

talkabout

Where we speak for ourselves

#155

February – March 2008

Positive Life NSW the voice of people with HIV since 1988



Hot Summer

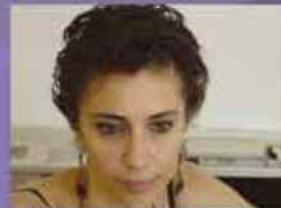
- Mardi Gras 08
- **Something to smile about: dental care**
- What is good nutrition when you're HIV positive?
- **And more**

PositiveLifeNSW
the voice of people with HIV since 1988

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ENGLISH We can provide you with support and understanding for HIV/AIDS. Ask at this clinic for a brochure in your language. All services are confidential and free of cost.

AFRIKAANS Ons kan onderskraging verskaf wat MIV/VIGS aanbetref. Doen navraag by hierdie kliniek vir n pamflet in jou taal. Alle dienste is vertroulik en gratis.

AMHARIC የእኛ ስራ ላይ በተመለከተ ጥያቄ እንዲያርድዎት እስከሚገባዎት ድረስ እርዳታ እና ተረጎሞችን ይጠይቁ።
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BOSNIAN Mi vam možemo pružiti pomoć i razumjevanje oko HIV/SIDE. Pitaјte ovu kliniku za brošuru na vašem jeziku. Sve usluge su povjerljive i potpuno besplatne.

CHINESE 我們理解愛滋病毒/愛滋病方面的情况並能為您提供支持
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SERBIAN Можемо да вам пружимо подршку и разумевање у вези ХИВ-а/ Сиде. На клиници можете упитати за брошуру на вашем језику. Све услуге су бесплатне и поверљиве.

HINDI हम आपको एच. आई. वी/एड्स विमारी के बारे में सहायता और जानकारी प्रदान कर सकते हैं। अपनी भाषा में पत्रिका के लिए इस क्लिनिक से संपर्क करें। सभी सेवाएँ गुप्त और मुफ्त हैं।

ITALIAN Possiamo offrirvi sostegno e comprensione per l'HIV/AIDS. Chiedete un depliant informativo in italiano presso questo centro medico. L'assistenza che vi offriamo e' riservata e gratuita.

POLISH Możemy Ci pomóc Ci żyć z HIV/AIDS i zrozumieć, na czym on polega. Poproś w klinice o broszurę na ten temat w Twoim języku. Wszystkie nasze usługi są poufne i bezpłatne.

PORTUGUESE Nós podemos lhe oferecer apoio e compreensão com HIV/AIDS. Peça aqui nesta clinica, um folheto de informação na lingua Portuguesa. Toda a assistência é gratuita e confidencial.

SIHONA Tinokwanisa kukubatsirai nerutsigiro uye kuti munzwisise nezve HIV/AIDS. Bvunzai pakiriniki ino zvinyorwa zviri mumutauro wenyu. Rubatsiro rwese haruna muripo uye hapana mumwe anoziviswa zvamunenge mataura pasina mvumo yenyu.

THAI เราให้บริการช่วยเหลือและเข้าใจในเรื่อง เชื้อเอชไอวีและโรคเอดส์
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TURKISH Size HIV/AIDS ile ilgili destek saglayip anlayisli bir hizmet verebiliriz. Bu klinikte kendi dilinizde yazilmis olan bir brosur isteyiniz. Butun hizmetler gizli ve ucre.



Multicultural HIV/AIDS and Hepatitis C Service

www.multiculturalhivhepc.net.au

talkabout

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Positive Life NSW

– a new name and a new plan

Names are important for giving out the right messages, and informing people about who we are and what we do. People Living with HIV/AIDS (NSW), who publish *Talkabout*, recently decided to change its name to Positive Life NSW.

President **Scott Berry** talks about the reasons behind the name change.

At the last Annual General Meeting in December 2007 the members of PLWHA NSW voted to change name of the organisation. Why Positive Life and how did it come about?

In 2004, in our first strategic plan, we had already taken a strong step into health promotion for people with HIV. We also wanted to acknowledge that we were not just speaking to people with HIV, but we wanted to take a role in speaking with them, where they are, in their health and psychosocial needs and peer support needs.

This also means rethinking whether we educate the broader population or focus more on the services and places where people with HIV get their help. People have experienced problems when they were treated outside the HIV wards for some of their emerging health issues, in the cardiac wards, the cancer wards. In emergency wards there is often a turnover of new staff.

As we've changed, our name hadn't, and so we also needed to think about taking a more forthright step in that direction as well. At the beginning of the epidemic the significant groups affected were gay men, injecting drug users and sex workers. The social stigma involved meant that saying you were a person with HIV was an important political step to take.

Now along with gay men, there are significant numbers of women and people from culturally and linguistically diverse backgrounds who have been diagnosed. The acronym PLWHA (or people living with HIV/AIDS) didn't mean anything to them. People who are newly diagnosed are looking for something positive, liberating and empowering.

What has the response to the name change been like?

Certainly, by far, most of the feedback was very positive. Some people within positive networks, quite justifiably, had strong reservations. They felt that "living with HIV" was an important statement, and that it was important to still talk about "people."

We wanted to acknowledge the aspirations of people with HIV and we think the new name does that, but we also came to a compromise to hold the two views together. So we agreed to the tagline

"The voice of people with HIV since 1988" to go under the name Positive Life NSW.

The organisation has a new Strategic Plan for 2008 -2010. How did that get put together?

Strategic planning sounds very corporate, but for an organisation like ours, it's not. It's really about listening to people with HIV, researching and talking. We travelled the state, up and down the coast, talking to positive people and service providers about what we had been doing, both what we'd been doing well and what things we should change. We crystallized those discussions into the document we have now.

So what are some highlights of the new strategic plan?

There are some particular things I'm really proud of. We are the only organisation in the sector that is pushing for more research into preventable deaths from HIV. Fewer people are dying than ever before, but we still need to know why those people are dying.

We're also planning to increase our work in rural areas, places that we haven't been able to spend a lot of time in, in the past, but we've wanted to for quite a while.

We also plan to work with more diverse communities, and ensure that diversity is better represented in the agency. There are small numbers of indigenous people with HIV for example, but their needs are even more significant because of those smaller numbers and there's important work to be done with them.

Particularly importantly, we are stepping into systemic advocacy. This will be newly funded work, in the hotspots of service delivery, where people with HIV are experiencing problems in the system.

Those are some of the things I'm especially pleased to see us doing.

You can read the new strategic plan for Positive Life NSW on our website: www.positivelife.org.au
Or phone Positive Life NSW for a copy
9361 6011 or freecall 1800 245 677

Letters

We welcome your letters and comments. Letters may be edited. To email *Talkabout* write to editor@positivelife.org.au or send your letter to *Talkabout*
PO Box 831 Darlinghurst NSW 1300

Remembering to take our medications

It seems like a lifetime ago that health care providers and community organisations in the HIV sector were strongly urging those of us on antiviral therapy to comply with the guidelines for taking HIV medication. Compliance was the name of the game if positive people were to survive, and beat HIV. Our doctors discussed it with us and it was widely and often reported on in the gay print media.

There were various methods adopted for us to remember to take our medication. These included things such as the humble doset box and nifty little pill containers so we could take our drugs wherever we went, and not forget a dose. There was even a range of devices with alarms that would suddenly sound off at the appropriate time when it was time for dosing. I will never forget my six week European holiday in 1998 when I was taking up to 40 drugs daily (three times a day). For this trip I took a shoe box with my six weeks supply. It was a pain in the arse having to cart these drugs around the world with me, but what choice did I have? It was fun seeing the drugs slowly dwindle away as the weeks progressed.

Things have changed somewhat over the past ten years. I no longer take as many drugs as I used to due to many of the drugs now being combined together to form a single or multiple drug combination in one pill. The drug companies have tried to make it as easy as possible for us. We don't seem to hear the word "compliance" bandied about as much as we did beforehand. Maybe we should?

I work in a sexual health clinic in NSW which is attached to a large outer city hospital with a case load of just over a 100 HIV positive clients. I receive numerous

phone calls a week from clients who have either run out of their medication or are very close to it. These calls are from clients who are not working, are generally very well and have nothing better to do with their time. This often causes administration personnel, doctors and pharmacy staff a lot of anxiety when they are otherwise very busy keeping up with the demands of their patients.

In our particular setting one week's notice to the pharmacy is required before drugs can be ordered and collected. As you can imagine, this also places more stress on all concerned and usually only one months supply will be dispensed at a time. Of course up to three months will be dispensed for people with special needs, living long distances from the hospital or going on holidays.

For many years I have divided my medications up by night and day doses with all required medication in either a small snap-lock plastic bag or more lately small clear pill jars with either a yellow dot on the lid for morning doses or a black dot for evening doses. This serves as a great reminder that my drugs are running out and it is time to either visit the doctor or get another script filled...its that simple!

I have always been organised when it's time to arrange new prescriptions from my doctor and therefore never fail the compliance test. So why can't people be more organised and manage their antiviral medication more effectively? It would be very interesting to see how other positive people (both well/unwell, employed/unemployed) organise themselves and are fully compliant in their anti-viral drug management.

Maybe *Talkabout* could ask readers to write in and advise what methods of compliance they use and how they keep track of their medication so that they ensure they never ever run out.

Paul

halc

HIV/AIDS Legal Centre Incorporated

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10am to 6pm Mon to Fri

Positive Life NSW the voice of people with HIV since 1988

From February 18

- Positive Life NSW is the new name for People Living with HIV/AIDS (NSW)
- Our address, phone and fax numbers will remain the same
- Emails to PLWHA email addresses will be automatically redirected to Positive Life
- Look for the Positive Life NSW stall at Mardi Gras Fair Day (Sun. Feb 17)
- For further information, please call the Positive Life office on 9361 6011 or freecall 1800 245 677 or email: admin@positivelife.org.au



Mardi Gras survival guide '08

It's the equivalent of the Gay Christmas with just as many opportunities to overindulge! **Greg Page** looks at how you can best manage your enjoyment of "our" holy night in this year of Mardi Gras' 30th anniversary.

PRE-MARDI GRAS

Take these commandments as your own in the lead-up until the big night and you'll stand yourself in good stead...or at least still be standing afterwards!

Pump up the gym! You only have a few shorts weeks (and counting) now until MG-Day (Mardi Gras), so don't delay, start today! Why not make full use of that gym membership you let go at the end of last year? Try to be consistent, set yourself an attainable goal, and keep to your workout routine. You don't need to look like Arnold Schwarzenegger (or Colton Ford for that matter!), but your body will thank you for it. Others may as well too, which would be nice! Whether that means going for three hourly sessions a week at the gym, or pumping it up hardcore daily for two hours, find what works best for you and then stick to it!

Add a bit of colour! If you're a beach-goer, or sun-lover, then why not get busy on those tanlines, courtesy of some Vitamin D. That's the vitamin the body produces after being exposed to sunshine. Sciencenews.org reports that 10-15 minutes of sun helps the body absorb calcium, helps keep the right amount of calcium and phosphorus in the blood and also helps dissolve fat. So just by sitting in the sun you could not only be giving your body a boost, but also staying trim! It's a miracle, sunworshippers. Remember also the mantra of slip, slop, slap (and wear a hat) if you're in the sun in the middle of the day. If you're someone whose skin turns a lovely shade of crimson in the harsh sunlight, consider faking it. As one noted beautician remarked – the greatest invention of the 20th century was fake tan!

Make yourself pretty! There's noth-

ing like a good plucking (yes, that is the correct spelling) to make you feel good about getting into some party time shirtlifting. If you're finding you have more hair on your shoulders now than you do on your head, consider a waxing, if not a good plucking, or just a trimming of the fur. No one's insisting you go for the skinless chicken look, but a little hair care goes a long way.

Contrary to popular, often substance-enhanced, belief Mardi Gras is not just one big long party held at the beginning of March. Though there are those who treat it as such. There are also events like Fair Day, which is a good chance to not only meet'n'greet your peeps, but also walk the dog (and maybe even win a prize doing so). Make sure you pack sunscreen and an umbrella on the day, if the weather in past years is anything to go by.

MARDI GRAS PARADE

If you're in the parade, make sure you wear sensible shoes – it may not seem like that long a walk, but it certainly will afterwards!

