACOSS President Andrew McCallum said, 'It's pleasing to see housing back on the agenda. This is critical given the severe shortage of affordable housing in this country.

'However, we are very concerned about what is being proposed. A HECS type arrangement for people in rental or mortgage stress and a shared equity home ownership scheme for low income earners would lead to greater debt levels for many families and do little to increase the supply of affordable housing.

'The proposal that home owners could cut capital costs by 'sharing the equity' in their homes with specialist financial institutions has the double disadvantage of being primarily of service to financial institutions by creating a new asset class – rather than to Australian households.

'Past experience shows that low income households do not benefit from shared equity models – in fact, low income earners can become trapped by these offers without the capacity to meet their obligations.

'The proposal for a means tested 'housing lifeline' of up to $10,000 from the Federal Government as a loan towards rental or mortgage costs during temporary economic hardship sets a dangerous precedent.

'The HECS-type assistance scheme also has the capacity to place new debts on the backs of vulnerable households, rather than building on some of the bond assistance and other programs States have delivered in the past. It is also very unclear as to who would be eligible for the loans and when.

'It is encouraging to see that the Taskforce recognises the need for all governments to collaborate to fix Australia's housing problems. However, what is needed is a true national affordable housing strategy. This would consider a full range of policy and program options to boost low cost rental and social housing in the community and encourage home ownership.

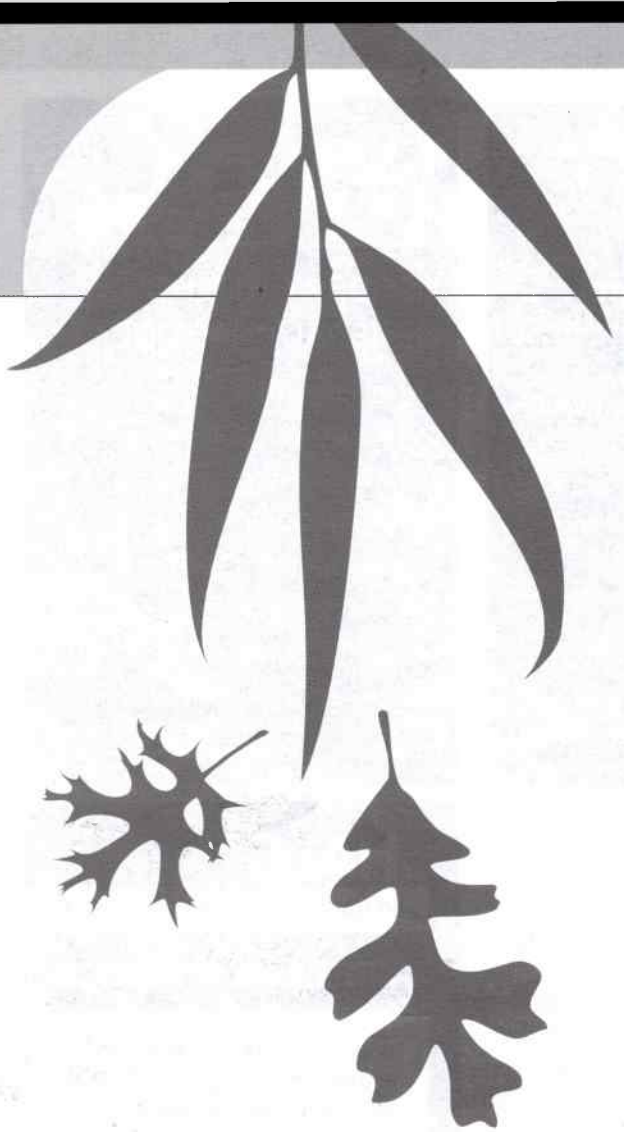
'The Taskforce has addressed some of the issues of affordability, but not the main problem – the lack of affordable housing for low income earners.

'A national housing strategy that addresses all aspects of housing in Australia should include an effective and efficient blend of public and private finance and an equitable mix of public, community and private housing options.

Menzies Research Centre website: http://www.mrcltd.org.au/

Source: ACOSS, www.acoss.org.au, 07/06/03

Horticultural missionaries



Stephen Paul and **Murray Gibbs**, Senior Horticulturists at Royal Botanic Gardens Sydney describe themselves as 'horticultural missionaries', who provide support and expertise to community gardening groups as part of the Gardens' Community Outreach Program. Stephen and Murray are currently working with hiv positive people through ACON Western Sydney – at Westmead and Emerton – and in the inner city at the Street Jungle gardens at Waterloo and Newtown. Planning is underway to establish a garden at The Bridge. *Talkabout* spoke to Stephen and Murray at ACON Western Sydney in June this year.