If you're watching the parade, make sure you get in early for a good vantage point (down the Moore Park Rd end of Flinders Street is a better option than Oxford St). You can also organise seating through BGF Glamstand at Flinders St from Albion St through to Moore Park Rd. Tickets range from \$120-175 with all proceeds going to BGF. The org is also looking for volunteers for various roles at Glamstand. For more info visit www.bgf.org.au.

MARDI GRAS PARTY

For poz people, the Mardi Gras party (and associated parties at this time) are a chance to really be part of their community, to enjoy being in a space that is overwhelmingly gay friendly and, also, a time that gives plenty of opportunity to meet like-minded individuals.

The term "Mardi Gras romance" has been in the gay Sydney vocabulary for three decades now, after all! Remember though – there'll be plenty of international trade visiting for the season, but the key word here is "visiting". If you are going to get involved with someone, be prepared for a teary farewell at the airport at the very least. Thank God for the internet, cam and Skype you'll be saying as you weep into your keyboard for days, possibly weeks, afterwards. If this budding romance is going to turn into a real relationship, then get some professional advice. Go to the Gay & Lesbian Immigration Task Force site (www.glitf.org.au) to find out the current immigration requirements and status of your international affair.

Though many people like to use the Mardi Gras period as a chance to party hard, remember if your body is telling you to have a break, or that you've had enough, listen to it. And if you're on meds, make a plan in advance of how you're going to make sure that you don't skip a dosage, or interfere with your regime. Your health is just as important as being seen (and smothered by sweaty bodies) at the numerous events.

POST-MARDI GRAS

For many, the rest of March is, not surprisingly, a very low-key month after the excesses and indulgences of the Mardi Gras period. Take stock of your health. Visit your doctor to make sure you haven't picked up any unlovely bugs that might knock you about. Give yourself a bit of time off from the party scene and do other things instead – perhaps hiking in the bush, visiting family, or scrapbooking old issues of *Talkabout* as a keepsake. Just a thought. Do those little jobs and chores that you've been putting off and focus on other parts of your life that make you feel good. Why not volunteer to do some work that will do good for others and make you feel good about yourself? Remember – it's also about giving as well as receiving. That's especially true after you've given all you've got during the party season. Oh, and one more thing – Happy Mardi Gras!

MARDI GRAS 2008 IMPORTANT DATES

FEBRUARY

- 9 – Mardi Gras launch
- 16 – Pool Party
- 17 – Fair Day
- 24 – Harbour 2008 – Sol y Luna party

MARCH

- 1 Parade and party

For more information on this year's Mardi Gras events, go to www.mardigras.org.au

Remember volunteering to help out can be a great way to access the Mardi Gras Party

There will also be the usual ticket program to assist disadvantaged people with HIV attend the Mardi Gras party. Call Positive Life NSW on 9361 6011 for more information





IT'S MARDI GRAS AGAIN... a time to remember (so much)!

Garry Wotherspoon on Mardi Gras relationships

It's that time of the year again - Mardi Gras - when Sydney goes gay. Film festivals, theatre, Fair Day, the Parade, and parties galore, especially the big one at the end of the parade, all for us and our friends. It's a time when thousands of tourists, both from elsewhere in Australia and from overseas, suddenly appear. So it's our annual chance to meet new people, with lots of new faces and bodies in our sights. So much exotica, so much fresh meat! Holiday romances - and legs - might well be in the air. There are also the possibilities of relationships, whether they are just new friends, or 'husbands for the moment', for the night, or even - for those romantics among us - possibly long-term or long-distance.

They can all be fun, but they all bring their challenges. Mardi Gras can be a fraught time - as well as being a time of fun and opportunities, it brings its concerns, both for our health and for our ongoing relationships. Here are a few helpful hints for the intrepid adventurer:

Sex - and getting tongue-tied

Sex happens, so we should remember our safe sex practices - condoms, for any sort of intercourse; gloves and fingernails clipped short for fisting; and wash those hands as often as you change partners when into 'finger-bum' play. And condoms also have the benefit of helping prevent the transmission of STIs. Oral sex is thought to be low risk for HIV transmission, but not everyone is

happy giving a condom a blow-job, so bear in mind that there could be added STI risk there.

And then there's disclosure. At what point do we do it? We all know the law says we have to disclose at the point of first 'engagement', but sometimes we are 'tongue-tied - in whatever possible ways - at that time! So I'll leave it up to your informed discretion.

Ensure your flings don't become the 'end of the affair'

Longterm relationships and monogamy holidays

Mardi Gras often sees the start of a relationship - indeed, think of how many of our friends began their relationships at Mardi Gras. But what if you are already in a long-term relationship? Does Mardi Gras present any challenges here? If you have an open relationship, well, Mardi Gras is just another opportunity for increased activity.

Some couples I know, who are fairly monogamous, give themselves a 'monogamy holiday': can you sell the idea to your partner that outside adventures might spice up your relationship? All couples will have to work out for them-

selves what works for them. But critical here is communication and honesty, to ensure that your flings don't become 'the end of the affair'.

Friends - and new loves

But lovers aren't the only relationships we have: what about your friends? Mardi Gras can also lead to the end of some friendships, for a variety of reasons. So don't ignore your friends when the excitement of a Mardi Gras heightens your emotions: friends will be there when everyone else has gone home. And keep your interests - keep what makes you 'you'.

And heightened emotions, like a little bit of a 'love-drug', can effect our judgement in other ways. You wake up whatever morning it is, next to last night's 'Mr Right', and hear wedding bells? Or is it just a case of your heart following your dick out of your pants too quickly? Between orgasms, ask yourself, "is it up to the long-haul?" Just don't rush into it.

All of this might be especially hard during 'our' festival. So it can be a testing time for us, in so many ways. Certainly after an indulgent Mardi Gras, we need to test for STIs, if for nothing else than peace of mind.

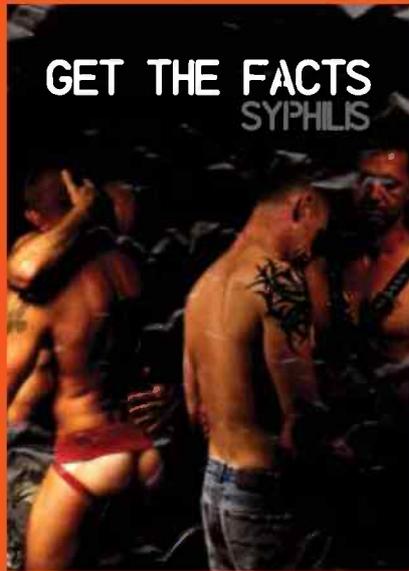
So just remember, when it all starts, as you're there on the dance floor, the music is pumping, and you see him, and brush past his shiny chest, and smell his delicious sweat, and you see he's looking at you, and it all begins...

Just remember...

Happy Mardi Gras...

Syphilis is on the rise

Positive Life NSW has produced a new booklet with all the facts you need



Where can I go for testing and treatment?
You can ask your GP or doctor for a blood test when you have your regular blood tests done.

If you'd like a copy of *Get the Facts* call 93616011 or email healthpromotion@positivelife.org.au

HIV & Hep C Positive?

We would like to include your experiences in our new fact sheet on dealing with HIV/Hepatitis coinfection.

If you are interested in coming along to a discussion group or confidential interview please call 9361 6011 or email: kathy@positivelife.org.au

You will be remunerated for your time.

PositiveLifeNSW
the voice of people with HIV since 1988



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Some simple guidelines

Confused about eating well?
The Albion Street Centre's dietitian team have suggestions on good nutrition and HIV

The link between nutrition and good health is well established. Good food can promote a sense of wellbeing in both body and mind. A good diet, when combined with exercise is the most powerful tool in optimising your health.

Food and eating have a much broader and integrated role in life than simply providing nutrition. We eat for a variety of reasons, including pleasure, religious significance, social interaction, to celebrate, for comfort and to nurture.

It is easy to become confused about eating well, especially when coupled with HIV management. Confusion is fuelled by the media promoting fad diets, the proliferation of highly processed, palatable convenience foods that are aggressively marketed by the food industry and the abundance of information available on the internet of varying quality.

The following information aims to provide simple guidelines on eating well with HIV.

How does HIV affect nutrition?

People Living with HIV (PLHIV) have generally the same dietary requirements as the generally population.

There is evidence that the virus increases energy requirements slightly (around 10%) and up to 20% higher in advanced disease and may increase the requirement for vitamins and minerals due to decreased or absorption/ utilisation of nutrients. More research is required in this area before scientific recommendations can be made.

How do antiretroviral (ARV) drugs affect nutrition?

ARVs improve nutritional status by keeping the immune system strong and the body functioning efficiently, so food

can be digested and utilised efficiently.

However, there can be side effects that affect nutrition such as gut problems (diarrhoea, nausea, vomiting) and metabolic disorders such as dyslipidaemia (abnormal levels of fat on the blood) and lipodystrophy (a derangement of bodily fat distribution). It is recommended to seek advice when side effects are persistent and have an impact on dietary intake.

What does good nutrition mean?

Good nutrition means eating a variety of foods to meet the body's requirements for both the big nutrients (carbohydrate, protein and fat) and the little nutrients (vitamins and minerals). It also encompasses eating the right amount of energy to maintain a healthy weight. Guidelines for good nutrition are outlined below.

Eat foods from each of the core food groups

The core food groups are:

Bread, cereals, rice, pasta, noodles

Vegetables

Fruit

Milk, yoghurt, cheese

Lean meat, fish, poultry, eggs, legumes (beans) and nuts.

The core foods are the building blocks of a good diet. They should make up the majority of what you eat.

Eat a variety of foods within each group

Simply speaking, eating a variety of foods will ensure that a wide variety of nutrients are consumed. The nutrients in foods are different, and by eating a variety of foods the risk of being deficient in any nutrient is decreased. Nutritional science is a relatively new area and there is so much to be discovered about the way food chemicals and nutrients interact with each other.

What is known is that the good stuff cannot be taken in a multivitamin! Therefore it is more important to focus on eating a variety of nutritious foods than taking a handful of vitamin and mineral supplements each day. A dietitian will be able to advise you on vitamin and mineral supplementation.

So mix it up: eat different coloured vegies, different lean meats, and different cereals. Variety helps keep food interesting!

Skipping meals can lead to overeating later in the day

Eat regularly

Eating three times per day (at least) will help maintain energy levels. Eating patterns can be very individual and what works for one person may not for you. However, it is recommended to eat at least three times per day, and this includes something in the morning or within a few hours of getting up. It really

is the most important meal of the day!

Many PLHIV experience a lack of appetite, especially in the morning. The benefits of breakfast can be obtained by eating something small- like a piece of fruit, yoghurt or a glass of milk.

Skipping meals can lead to overeating later in the day, which will contribute to weight gain. Skipping meals can lead to lack of appetite, fatigue, weight loss and inadequate nutrition. If compensated with overeating later in the day, it may contribute to weight gain and obesity.

Keep a close eye on cholesterol

High cholesterol is a common side effect of ARVs, especially protease inhibitors (PI). It is important to manage high cholesterol to reduce risk of heart disease.

How can I reduce my cholesterol?

Eat less saturated fat.

This is the harmful fat that is found mainly in animal products such as processed meat, visible fat on meat and chicken, full fat dairy and butter (and anything that contains butter such as cake, biscuits, pastries, sauces). Take-away and convenience foods tend to be high in saturated fat as it is cheap and it makes food taste good. Reducing harmful fats is the most effective dietary intervention to reduce cholesterol.

Eat more fibre

Fibre helps reduce cholesterol re-absorption in the gut. Australians generally do not eat enough fibre, as we are not eating enough fruit, veg or wholegrain foods. If you know you are not eating enough high fibre foods, a fibre supplement daily such as Metamucil or Benefibre will bump up your intake.

Plant sterols

Plant sterols inhibit cholesterol reabsorption in the gut, and can be useful in reducing cholesterol. They are found naturally in low levels in plants foods, nuts and seeds. Foods can be fortified with plant sterols, such as margarine. If you do chose to use fortified margarines, be aware that to have a cholesterol lowering effect, around 3 g of plant sterols are required each day. This is equal to 6 tsp of margarine. This may not be

appropriate for people following a low fat diet (check with a dietitian or specialist).

A healthy weight

The prevalence of being overweight or obese is increasing in PLHIV, as it is in the general Australian population. If you are overweight, even a small reduction in weight can have significant health benefits in terms of reducing risk of heart disease and improving quality of life. In reality there is no better way to lose weight (and maintain it) than through regular exercise and a healthy diet. For individual advice, see a dietitian.

Even a small reduction in weight can have significant health benefits

Oral health

The mouth is often neglected in terms of health. Problems in the mouth such as gum disease or tooth cavities can have serious effects on the type and amount of food that can be eaten. It is recommended you brush twice a day and visit a dentist every six months for a check up. If financial concerns are keeping you away from the dentist, there are new arrangements for financial support through Medicare for PLHIV. Ask your doctor.

The Albion Street Centre Nutrition Development Division provides nutritional care and education to people living with HIV and/or HCV. Nutrition assessments are free.

If you are interested in learning more about nutrition, symptom management, finding out your body composition or you have concerns about your weight; make an appointment to see a dietitian.

Megan, Louise, Lia and Simon

Phone: 02 93329600

*Albion St Centre
150-154 Albion St
Surry Hills*

Good nutrition at an affordable price: Food distribution network

The Food Distribution Network is a not for profit organisation which delivers fresh and inexpensive fruit and veggies to people living with HIV/AIDS in the Inner West of Sydney. Who need practical assistance to meet daily nutritional needs. We also deliver to PLWHA who reside in the City of Sydney who need assistance to continue living independently at home.

Please call the FDN office on 9699 1614 to arrange an assessment to see if you are eligible, or make an enquiry (you can also email enquiries@fdn.org.au). A limited number of places are available.



HIV+ HETEROSEXUALS

Welcome, Positive Heterosexuals

The first Poz Het event in 2008

is on Friday February 22nd

Location: Tree of Hope

Topic: The Coordinator from the Sanctuary will tell us about their new plans for 2008

The Shed

is on Friday 29 February 29th

Location: Liverpool Hospital

Topic: The impact of oral health on our nutrition

For more information or to book your seat call 1800 812 404 or email:

Jose.ascencio@email.cs.nsw.gov.au

SYDNEY SOUTH WEST
AREA HEALTH SERVICE
NSW HEALTH

The Sanctuary

HIV CARE IN YOUR LOCAL COMMUNITY

We provide groups and skill development activities with a support and empowerment focus, for those living with and affected by HIV/AIDS. If we don't (or can't) provide it, we can always point you in the right direction. Please call Coordinator 9519 6142 as bookings are essential

- INFORMATION/EDUCATIONAL FORUMS
- ACCESS TO SERVICES (PHYSIO/OT/SW/DIETICIAN/SEXUAL HEALTH)
- COMPLIMENTARY THERAPY CLINICS
- PROGRAMME OF SOCIAL ACTIVITIES (PEER LED IN 2008)
- ADVICE AND SUPPORT AROUND YOUR HEALTH

SYDNEY SOUTH WEST
AREA HEALTH SERVICE
NSW HEALTH



Disclosure to children

We would like to talk to parents (where one or both partners are HIV positive) on how you manage disclosure to children. We plan to include your experiences in our new fact sheet on this topic.

If you are interested in a confidential interview call 9361 6011 or email glennf@positivelife.org.au

You will be remunerated for your time.

PositiveLifeNSW
The voice of people with HIV since 1988

Get it straight: HIV and heterosexuals

A fact sheet for health professionals

Who are HIV-positive straight people?

Heterosexuals living with HIV are a very diverse group of people. They include men and women, partners and families. They come from a wide range of socioeconomic, cultural and linguistic backgrounds. They are married and single, old and young. About one in five people with HIV in New South Wales identifies as heterosexual.¹

What's important to know about this client group?

Research shows that heterosexuals living with HIV tend to have little contact with other HIV-positive people, peer support or HIV services. Barriers to accessing services and support include lack of information, social isolation, geographical dispersal, cultural background, language difficulties, concerns about stigma and stereotyping, and a profound need for privacy and confidentiality.² As a result, many HIV-positive heterosexuals and their families do not have easy access to information, skills and resources that are useful for managing their health, the risk of transmission, disclosure and relationships. Referring these clients to appropriate and specialised services is therefore of utmost importance to promoting a healthy life with HIV.

How do I interact with this client group?

There are many issues this client group may need help with: meeting others, advice about treatments, finding a doctor, safe sex, safe injecting drug use, building relationships, disclosing HIV to a new partner, complementary medicine, benefits, legal assistance and housing—in fact, almost anything related to living with HIV.

It is important to consider not only *what* information is given, but also *how* it is given. Try not to make assumptions about your clients' sexual orientation, sexual practices or drug use. And avoid 'curiosity' questions about how they contracted HIV. These assumptions and questions can cause discomfort for these clients and make them unwilling to approach services.

What does my client need to know now?

- Where to go for blood tests and medical care
- Where to go for HIV testing (partners)
- Who to ring for support and information
- Where to find cultural and language-specific support
- Where to get information on safe sex and HIV transmission
- Where to get information on post-exposure prophylaxis (PEP)
- Who to ring to get advice about treatments
- Where to find a counsellor or social worker.

What resources can I give my client now?

- Pozhet phone number and website address (see overleaf)
- Multicultural service phone number and website address (see overleaf)
- *Changing lives*
- *A–Z of sexual health*
- *PEP brochure*
- *Getting it right*
- *Living a positive life* (in English with instructions on how to access it in other languages)
- Multicultural brochures (you can print out the web version in your client's language before they leave your clinic): www.multiculturalhivhepc.net.au

Make sure you have these resources in stock. They are available from the Heterosexual HIV/AIDS Service (Pozhet) and from the Multicultural HIV/AIDS and Hepatitis C Service.

Where can I access HIV information and support?

If you wish to remain involved in the management of your client's health, you can access support and information from the Australasian Society for HIV Medicine. See www.ashm.org.au

Information for clients

Finding the nearest doctor

NSW HIV/AIDS information line

To find an HIV doctor, clinic, counsellor or social worker close to where you live.

Ph: (02) 9332 9700 Freecall: 1800 451 600

TTY: (02) 9332 4268

Sexual health clinics

To find your nearest clinic, or see a doctor, nurse or social worker, look under 'S' in the White Pages or go to www.racp.edu.au/public/SH_register2006.pdf

Aboriginal community controlled health services

To see a doctor or Aboriginal health worker at your nearest Aboriginal community controlled health service, look under 'A' in the White Pages or go to www.ahmrc.org.au/mapofmemberregions.htm

Finding emotional and practical support

Heterosexual HIV/AIDS Service (Pozhet)

Pozhet is a statewide program supporting men and women living heterosexually with HIV/AIDS, their partners and family members.

Freecall: 1800 812 404 Website: www.pozhet.org.au

Multicultural HIV/AIDS and Hepatitis C Service

To contact bilingual/bicultural co-workers who assist people from non-English-speaking backgrounds.

Freecall: 1800 108 098

Website: www.multiculturalhivhepc.net.au

Western Suburbs Haven

For social support, cheap groceries, lunch, workshops, internet access and respite care in Sydney's Greater West, and to find out about events for heterosexuals living with HIV.

Ph: (02) 9672 3600

Website: www.westernsuburbshaven.org.au

NSW Users and AIDS Association (NUUA)

To access services for past and current injecting drug users.
Freecall: 1800 644 413

Aboriginal sexual health workers

Aboriginal sexual health workers are based in both the public and Aboriginal community controlled health sectors within all areas of New South Wales.

Go to www.health.nsw.gov.au/sexualhealth/getting_tested.html#shw

ACON (formerly the AIDS Council of NSW)

For counselling, family support, treatments advice, vitamins and referrals, contact your local ACON branch.

Ph: (02) 9206 2000 Freecall: 1800 063 060

Website: www.acon.org.au

Finding support for families and children

KWAIDS (Kids with AIDS)

Camp Goodtime is a national camp for families living with HIV. Contact the Paediatric HIV Social Worker at Sydney Children's Hospital.

Freecall: 1800 689 188 Website: www.aidstrust.com.au

Family Planning NSW

To get help with all your sexual and reproductive health needs.

Ph: (02) 8752 4300 Website: www.fpahealth.org.au

FPA Healthline

To have your questions about sexual and reproductive health answered.

Ph: 1300 658 886

Men's Line Australia

Provides help and telephone counselling for men with family and relationship problems.

Ph: 1300 789 978 Website: www.menslineaus.org.au

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- 2 Persson, A., Barton, D., & Richards, W. (2006). *Men and women living heterosexually with HIV: The Straightpoz study, Volume 1* (Monograph 2/2006). Sydney: National Centre in HIV Social Research, The University of New South Wales. Available at <http://nchsr.arts.unsw.edu.au/pdf%20reports/Straightpoz.pdf>
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This fact sheet was developed by the National Centre in HIV Social Research, University of New South Wales, in collaboration with the Heterosexual HIV/AIDS Service and the Multicultural HIV/AIDS & Hepatitis C Service, and funded by NSW Health.

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GETTING ON WITH IT AGAIN

"It's a balancing act between enjoying the moment, looking to the future, and changing what can be changed." John

Living longer with HIV

It is about learning from our experiences, setting our direction and giving it a go

Positive Life NSW has produced **GETTING ON WITH IT AGAIN** to acknowledge the challenges faced by people living longer with HIV and their resilience in meeting those challenges. This booklet is based on stories and interviews and shares some strategies for change and enhancing quality of life. Sharing our experiences can give other people ideas about how to deal with the challenges and issues that we encounter.

For many people, **GETTING ON WITH IT AGAIN** meant developing strong values and beliefs that stood steady against the challenges of living longer with HIV. Here, the 'again' has a few connotations. It is about learning from our experiences, setting our direction and giving it a go.

Most of the images in this booklet come from our campaign development weekend. Like the stories these images also raise awareness about living longer with HIV.

This booklet may also be used in peer support workshops or by health-care workers. We are currently writing a workshop guide to accompany it.

Contents include:

- Where we have come from (our history) - grief and lost expectations
- Roy L - Memories
- Michael - Stories of resilience and success
- Bernard - Balancing work, stress and quality of life
- Shaz – Doing it my way
- Elaine - Make friends with your hitchhiker
- Steps to change
- Think about the skills you have
- Developing new interests
- An everyday life is just as important
- Healthy and older
- Getting help –looking at other parts of your health.
- Relationships, intimacy and disclosure
- James- Sex, relationships and me
- Being involved and helping others
- Talk –peer support
- Tim- Facing forward, here I stand
- Starting a new chapter –summary of strategies
- Thinking about change-some ideas
- More information and support

We have published two chapters in *Talkabout* to give you an idea of what the booklet covers. They are 'Where we have come from (our history)' and 'Think about the skills you have'.

Kathy Triffitt

If you would like copies of **GETTING ON WITH IT AGAIN** call Positive Life NSW on 02 9361 6011/ 1800 245 677 or visit www.positivelife.org.au

Where we have come from (our history)

We experienced great loss and grief, but we also had some moments that were extraordinary.

We faced mortality at a younger age than most people, and this changed us. Many of us lost entire circles of friends, but the fact that we were all going through this together gave us strength.

Robert and Ross remember:

Robert: For a lot of us, who spent time with a friend at Seventeen South around the bed of someone who's dying, it was an incredibly sacred and precious experience. We experienced great loss and grief, but we also had some moments that were extraordinary, where everything superficial disappears and you have an ambience of truth.

Ross: It's only over the last eighteen months that I've been talking about grief and loss. I don't think I've ever really moved on from it because it was a huge part of my life. People were wrenched out of our lives at a very young age. I was only in my thirties when all that happened.

Our grief is also about lost expectations

Grief and loss is not only about losing a partner or friend. We also lost opportunities and expectations. Some people made decisions, which they would not have made had they known they were going to live longer.

Nigel: I got to my late fifties and felt that HIV took away some of the best years of my life. We didn't live our lives in the ways that we would have lived them and made the decisions that we would have done, had we known we were going to live for fifteen years rather than two. Between the ages of forty-two and sixty should have been the time when I was getting the best out of my life. I feel sometimes that's been stolen from me.

Many of us got stuck in limbo and struggled to rebuild our lives.

Michael: I'm only just starting to clamber out of that scene. I was pensioned off in 1995 so it's taken a decade to start being a "normal", "average" citizen again. People still struggle with welfare dependence. We have missed the crux of rebuilding people's lives. That's what got lost and a lot of people are stuck in limbo. They're stuck because they've got financial constraints. They're stuck because their financial constraints bring a smaller world to them, and they're most probably mixing in a smaller crowd that's experiencing the same things.