Talkabout: How many projects like this one is the Royal Botanic Gardens involved in?

Stephen: [...] We're currently working with over 50 communities around NSW at the moment. Of those 50, probably four of them, I think, fall under the category of ACON, for people who are hiv positive. [...] We're also in the process of working with The Bridge at Glebe and, fingers crossed, we'll be getting a similar garden [...] up and running at The Bridge, not only for the people who live at The Bridge but also for hiv positive people from the inner city area, who will be those people who frequent the Larder up in Darlinghurst.

T: Does the Royal Botanic Gardens provide any funds or any materials?

S: [...] We don't have a budget where we can allocate funds to be spent on these projects. So, what the Botanic Gardens provides is what is surplus from the Botanic Gardens, [...] plants or landscaping materials. So, all that surplus in the running of our garden sites, we now offer out to these types of gardens but we also have private sponsorship of the program and that's here at Westmead in the way of plants and the tyres, maybe some potting mix, fertilisers, snail bait, and seeds and those type of materials, we can provide through private sponsorship of the program. [...] We also provide our expertise and that's probably the most valuable part of this program, [...] our horticultural knowledge. [...] Between Murray and myself, we advise and not only with hiv positive people, we're also working in a wider partnership with the Department of Housing. Most of the work that we do is on public housing estates but we're also targeting other disadvantaged communities, such as the Aboriginal community, children in crisis, adults with an addiction, children living in public housing. [...] There always has to be a link because of our funding arrangements and our program is funded by Premier's Department through Community Solutions funding and [...] there is a link with public housing at all times. [...]. The link is that the participants either live in Department of Housing or they might, in the case of The Bridge, [...] if they're well enough, go into public housing. [...] We have to justify why we're working with particular communities. So, if I can say 50% of them live in public housing and 20% of them might go to public housing when they're well enough, or if there's some kind of link, it's justified.

M; A couple of weeks ago, I was working at Emerton with the guys from here and they were really enthused about putting these [...] big old tubs in the ground and they really wanted to get into the design [...]. It wasn't just growing vegetables, but they wanted to actually show a bit of creativity and they were really getting involved [...]. It's not just growing things, it's also to try and create something different [...].

S: [...] I'd love to see garden environments like these for every community for positive people. When you work in a program like Murray and I do, we can really see the benefits that a community garden brings to the community [...]. Often people are coming together who normally don't come together. [...] It's a wonderful, physical project that gets people enthusiastic and interested and physically doing something. And, with positive people, it is some exercise.

ACON Western Sydney's community garden is a produce garden with cabbages, kohlrabi, endive, onions, carrots, tomatoes, basil, parsley, sugar snap peas, capsicum, peach trees, an orange tree, a lemon tree, and marigolds to try and fight off the white butterflies in the western Sydney area.

Top: Murray Gibbs (left) and Stephen Paul, Senior Horticulturalists at Royal Botanic Gardens Sydney.

No digging

Bruce is volunteer coordinator of the community garden at ACON Western Sydney. He described the progress of the garden when he spoke to *Talkabout* in June.

Talkabout: You started in January?

Bruce: Early this year, we were approached by Maureen to see what we thought about putting a garden in here and we came and had a look. It was all cement right through and I thought, 'we're not going to be able to put much of a garden in', and then we came up with the idea of a no dig garden collectively [...], so that's what we've done.

T: Is there much more work involved with a no dig garden? Is there much work involved in the setting up process?

B: Initially yes. There's a little bit more, but in the long run it creates a garden where there's not a lot of maintenance required because if you've done it correctly, you shouldn't be getting too many weeds [...] through the process. We've taken an area from behind the barbecue that was all cement and built it up and planted. As you can see here (see pictures left and overleaf), that's the initial stages. We've just covered it with newspaper and then some composting material, straw, horse manure and then we put another load of topsoil on top of that and proceeded to plant it. We've been very lucky in respect that the Royal Botanic Gardens has come on board and they supply their expertise and knowledge and also, from time to time, seedlings. That's been a great help as well. At the moment, we're averaging between six and eight people, which we hope will increase.

We've just covered it with newspaper and then some composting material, straw, horse manure and then we put another load of topsoil on top of that and proceeded to plant it.

T: How many times a month or a week do you work on the garden?

B: At this stage, we're working only on a Tuesday.

T: Are there any restrictions on who can get involved?

B: No. [...] It's mainly set up for people with hiv but if they have partners or friends that are involved with them, they're quite welcome to join us as well. It's more like a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