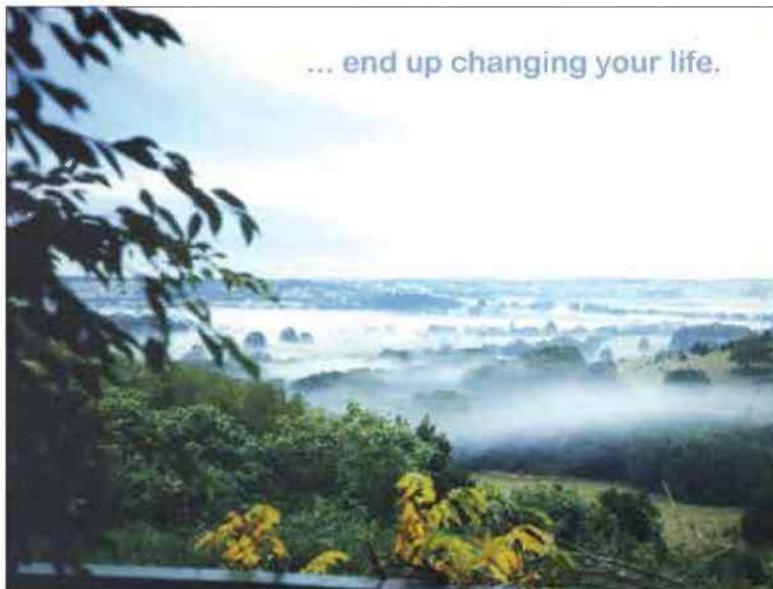
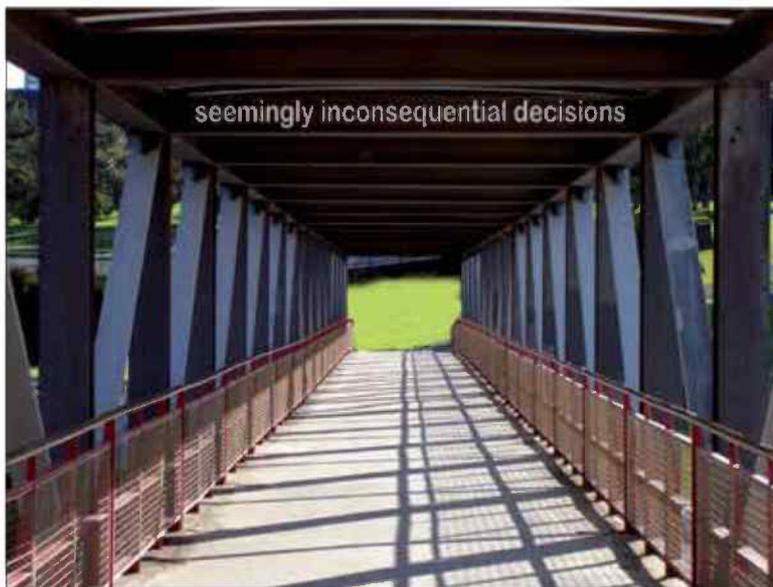
Breaking the cycle might be easier if we talk to someone.

We've been through a lot, and the barriers to change can seem so great that it can feel impossible. Talking about your hopes can be a first step, and sometimes it helps to talk to someone apart from your partner, family, or friends. Being able to bounce ideas and thoughts off someone who's been through the same situation can help you improve how you feel about yourself and open up new options and choices in your life.

Thinking about change can be exciting, and daunting. The stories in this booklet give us some insight into how people have made changes in their lives. Some of these insights may be challenging for people less used to thinking about life in these ways. So don't feel you've missed something if you aren't getting it straight away.

There can be a lot to digest in one sitting. You might consider reading other sections at a time when they seem more relevant.

Change happens when you are ready.



It's funny how seemingly inconsequential decisions end up changing your life.
Martin

Think about the skills you have

Look at what skills you already have and what skills you would like to have.

John was quite excited that he was in a position to mould his own vocational and working life at the age of forty.

John: The transition from expecting death to expecting life was not a problem for me. And as the medication worked its magic I started thinking about what I would do with the rest of my life; what skills I had. So, I used the experience I had with working in the public service to my advantage and set up a consultancy business.

Because of my diagnosis, I didn't achieve what most people do, for example, I didn't get a driver's licence until I was forty years old. When I was twenty-two I was too afraid to get one in case I had an accident and there was blood, and I had to tell somebody that I was HIV positive. At the age of forty I did go out and have lessons to learn to drive. I now have a car and I couldn't exist without it.

Don't focus on limits – focus on what you can do.

Consider all your options and what is important in terms of work and quality of life.



Many Leaps Forward, and a Short Hop Back

Tim Alderman

There is a saying that the more things change, the more they stay the same. Some of my ongoing experiences relating to HIV are very much this way.

My battles with HIV and AIDS are well and truly in the past now, thought of and discussed only when giving Positive Speakers' Bureau talks. My life has progressed happily forward, and like Matthew in *Talkabout* #154, HIV is an insignificant thing these days, and after 26 years of living with it, I should think so. I have done university and TAFE, settled into a relationship and started my own business. The long term goal now is, with the business growing exponentially, I hope to be off the Disability Support Pension in another two years.

However despite all this, there are still those irksome little things around to remind me occasionally I am HIV positive. Now don't get me wrong – I am not in denial about being HIV positive, nor am I trying to escape this fact. I wouldn't insult myself or other people in the same boat by doing that. When you set yourself down a particular path, there are times when you just don't want to have to look back over your shoulder to see where you have been.

In Mid-1996 I was living in Penkevil St at Bondi. I lived there just prior to, and just after, my hospital stay with AIDS,

and I wasn't a very well boy. I weighed around 50kg and had very little energy to get around, but insisted on getting out of the unit and up to the Bondi Road shops just to get some fresh air. I guess I never really thought about how I must look to other people, this literal walking skeleton.

You just don't want to have to look back over your shoulder to see where you have been

Like most people with wasting disease I was so used to seeing it that I was in denial enough to think that it wasn't obvious...at least not to me. After getting out of Prince Henry Hospital, and starting to get my health back together again, I was placed on a short course of Deca-Durabalin (a steroid) and my weight eventually returned to normal (though not before I went through a

rather funny teddy-bear period where my weight ballooned to the high 80kg before dropping back to the low 70kg).

In the course of my fresh air walks, I used to amble past the French Patisserie in Bondi Road, sometimes several times a day, occasionally venturing in for a treat. Several years later, and by then living in Ocean St, I was wondering up to Bondi Junction one day and passed this old woman and her helper. I had just passed them when the helper turned around and asked me if I had been the very thin, sick boy who used to pass the patisserie on his way to and from home. It turns out she was one of the shop assistants in the patisserie, and said that she used to watch me crossing Bondi Road, wondering how I managed to get around. She was absolutely amazed that I had survived, and that I looked so well. I just said that yes, I had been very sick, and I was surprised myself that I was still alive, but I was a very self-determined and very stubborn person, and I felt that had a lot to do with me surviving that period.

Then she asked me the inevitable question – what had been wrong with me? It then crossed my mind that despite all the years that HIV had been around, the press it had received, the attempts to remove the discrimination that the name caused, I was not able to

say to her “Oh, it was just an HIV thing” or “Oh, I had AIDS”. I felt I had to be so guarded about what I said next, so I told her that I had just had a viral infection which had gone to my brain and caused me to lose weight and had affected my sight. At least this was a half-truth. But it made me so aware of my HIV status, and that I lived with a disease that was not, and possibly never will be, socially acceptable.

If I had cancer or MS or Parkinson’s or a myriad of other diseases I could just say that, and the only reaction would be sympathy. However, HIV raises a whole lot of other issues in people’s minds – gay, drugs, sexual infection etc. It is not a sympathetic illness to someone on the street. That encounter happened about six years ago, and I know that for many HIV positive people nothing has changed. The discrimination is still there. They still feel that they are treated as outsiders. It doesn’t matter how hard you try, it is pretty well impossible to weave HIV into any mainstream conversation.

My second issue with being HIV positive is internalized discrimination. And don’t try to tell me this doesn’t happen! As a result of both AIDS and long term drug treatments I am both visually impaired (blind in one eye, with a crimp in the retina of my good eye as a result of CMV retinitis), and have peripheral neuropathy in my feet. Admittedly the neuropathy has partially resolved itself over the years, due mainly to treatment dosing changes, but it still affects the way I walk. I have a slight stagger, and a tendency to drift slightly across sidewalks. I can’t wear thongs or slides, as I can’t feel them properly and tend to walk out of them – which is a bit embarrassing.

In the course of my everyday life, these two things aren’t really an issue. After 11 years of being partially blind, I have learnt to live with it, and I get along pretty well. I have to have sub-titles on the TV read out to me (my poor partner, especially if it is a full sub-titled movie I want to watch), small print in papers has to be read to me, and I avoid crowds at all costs, especially Sydney during the lunch hours. Trying to watch where everyone else is going, as well as trying to

see where I’m going, is an art I’ve never quite developed. And I hate people who keep pace with me at my left rear, never quite coming into sight. It is like being shadowed, and never knowing who it is that is shadowing you. I’m used to the accidents like tripping over bulges in the footpaths because I can’t see them, stumbling for no reason, running into things that are just out of vision. I don’t apologise to people I run into anymore – it is more often than not their fault for not watching where THEY are going.

As for nights, well I am totally night-blind, and don’t go out anywhere on my own after sundown. You have no idea what a death-trap our local footpaths can be at night. I wrote several articles on the problems of invisible disabilities when I was Office-Bearer for the

It is hard for people to understand you have a disability because they can’t see it

Special Needs Collective at UTS. One of the most difficult things about having partial blindness, and still being able to get around is that it is hard for people to understand you have a disability because they can’t see it. We only associate disabilities with things like crutches, walking sticks, walking frames, wheel chairs etc. I stopped getting my Disability Parking Permit (David, my partner, has to drive me around) because (A) the RTA doesn’t count my type of blindness as true blindness and (B) I got sick of people giving me a dirty look and asking what sort of disability I had. I used to tell them to mind their own bloody business.

So, this is bad enough, despite my ability to come to terms with my disability. However, the neuropathy has caused me

a whole new lot of problems, and these relate directly to discrimination. Over the last six to seven years I have had incredible problems with our gay hotels in regards to my gait. I have been questioned about how sober I am, though not forbidden entry after explanations at The Oxford Hotel. I have been denied entry to The Colombian due to tripping over a small rise at the bottom of their outside stairs that I hadn’t even seen; and have had problems getting into The Imperial on two occasions, and being banned from entry on a third occasion when, out of pure frustration I had a barny with the manager outside.

I was with a group of friends, and as I said I lurch a bit when I walk and he picked me out deliberately as we came down the street from Newtown. Not even my explanation that I had nerve problems in my feet from HIV made an iota of difference. I was not only angry, I was offended that our gay venues have people on their doors, and working for them, that have absolutely no understanding of HIV (yes, we are talking gay here) or of the long term problems associated with it. I was going to take the issue further as far as The Imperial went, but hey...I really don’t like the pub anyway. Needless to say, I have had no problems at The Newtown, or at The Bank. I believe I am not the only one this has happened to.

And as far as medical treatment goes – I really wish my doctor – as much as I love him – would treat me as a patient, and not as someone with HIV. As I get older the things that are happening to me are more related to age than HIV (I haven’t had a serious HIV problem for many years), and I wish he would prescribe for me as he does for his other patients, instead of seeing everything as something that is HIV related, and requires me to sit for hours in our public hospitals to see a HIV specialist in whatever area, who then tells me it is just a normal thing to have happen, and prescribes a perfectly normal drug to clear it up.

Now these things remind me that I am HIV positive. It doesn’t matter how normal I try to make my life, they are always going to be there to bug me.



Something to smile about

Lance Feeney on dental care in NSW for people with HIV

For people with HIV, access to good affordable dental care is vital to our health and wellbeing. Ninety percent of us will get at least one oral health condition linked to HIV. These conditions can affect our comfort, appearance, self-esteem, diet and speech. They can also make other conditions more serious. It can be easy to forget – until something goes wrong – how important our teeth and mouth are in daily life. Keeping on top of oral health is not only an important part of staying healthy, it is also fundamental to how we project ourselves, communicate, are viewed by others and view ourselves.

Knowing where to get dental care can be confusing. If you are in pain and need urgent treatment, the last thing you want is to be chasing around trying to locate a dentist who knows about HIV and will see you. By understanding the types of programs that are available for people with HIV – and which one is best suited to your circumstances – you will be in a better position to access emergency treatment as well as finding a dentist you know and trust, for ongoing care.

Dental care for people with HIV in NSW

Currently there are four different ways you can get dental care – depending upon your circumstances (where you live, if you have a Concession Card or not, and if you can afford to pay for private dentistry)

The 2.3 Program provides a public dentistry funding enhancement designed

to give people with HIV better access to appropriate dental services. The Program operates at two sites in the Sydney metro area and in the North Coast Area Health Service. You will need to be a concession card holder to be eligible.

Access to public dentistry services is available for all concession cardholders in NSW, usually via non-specialist Community Oral Health Clinics.

You may also be eligible for Medicare rebated dental treatment from private dentists through a Commonwealth funding program. This generous scheme may present the best opportunity for people with HIV to access appropriate dental care, particularly those with serious or pressing dental issues. The scheme is likely to be replaced by a new Commonwealth Dental Health Program which will be announced in the May 2008 Federal Budget. The access details and eligibility criteria are covered later in the article.

1. The 2.3 Program is for people on a concession card - who live in Sydney or the Northern Rivers

If you have HIV and a current Health Care Card or Pensioner Concession Card, you can access free dental treatment and specialist dental care through the 2.3 program.

The 2.3 program is available at Sydney Dental Hospital, St Vincent's Hospital Dental Department and in the Northern Rivers area.

Sydney Dental Hospital provides a complete range of treatment and care includ-

ing specialist treatment, although waiting times for an appointment can be lengthy. St. Vincent's Hospital Dental Department provides a more basic range of treatment and doesn't include specialist or reconstructive dentistry. Getting an appointment is usually easier. When calling to make an appointment at either location, be sure to tell reception staff that you want to be treated under the 2.3 Program.

The types of treatment offered and contact details for each service are as follows:

Sydney Dental Hospital - 2 Chalmers Street, Surry Hills (near Central Railway Station). The Community Oral Health Clinic provides general oral health care under the 'Program 2.3'. This is where all new patients are assessed. You will be prioritized according to the severity of your condition. Waiting times range from 24 hours for life threatening, acute and trauma conditions, to four weeks for less serious conditions. There are usually waiting lists for both assessment and specialist treatment. Sydney Dental Hospital receives referrals for specialist care from across NSW.

For an appointment phone the Sydney Dental Hospital Business Support Manager on (02) 9293 3245 between 8.30am and 4.00pm Monday to Friday.

To protect your confidentiality your records will not state that you are a 'Program 2.3' patient, but simply a 'Special Program' patient, which includes other special assessment programs.

St. Vincent's Hospital Dental Department - Victoria Street, Darlinghurst.

The Dental Department works closely with the hospital's HIV Medicine Unit, community and hospital-based HIV GPs, and Specialists to provide general dental treatment and management of most oral problems arising from HIV infection. It provides assessment, cleaning, fillings and extractions but not specialist or reconstructive dentistry (e.g. root-canal and crowns). If you need specialist care you will be referred to the Sydney Dental Hospital.

For appointments call: (02) 8382 3129. If you are in pain or experiencing swelling, you should generally expect to be seen the same day.

North Coast Area Health Service (from Grafton to Tweed Heads)

For information about non-urgent care, contact the 'Program 2.3' Dental Manager on (02) 6620 2617.

To be eligible for this program you need to be HIV positive, be on a low income, and have been resident in the area for at least six months.

Application forms are available from Clinic 145, SHAIDS: (02) 66 2029 80 and from the ACON office Lismore: (02) 6622 1555

If you are experiencing acute (urgent) dental pain, but have not yet talked to your GP about registering for the 'Dental Program 2.3', the North Coast Area Health Service provides emergency dental treatment. Contact your local Community Health Dental Clinic, which is listed in the telephone book. Outside working hours, contact the Accident and Emergency Department of your local hospital.

2. Access to public dentistry other than Sydney and Northern Rivers areas

If you're a concession card holder and/or a pensioner, dental treatment is available from Community Oral Health Clinics in your local area and will cover most dental care including preventative work, restorations, extractions and minor surgery. Talk with the HIV and Related Programs (HARP) team in your Area Health Service. The number for the Area Health Service will be listed in the telephone directory for your area.

3. Medicare rebated dental treatment from private dentists - for people with chronic and complex conditions (including HIV).

Enhanced Primary Care (EPC) Dental Program.

You may have heard about a new Medicare dental program that will pay or help pay for dental treatment. The treatment is provided by private dentists. A number of people with HIV have been referred by their GP and are currently receiving treatment.

The Rudd government plans to scrap this scheme and replace it with a Commonwealth Dental Health Program. The details are not yet available although the new program will be announced in the 2008 Budget in May. It is unlikely that the current dental arrangements will be withdrawn before May 2008. While there are no details on the transitional arrangements, it is likely that people who are already on a EPC dental treatment plan - when the EPC dental arrangements are withdrawn - will be 'grandfathered' and retain some access to the program.

For some people with HIV, particularly those with serious or urgent dental issues, it is important to discuss with your GP (as soon as possible) arrangements for accessing the EPC dental program, before they are withdrawn.

EPC Dental Program - Detail:

From 1 November 2007, people with chronic and complex conditions have been eligible for up to \$4,250 of Medicare rebated dental services over a period of two calendar years. The new scheme replaces the three rebated dental services per year that were available through the Enhanced Primary Care (EPC) scheme. That scheme finished on 31 December 2007 and has been replaced by the new rebated items.

The scheme involves paperwork, forward planning, and is limited by the level of Medicare rebate. Unless the dentist bulk bills (and some don't), you will have to pay the gap between the up-front cost of treatment and the amount reimbursed by Medicare. If you think you qualify and could benefit from this generous scheme, talk with your GP.

You are eligible if you have a chronic medical condition (HIV) and complex care

needs (i.e. receiving care from your GP and two other health care providers). Also, your oral health must be affecting or likely to affect your general health.

For most people, access to the program involves your GP preparing a 'GP Management Plan' and 'Team Care Arrangements' during a consultation. Talk with your GP about your eligibility for these plans. Your GP must complete the plans and bill you before you have your first dental treatment. You can call Medicare on 132 011 to check if the necessary paperwork has been recorded.

Most dental services will be covered including:

- Dental assessments
- Preventative services
- Extractions
- Fillings
- Restorative dental services such as crowns, bridges and implants
- Dentures
- Orthodontic services

However, Medicare rebates will not be paid for dental services that are purely cosmetic and Medicare rebates cannot be claimed for dental treatment provided by public dental clinics.

Most private dentists, dental specialists, and dental prosthetists (people who make and fit dentures and bridges) are eligible to provide services, but some may choose not to treat under Medicare. Your GP will have information about which dentists are registered with Medicare and are willing to take referrals and bulk-bill. You could also check with dentists in your local area and ask if they are registered with Medicare and bulk-bill.

So, how does the program work?

If you have a 'GP Management Plan' and 'Team Care Arrangements' plan in place, your GP can refer you to a private dentist (who is registered with Medicare) for assessment and treatment.

The referral will last for two consecutive calendar years from your first dental treatment (e.g. if the first dental service is provided on 15 November 2007, your referral will be valid to 31 December 2008). If you need further treatment after this date you need a new referral from your GP. The dentist can also refer you to other dentists and specialists for treatment.

Will I have to pay for the dental services?

Dentists can either bulk bill or set their own fees for services.

The dentist will provide you with a written quote before you start treatment. They may agree to bulk-bill, but they may not. I have received information that at least one dentist in the inner Sydney metro area is bulk-billing most types of treatment and others may follow.

If you are not bulk-billed, you will be required to pay up-front and then claim a rebate from Medicare. You can also get an invoice from the dentist for the unpaid account and get a cheque from Medicare to pay the dentist. You will then need to pay the additional amount not covered by Medicare.

The gap not covered by the Medicare rebate will vary depending on the type of treatment, the fee charged by your dentist and the amount of Medicare rebate for that specific treatment. Remember, if the dentist doesn't bulk bill, you will have to pay the full cost up-front, then claim the rebate from Medicare

What is the Extended Medicare Safety Net?

The Extended Medicare Safety Net (EMSN) aims to minimise your out-of-pocket costs. The EMSN covers Medicare services provided outside a hospital (e.g. GP, specialists, allied health, dental, X-ray and pathology services).

Costs for these services count towards your annual Medicare Safety Net threshold. The 2008 threshold is:

- \$519.50 for concession card holders and eligible families
- \$1,039 for all other individuals and families

These amounts are renewed on 1 January each year and are valid till 31st December in that year.

Once you reach your threshold, the Government meets 80% of the out-of-pocket costs for services provided in the remainder of that calendar year until 31st December.

Once you've received a maximum of \$4,250 for dental services in two calendar years, no further benefits are payable during that period, including EMSN benefits.

How will you know when you are close to the EMSN limit? Call Medicare Australia

Patient Enquiry Line on 132 011 to check the amount of Medicare benefits you have received over the two year period.

If you have private health insurance which covers dental services, you will need to choose either your private health insurance or Medicare. You cannot use your private health cover to 'top up' Medicare benefits.

If you need more information, talk with your HIV doctor, go to the Department of Health and Ageing's website at www.health.gov.au/epc or call the Medicare Australia Patient Enquiry Line on 132 011

4/. Private Dental Treatment

If you can afford to pay dental costs and/or are not eligible for the publicly funded systems, private dentists are able to provide most dental needs for people with HIV. If they have specific concerns they can consult or refer you to a specialist HIV dental service in Sydney or Northern Rivers.

If you don't already have a dentist you trust and feel comfortable with, you could talk

with your doctor, other people with HIV, or the *HIV Health Maintenance Team* at ACON (02 9206 2000. acon@acon.org.au).

Before you choose a dentist, you can ask to visit the surgery, get a feel for the atmosphere and talk with them about their experience of treating people with HIV.

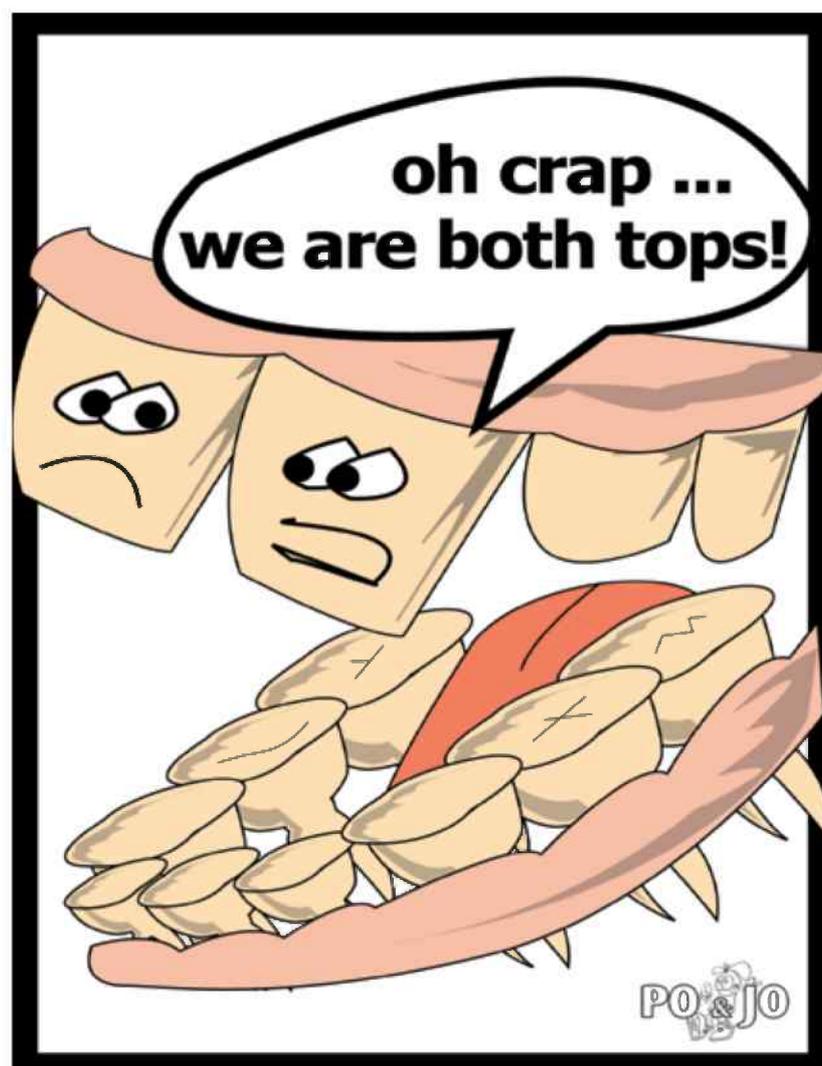
Finally, while there is no legal requirement to disclose your HIV status to a dentist, it's really helpful for a dentist to know if you have HIV so that he or she can be aware of any HIV-related problems that may potentially arise and ensure they are treated before they become problematic.

Until then keep smiling.

Lance Feeney is an HIV Health Promotion Officer at ACON, 9 Commonwealth Street Surry Hills, Sydney, NSW

More information on this subject is available at: www.acon.org.au/livingwithHIV/Dentist-DentalCare

Looking for a dentist? Check out the Contacts directory: www.positivelife.org.au



What the hell is periodontitis??

Max learned a lot at his visit to the dentist

The Dentist.

Two simple words, yet they can fill so many of us with dread and worry. Dread because we fear what the dentist will do to us, and worry at the thought of any problems, not to mention the cost.

As a part of my 'HIV care plan', my doctor advised me that I should make regular dental appointments an ongoing part of life. This didn't prove too onerous a task as I feel that I've maintained a good daily routine, although the time between checkups has lapsed at times into the years category – as was the present case.

So, feeling like I'd put it off long enough anyway, I made the first appointment for a check up. Was booking the last appointment on a Friday night a cop out? Time would tell.

My doctor recommended a dentist to me. One who would be sensitive to my case and who was used to treating positive patients.

The formalities were just that, all very pleasant with the usual questioning that one would come to expect: "How was I, health-wise?" "What are your CD4 levels and viral load?" and so on.

Please take a seat in the chair...

Now, I have been to the dentist before, but nothing prepared me for what came next.

Mouth open.

Firstly "woah" followed by lots of tut-tutting and 'hmmms' and 'uh-huhs' and then "Right. We'll have to take some x-rays to see what the state of your teeth is."

I'd always assumed that the primary purpose of dental care was looking after my teeth. Brush, brush, brush and get the plaque off, floss and get all the bits of food away from my teeth, so while I knew I had sensitive teeth, I wasn't expecting

to be told that my teeth were in a bad way.... And I was right, my teeth were pretty good. No fillings needed. Whew!

What I wasn't expecting, and was the cause of all that odd noise making from the dentist, was the prognosis of my gums. Bad, dreadful, neglect, receding, infection, gum disease are all words that come to mind when I recall that night. What the hell is periodontitis?? I liked things much better when the dentist used to say "Well, you have a touch of gingivitis here."

Did that explain my 'questionable' breath and compulsion for constant mint eating?

The dentist explained to me the implications of unhealthy gums

The dentist was thorough in his investigation and explained what he was doing, then he began cleaning my teeth.

It felt like a crowbar would have been gentler. I don't think I've gripped anything quite so tightly as the stress ball he gave me. Eventually, after it felt like he'd ripped my gums and teeth apart, he announced that he'd done all he could for tonight and I'd have to come back next week to have the job finished.

It's not finished?!?! Come back?? For more?? You are kidding, right??

The dentist then explained to me the implications of unhealthy gums. The obvious is that if you have infection – it smells, and of course, bacteria is thriving and spreading making the whole mouth a pretty foul place.

If you don't have healthy gums, your teeth aren't going to stay in your mouth. That's a scary enough thought to make me change my dental routine.

And then (this was news to me), gum health can be directly related to heart health. By maintaining a healthy mouth I am effectively reducing my risk of heart disease. Sounds like another great reason to effect good changes there.

From there began what I initially felt was going to be a series of humiliating visits to a dental hygienist.

I had to learn how to clean my teeth again and undergo a series of scrapings, fluoride treatments and ultrasound cleanings.

Seven months down the track things have stabilised, and my breath smells like that of a healthy person. The periodontitis is under control, but because I'd let it get so bad, will need to be monitored for the rest of my life.

At first I had to agree to three-monthly cleaning visits, but because of the progress I've made, they are gradually being extended to four-monthly with the anticipation that if I look after my teeth and gums, I can expect to move them further apart.

I won't go into costs, as there are alternatives available as far as treatments go, and it's up to us to shop around or use word-of-mouth until we find the place that suits us.

Not so surprising is the positive effect this has had on my sense of self. By taking control again of something I'd let get so out of hand, I feel again like parts of me (in this case my mouth) are back to what they should be and no longer cause me the worry and embarrassment it once did.

I would urge us all to take care of ourselves in this respect. You won't be sorry you did.

Getting the message out: World AIDS Day stall

The Bobby Goldsmith Foundation, Positive Life NSW and South East Sydney and Illawarra Area Health Service shared a stall outside Town Hall Station to raise awareness and funds at the recent World AIDS Day in 2007

Some of the gang from BGF on the stall showing off a ten dollar donation. Photo: Jeffrey Dabbhadatta



Positive women treat themselves right

A comprehensive information booklet for positive women is now available

A new and updated version of the *Treat Yourself Right: Information for Women with HIV/AIDS* booklet, produced by the AFAO/NAPWA Education Team is now available around the country. This booklet includes information and advice to positive women about making treatment decisions, disclosure of HIV status, sex, contraception, pregnancy and menopause.

Some 7,000 copies of the resource have been produced and is now available at ACON, Positive Life NSW, HIV prescribing GPs, and sexual health clinics. AFAO has an electronic PDF version available on its website (www.afao.org.au).

Simon Donohoe, Manager of the AFAO/NAPWA Education team says there has been a consistent demand for a reprint of *Treat Yourself Right*, since the last copy of the 2001 edition came off the press.

“It is one of the few comprehensive national resources available that specifically addresses the full gamut of issues facing women living with HIV/AIDS in Australia.”

“It is widely acknowledged that gender differences can make a significant impact on how HIV is best treated and on the range of side effects experienced by women. There are a number of issues such as pregnancy, breast-feeding and

cervical cancer that are unique to women and these are not adequately addressed within the majority of available Australian print resources.”

Katherine Leane, Vice President of People Living with HIV/AIDS (PLWHA) - South Australia and a member of the NAPWA Women's Network, suggests that this resource can also be utilised for increasing the visibility of women living with HIV/AIDS, as well as highlighting and addressing their specific needs in relation to treatment, care and support.

“This guide will be a valuable resource for HIV-positive women and their friends and families, as well as women at risk of HIV, health workers and HIV specialists. It provides the latest information for women who may have been recently diagnosed, as well as those who have longer term infections, or for those who simply want to keep updated on HIV-positive women's issues.”

“It's been so widely regarded that Positive Women New Zealand has also decided to reproduce it next year for the New Zealand context.” said Katherine.

If you would like us to post you a copy of *Treat Yourself Right* call Positive Life NSW on 9361 6011 or freecall 1800 245 677, or email us: admin@positivelife.org.au

A dedicated day for HIV Positive Women at the PLC

The third Monday of each month is a dedicated positive women's day at the Positive Living Centre. It is an opportunity to meet other positive women, talk, laugh, share experiences and form a peer support network in a safe, confidential and friendly environment.

There are four massage appointments available on these days with a female therapist. Please call to book a massage in advance due to high demand.

There will be various related seminars and events organised for some of these days throughout the year.

The dates for 2008 so far are as follows:

- Jan 21st
- Feb 18th
- March 17th
- April 21st
- May 19th
- June 16th

For more information please contact Vicky Coumbe – Women's and Families Project Coordinator on 9699 8756 or email vcoumbe@acon.org.au

acon
BUILDING OUR COMMUNITY'S
HEALTH & WELLBEING

Community HIV Team has been expanded

Access to community based health services specifically for people with HIV has been given a boost with the expansion of the South Eastern Sydney Illawarra Health (SESIH)* Community HIV Service.

This specialised service is now available right across SESIH, from Sydney Harbour in the north to Durras on the South Coast.

SESIH Manager of HIV Services David Murray said the service had been expanded to better meet a change in demand for services and decrease inequalities in access to health care.

“People living with HIV/AIDS can now access specialised HIV primary and community health services right across SESIH, as the team is able to visit people at home and help support other services working with people living with HIV/AIDS in the community,” Mr Murray said.

“This more comprehensive service will significantly improve access for the many people living with HIV/AIDS who do not live in the inner city as until recently we could only offer these services to people in the Darlinghurst catchment area.”

Mr Murray said the expanded service would target the needs of disadvantaged and marginalised populations, including people with poor health, economic and social needs, people from culturally and linguistically diverse backgrounds, people who inject drugs, sex workers and Aboriginal people.

“The expanded service means that we can now better treat and support those people who need our services right across south eastern Sydney, the Illawarra and the Shoalhaven,” he said.

The improved service includes a multidisciplinary community health team who can assist in care coordination and case management services for PLWHA. This includes planning around complex care needs including mental health, substance misuse, neurological and general health maintenance.

Other services include counselling and support services, health education/monitoring, housing support, medication adherence/management, mental health assessments and nutritional assessment/management.

“The team will also provide a consultancy and education service around HIV/AIDS for staff working in mainstream health services across the Area,” Mr Murray said.

Referrals can be made directly to the service for anyone who is HIV positive (and their carers), phone: 8305 3800 (10am-4pm Mon - Fri), fax: 9669 5372 or email: hivcommunityteam@sesiahs.health.nsw.gov.au

**note: SESIH comprises 13 local government areas including: Botany, Hurstville, Kiama, Kogarah, Randwick, Rockdale, Shellharbour, Shoalhaven, Sutherland, City of Sydney (part of), Waverley, Wollongong and Woollahra.*



‘Talk about Sex?’

The ‘Talk about Sex?’ study, coordinated by the National Centre in HIV Social Research at the University of New South Wales, is exploring the ways that HIV positive gay men communicate about sexual health with their doctors, nurses and other health professionals who they see on a regular basis.

Taking part involves a confidential, one-on-one interview of approximately one hour duration.

If you are an HIV positive gay man and over 18 years old, please contact Mr Jan Mietinen on 0406 519 600 or janmietinen@yahoo.no to find out more about participating.

My life changed

Van talks about confidentiality, support and staying healthy.
Interview by Kathy Triffitt

Confidentiality is a significant issue for anyone with HIV. Van's story shows how important it can be for support workers to clearly outline how confidentiality works in practical terms. This includes explaining beforehand whether they will need to pass information on to supervisors or clinical teams, and how they will continue to protect their client's confidentiality if they do pass any information on.

How did you feel at the time you were told you were HIV positive?

I was diagnosed two weeks after Mardi Gras in 1993. When I was told, I felt I had no future. My life had changed. I'd thought I was going to get married and have children. After this, I thought I was going to die.

I didn't want to contact friends, or even my family overseas. I didn't want to write any letters, and just wanted everyone to forget me.

Why did you want them to forget about you?

It's not good for me, if they know I died of AIDS. I was also afraid of discrimination. Even now my friends don't know my situation. - Even my good friends.

I'm from South East Asia. One sister is in Australia and other members of my family are overseas. If I told them, I'm afraid they would reject me.

I have a friend whose family is from another country in South East Asia, and he told his brother he was positive. Later, when he wanted to go back home to his country to visit, his brother said there's no room. His family had rejected him.

So how did you get support?

My doctor helped me. She introduced me to a support worker and support group.

I joined the support group for a few years but I left it because the support worker promised to be confidential, but she reported everything to her supervisor. I got very upset when I heard this, and asked why she had to report my situation to her supervisor.

Then she explained how she gets help from her supervisor to do something for me. But I'm still upset because I think it's not confidential.

After you left the group did you find support from somewhere else?

I still have two friends from the support group and we sometimes meet and talk. But most of my help comes from my doctor. I think doctors have got a lot of knowledge on treatments and keeping healthy.

So you keep yourself healthy. How do you do that?

Treatments improved for me, but I did have side effects. Chinese herbs helped with that.

It's important to keep healthy, by practising safe sex and eating healthy food. To live longer, you must take care of your health. HIV is now part of my life. It's also been important for me to get information from magazines like *Talkabout*.

I also have hobbies, my computer and studying languages, and they make me forget everything, and I feel younger and happier.

P.L.U.S.

(Positive Living for US)

February 22 - 24

An educational and experiential weekend for all those affected by HIV

Regardless of whether you are newly diagnosed with HIV and looking for support and education, have been HIV positive for a while and are wanting the most current information and support, or have a loved one, friend or family member who is recently diagnosed.

The PLUS Seminar weekend workshop will provide comprehensive HIV education and is a fantastic opportunity to gain support from your peers in a safe and confidential environment.

Topic and Discussions during the weekend include:

- Understanding HIV
- The most up to date information on treatments
- Doctor/Patient relationship
- Sexually Transmitted Infections education
- Disclosure and relationships
- Planning for the future
- Support Services and Resources

The PLUS Seminar requires commitment to the entire weekend.

Places are limited.

For more information or to enroll please contact

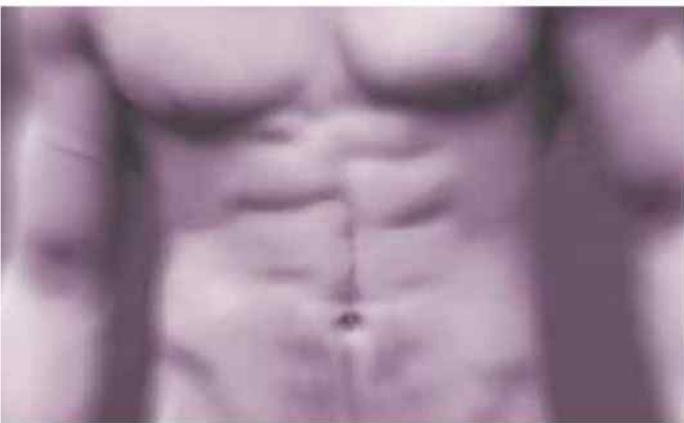
Vicki: (02) 9699 8756 - vcoumbe@acon.org.au or Jeff: (02) 9699 8756 - jjones@acon.org.au



St Vincents: Picking up treatments is getting easier

The outpatients' pharmacy at St Vincents Hospital is open until 7pm on Thursdays.

Now the cashier is also open until 7pm as well.



Getting a lift

Health and Fitness: Ask Ingrid

Hope everyone had a great New Year and festive season. Now is a good time to start or change your fitness routine. And as usual *Talkabout* readers have two great questions again for me to answer.

First question:

Why do I feel tired and grumpy before a workout or run (and have to talk myself into doing it) and then afterwards I feel less tired?

The most likely answer is that you are not really tired. More likely, you're simply suffering from boredom, a sugar low, or lack of motivation. Then, when you do some physical exercise, your metabolic rate goes up, and straight away you feel energized.

A low glycemic snack should get you ready for action

If you don't feel less tired 10-15 minutes into your exercise session, then perhaps you really are tired or sick. At those times it might be best to give the training a miss and let your body recover.

You could be suffering from low blood sugar. If that's the case, then a low glycemic snack like a honey sandwich, a

banana, some boiled rice or a sports drink should get you ready for action.

If boredom is the cause, or you're just going stale, then doing something active, but new, may be the answer. Perhaps it's time for a new program. Change the activity, or alternate hard and easy sessions so your body has to respond to something new.

If motivation seems to be the problem, then book in for a session with a trainer, join a club, ask a friend to exercise with you, or make a plan with goals, and use that to motivate yourself.

Second question:

Do exercises like crunches flatten your stomach or make it bigger? What can I do to get a flat stomach?

The answer to this one goes back to core stability. The most important core stabilizers are the three layers of abdominal muscles, which work together with your lower back to hold you upright.

Most ordinary crunches work the outer layer of the stomach and are good for getting tone and a six pack but not flattening it. It is the deep inner layer of abdominal muscles that flattens the stomach and gives you good posture. It acts like a corset and holds everything in by lifting and flattening your middle section.

Remember the core muscles switch off and stop working if you don't use them for a week or two. They are unlike most other muscles that fade gradually, and will still respond when needed after much longer.

If you go to a trainer or the gym, make sure at least five minutes of each work-

out is spent on core stability exercises, as well as another five minutes on crunch type exercises. The same thing applies if you are training yourself. And again, if you are starting out, make sure you do core stability exercises right from the beginning.

Make sure you do core stability exercises right from the beginning

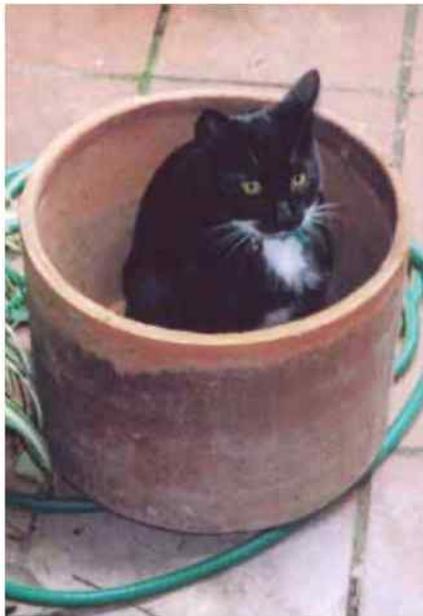
Exercises that I have covered over the years in *Talkabout* which qualify as core stability exercises are

- Dead Bugs
- Ball Crunches
- Ab Holds
- Ball Balances
- Triple Crunches

I know several of these exercises are crunches, but it is the unstable surface of the ball that makes ball crunches a core stability exercise. It's also the prolonged holding in the triple crunches that make it a stomach flattener.

Do you have any fitness questions for Ingrid? Email them to editor@positivelife.org.au or write to "Ask Ingrid" PO Box 831 Darlinghurst 1300

The Joy of Pets My human companion



I know that it was my human companion, Garry, who was supposed to write this piece, but I asked him to let me do it, to give a perspective from the other side, on this issue of how helpful we are to each other in providing support and friendship.

I am a short-haired Black Russian, a cat, quite glamorous actually, and very chatty. And while he does appreciate that we were once worshipped as gods, that was a long time ago, and there is no use crying over spilt milk (well, there is, but it gets me nowhere!)

We have been together for just over three years now, and I hope it works out in the long-term, now that I have got him trained. He understands my food preferences, and gives me lots of attention and affection. I let him chase me around the house every day, as exercise – but he is the one who flops down exhausted first. He needs to go to gym more often.

He goes out all day three days a week, to work: someone has to be able to buy my tins of food (and his food too, of course). But he is very good to me: the only time I get upset

is when he takes me to the vet. All those dogs there yapping and barking, and the vet sticks this thing up my bum – to take my temperature, or something. I just grin and bear it! I'm also not all that happy with his choice of TV programmes, although I hope The Chasers come back soon.

He likes me to sleep over his feet, to keep them warm. It is a bit lumpy, but I am used to it now. He occasionally has a friend over to stay the night (not always the same one), and he locks me out of the bedroom that night (but I peek in, and they are doing that thermometer thing too).

So every animal should have a companion human, someone to come home to, to cuddle up with, and tell your troubles to. Isn't that what it's all about?

Abdulah Wotherspoon (née Moggie)

Would you like to see your pet in *Talk-about*? Send in your photo and how you feel about your pet (up to 200 words) to: editor@positivelife.org.au

ACON Northern Rivers 2008 Gay Men living with HIV Retreat

☆☆ The Fabulous Northern Rivers Retreat is on again ☆☆

Thursday 24 April - Sunday 27 April (ANZAC Day Weekend)

At the fabulous venue we have used in the Northern Rivers hinterland
Registrations will commence in late January!

- ☆ Step out of the humdrum of the daily grind!
- ☆ Chill out in a healthy, natural, safe, secure environment with other gay guys living with HIV!
- ☆ Make new friendships & hook up with old friends from the Northern Rivers!
- ☆ Discuss issues that impact on our lived experience of HIV.
- ☆ Enjoy tasty and interesting food provided by our experienced chefs. We're planning an improved nutritious menu for Poz men
- ☆ Sleep peacefully in either your own camp gear or comfortable bungalow accommodation.

We are planning Workshops on nutrition and managing HIV treatments side effects, managing stress & depression and exercise for HIV poz gay men.

We will be providing free massages and information sessions on managing blood sugar, lipids etc. There will be a whole day free to walk in the beautiful bush adjoining the Nightcap NP, canoe on our private serene dam, or just hang out in the green, leafy camping grounds.

Further information, including a full Program, details of activities, cost, location and everything else you need to know, will be available in February when our planning has been finalised. **Make your Early bird booking NOW! Contact:**

Neil McKellar-Stewart, HIV Health Maintenance team
P: (02) 6622 1555 OR 1800 633 637 (freecall)
E: northernrivers@acon.org.au



The Art of Speed and Substitution

So Can You Cook? No 28



Tim Alderman

Instead of giving readers a long string of recipes this column, I have decided to share some of my personally gained expertise regarding cooking with you.

One of the great problems with today's fast world is that too many people see cooking as complicated, and a time-consuming chore. There is a general misunderstanding of terminology (in many ways cooking's own fault for sticking with French terminology), and the ways food is prepared, and a fear of experimentation that can cut corners and lead to your own unique-styled dishes.

There is also a greater cultural diversity with dishes combined with some concern about breaking away from the 'normal'. Mum may have been a good cook, but she sure as hell wasn't a healthy cook – good old-fashioned English-Style cooking is not healthy, with all the goodness being cooked out of vegetables, meats and poultry being overcooked, unhealthy fats used for frying and baking etc.

I have spent almost my entire life studying food and its preparation. At school I read a number of books on food preparation, and used to invent my own recipes instead of doing my Maths homework – perhaps a reason for me not doing well in maths...oh let's be realistic. I loathed maths. The fact that I didn't get my credentials in cooking until late in life was due more to bad experiences when I left school than to not having the

inclination. The way to get into cooking in those days was to start in some place like a hospital kitchen, but I had this image in my mind that if I got stuck in that rut, the only food I would ever cook would be insipid, bland food, or end up in a el-cheapo café, so I bowed out.

I did start pastry cooking with a cake-shop in Campsie, but the 5.00am start at 16-years of age soon put me off. The fact that all I seemed to do there was wash dishes didn't help things along. In some ways, this was to my advantage, as by the time I decided to go to TAFE to do my chef's creds, I already had a huge amount of personal experience with preparing food, and had sampled a wide variety of cuisines.

I did dare to question the way food preparation and cooking was taught at TAFE (trust a mature-ager to stir the pot). I wanted to know why, in an Australian institution like TAFE we were still taught French-styled cooking with its heavy emphasis on rich fatty sauces, delicate food preparation (like parsley having to be chopped so finely it was almost a powder), defined sizes for chopping, French names that meant nothing (I bet YOU don't know what a voloute is – and that you probably don't care), and a lot of cuts of meat, fish and game that people really have little interest in trying, let alone preparing.

My argument was that this was Australia in the 21st century, with one of the most diverse cuisine cultures anywhere in

the world. Anybody who watches "Food Safari" on SBS will know how staggering the variety is. Also, that we were becoming more and more health conscious with our cooking, which meant that French cooking really had little relevance to our local eating habits, or to our health. Naturally, my arguments fell on deaf ears, but I did at least bring the subject up, and though the tutor agreed with me – that is how cooking is taught. C'est la vie.

So, to help take some of the mystique out of cooking, and as a guide on how to do things quickly and tastefully I offer the following hints and advice.

Some things naturally go together

MELDINGS: Some things just naturally go together, so when deciding on what to put with what, knowing this can help to put dishes together.

WITH BEEF use mustards, strong peppery spices like paprika, five-spice, tumeric, start anise etc. When cooking, use cheaper cuts for stewing or casseroles – but only when cooking is long and

slow to break the meat down. For quick stewing and stir-frying use better cuts, as they remain tender with quick cooking. Don't be like your father and use cheap steak for barbecues – use better cuts and cook quickly over high heat. Don't put meat into a wok until the oil is smoking, and stir it quickly from the bottom of the wok to the sides, then back down to get it to cook through. If adding a sauce that needs to be thickened, cook the meat three-quarters of the way through, then let it finish cooking in the sauce.

WITH LAMB use rosemary or mint, and some of the milder spices and pastes. Lamb is not as strong as beef, so requires softer flavours. Try rolling lamb fillets in dukkah for a great, crunchy coating.. Lamb is always better if not quite cooked through, leaving it a little pink. Lamb fillets are expensive, but worth the money as they are always tender, have little waste on them, and can be eaten hot or cold in a salad. The same goes for backstrap. I find chops not only very fatty, but not good value for money as they have little meat on them – likewise for cutlets. Lamb stir-fries well, but buy and cut it yourself, as ready-cut stir fry meat is usually cheaper cuts that are tough. Tandoori pastes taste great with lamb, in fact lamb goes well in Indian cooking – full stop. Unfortunately as much as we love it, the lamb roast is not as good as it used to be. We sell all our really top quality lamb overseas, leaving ourselves with the cheaper, older cuts. Two out of three lamb shoulders for roasting is as tough as shoe leather – a great shame for those who love it.

WITH POULTRY use things like oregano, parsley, coriander and mild spices. Serve with peaches, pawpaw or mango. Use fresh coconut shavings. Chicken breast are great with rubs and pastes – cut diagonal slits in the top of the breast and push the rub or paste into it before cooking. They are also fantastic when slit open and stuffed with things like pancetta, proscuitto, fetta, goat's cheese, sun-dried tomatoes, roasted capsicums, baby spinach etc. Make sure you sew the slit shut with toothpicks to keep the filling in. Stir fry chicken quickly, and use any types of Asian sauces.

Don't bother measuring things like Chinese cooking wine, soy sauce, honey etc. It only takes a few seconds to taste it and see what you need to adjust. Add a tablespoon of cornflour to a couple of tablespoons of water or stock, then add to a wok to quickly thicken sauces. DON'T add cornflour directly to a pan – it will form lumps and taste yucky.

Don't be afraid to experiment with spices – but remember that only in Indian cooking is a huge variety of spices usually used in one dish. Learn to make your own curry pastes in a mortar and pestle or a food processor. Make a quantity and freeze what you don't use. They are so much more authentic and aromatic than commercially prepared pastes. The same applies to Asian cooking. DON'T be afraid to adjust recipes to your own taste – if you like a green curry that is full of the tang of lime, add extra zest and juice, and maybe one or two more kaffir lime leaves than the recipe suggests – or add the same things to pep up a dull, commercial green curry paste. For red curries, add more chillies if you like it hotter, or more paprika, or cool it down with yoghurt. MAKE a quick raita (Indian accompaniment) with Greek yoghurt, diced cucumber and chopped mint.

overcooked fish will just fall to pieces when you take it out of the pan

WITH FISH use dill, parsley, chilli, lemongrass, limes and lemons. Use strong tasting rubs to flavour – do the same as with chicken to push the flavours into the fish. Cook quickly – 2-3 minutes per side. Overcooked fish will just fall to pieces when you try to take it out of the pan. Keep the skin on

salmon, as it gets lovely and crisp when fried quickly at a high heat. I know it is time consuming, but run your fingers all over the fish flesh and remove ALL bones before cooking. There is nothing more off-putting than fine bones in your mouth. Fish boning tweezers can be bought quite cheaply from a kitchen supplier, or keep a small pair of cheap pliers just for the purpose. To steam fish either wrap in baking paper with your choice of herbs, ginger (cut into slivers) chillies (deseeded and cut into slithers) and citrus zest OR use banana leaves if you want to be a bit more exotic. Steam for 8-10 minutes in a bamboo steamer over a wok.

Vegetables are full of vitamins and minerals - don't cook the life out of them

ALL THINGS FRUIT & VEGETABLE: Vegetables are staple foods full of vitamins and minerals – DON'T cook the life out of them. If serving vegetables as accompaniments or in salads, blanch for 2-3 minutes in boiling water, then dip straight into cold water to keep the colour. If you need to reheat them, USE THE MICROWAVE for 30 seconds. TO SKIN tomatoes and peaches, remove the stalk at the top, then cut a cross-shape into the skin at the bottom. Dip into boiling water for 30-60 seconds, then remove and drop into cold water. Skins should peel straight off. To DESEED tomatoes, cut in half horizontally and use a teaspoon to remove seeds. CUCUMBERS are best if cut in half along their length, then use a teaspoon to remove the seeds before chopping. This takes the bitterness out of them. Lebanese cucumbers are better than traditional thick cucumbers. The

heat in CHILLIES is dependent on their size, and their seeds and membrane. The smaller the chilli, the hotter it usually is. To drastically reduce the heat, cut in half and scrape out the seeds and membrane – WEAR gloves when you do this – or keep your hands away from your face for a while after deseeding and chopping. Green chillies are usually milder than red. CAPSICUMS are a member of the chilli family. To roast capsicums, you can do one of two things – (A) Remove the seeds and membranes, cut into flat-ish slices and place under a high griller until they are blackened and blistered OR (B) rub with oil and place in a very hot oven until they are blackened and blistered. Remove and place into a plastic bag – laid flat – while still hot. Seal the bag and leaved for 15-20 minutes. When you remove the capsicum from the bag, the skin should peel off. Let your imagination go when adding fruit to salads – you can add anything from melons, pawpaws, mango, grapes, peaches, nectarines, apricots, kiwi fruit to strawberries, blueberries, apples, grapefruit or orange segments.

TO MAKE AN EASY DRESSING when adding citrus to a salad, cut the segments from between the membranes and add to the salad. Squeeze the remaining juice from the remaining membrane into a bowl, then add 1-2 tablespoons of olive oil, whisk and add to salad. You can now buy ready-roasted cashews and peanuts to add to salads, but if you do need to ROAST cashews, peanuts or pine nuts to add to a salad, place spread on a tray in a moderate oven for about 5 minutes. You can ALSO ROAST THEM in a microwave using about 5-6 x 20 second bursts at HIGH.

The same goes for **CHOCOLATE**. Place in a heatproof bowl and microwave in 30-second bursts at HIGH until it has melted. REMEMBER that chocolate will retain its shape in a microwave, so you need to stir it after each burst to see how much it has melted. To melt traditionally, place chocolate in a glass bowl and place over a small saucepan of simmering water until it melts. DON'T allow steam to get into it, or any water, as it will seize. IF CHOCOLATE DOES

SEIZE, add small amounts of cream or butter to it until it returns to normal. DON'T use cheap brandy to flavour chocolate, as it often contains water, and again the chocolate will seize.

YOU CAN FREEZE left over pastry, grated cheese and eggwhites (though not the yolks). If a recipe requires just egg yolks, either freeze the whites till later, or use them to make meringues. If you don't use a full knob of mozzarella, grate the remainder into a freezer bag and freeze.

TO SKIN GARLIC, place cloves on a chopping board and place the flat of a large kitchen knife on top of it. Hit sharply with your hand. The skin will pull away from the flattened flesh. There is NO NEED to skin fresh, young ginger.

To make your own SELF-RAISING FLOUR add 1½ teaspoons baking powder and ½ teaspoon salt to every cup of plain flour. CASTER SUGAR is used in baking as it is finer than table sugar, and dissolves quicker. RAW, DEMERARA & MUSCAVADO sugar have varying degrees of molasses left in them. Substitute one for another if you like a more treacle flavour in your baking.

BAKING IS A SCIENCE, and cake baking and bread dough cooking are the only areas of cooking where the quantities and temperatures MUST be accurate for the end product to look like it should. Don't guess, and don't cut corners. IF A CAKE HAS A PEAKED HILL IN THE CENTRE when you remove it from the oven, the oven temperature was too high. If it is sunken, the temperature was too low, or it was not cooked for long enough. ALWAYS check your oven temperature with a thermometer when you first start to use it, so that you can adjust the temperature up or down accordingly. At home, I need to add 10 degrees to my oven temperature for it to be accurate. THE PUSH TEST is still the best way of judging if a cake is cooked. If it springs back when two fingers are pressed lightly onto the centre of the cake, it is cooked.

LITE CREAM cannot be whipped – the fat has been removed, so there is nothing to give it thickness. THICKENED

CREAM can be substituted for pouring cream in many recipes. GRAVOX is as good as real gravy – but I never told you that. To make a cheats custard tart, buy a large sweet pie flan from your supermarket, and a packet of egg custard. Blind bake the flan (Place some baking paper in the flan – still frozen – and fill with rice or dried legumes. Bake for 10 minutes, then remove the paper and rice and bake for a further 10-15 minutes until golden), then make up the custard according to the packet instructions. Pour into the flan, sprinkle some nutmeg over it and chill until set. Tell everyone you spent hours making it.

I could go on forever, but hope this gives you some help as you enter into the world of food cooking and food prep. Please contact me if you need any info on any cooking products or techniques.

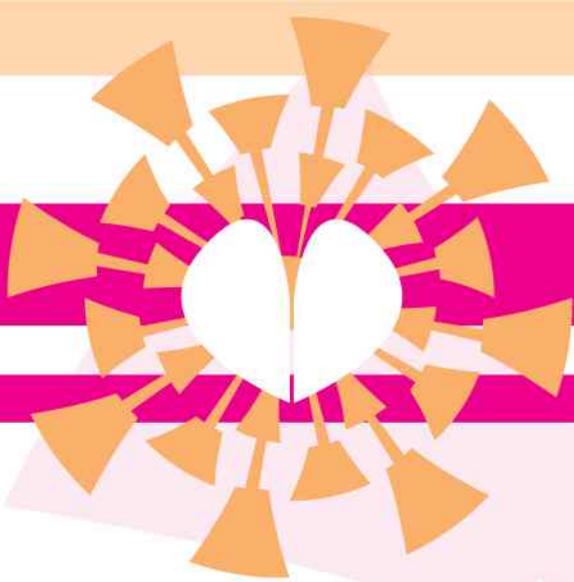
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Quality Australian gourmet food products sourced from the best of our boutique companies.

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(Sydney metropolitan and suburban only)

Check out the website: www.aldermanprovidore.com.au



Olga's personals

Men Seeking Men

37 yo poz btm bear/cub, straight acting/looking non scene, 5 ft 7, 90kg, hairy, tats, pierced, shaved head, goatee beard, a bit wild and dirty minded GSOH DTE view to LTR looking for new adventure with like minded straight acting bloke
ALA Reply: 151206

Sydney 43 yo, 197 cm, 95 kg, solid/chunky, Healthy HIV+ GWM seeking LTR with healthy guy. Prefer someone working, non smoker, active/versatile, sensual and sexual, independent yet sharing. Must love kissing, cuddling, massage and sex.
Reply: 110107

Newtown 32 yo 6 ft green eyes 80 kg shaved head HIV+. Seeking guy to 45 for friendship with view to LTR. Looking for, and to be, a mate, lover, rock. Animal lover a must. Nationality open. ALA.
Reply: 150107

Eastern subs young 64yo HIV+ French man in good shape str8 acting 70 kg, NS, moustache, hairy chest-legs, adventurous, sincere WLTM top guy age open for friendship, intimacy with view to LTR. I am DTE, enjoy dinners, movies, travel and more. Let's meet.
Reply: 180107

Attractive and Affectionate GAM. 42/173cm/63kg. Healthy, Athletic, Toned and Versatile. Non Scene, Non Smoking. Looking for a soul mate to enjoy life with. Athletic Masc GWM most welcome.
Reply: 100108

36 years young, positive over 12 years, lives in Blue Mountains, DTE GSOH looking for pen pals with people who are not embarrassed about their sexual-

ity, versatile WLTM 18 -45 ALA Give it a go!
Reply: 160207

Lonely guy looking for DTE guy like myself. Hopefully I'm not the only HIV guy in my 50s who is looking for relationship. I'm lonely ALA
Reply: 020507

Sydney City. Fit caring HIV+ guy, good looking 47 yrs 6ft 72 kg into gym, yoga, outdoors WLTM DTE guy for friendship, relationship, prefer NS fit guy with positive outlook on life. Photo appreciated.
Reply: 130607

Lilyfield, 46 HIV Poz guy, 74 kg Not bad looking, mo, goatee, hairy 5ft 9, WLTM Poz guy to 50 for LTR for good times, quiet nights, occ rage. ALA No time wasters please.
Reply 140607

Seeking friend / partner, 53 years old, slim, good looking and positive four years and well, GSOH and DTE. Looking for friendship / LTR, inner west area, genuine and loving and versatile.
Reply: 260707

Newcastle/ Central Coast/ Sydney. Pos 42, 183 cm, athletic 84kg DTE GSOH versatile work fulltime, not into scene, straight acting, enjoy eating in/out, movies, DVDs, like to keep fit and well. ISO similar versatile top 30 to 45 y/o with view to LTR. ALA with recent photo.
Reply: 300707

Mid North Coast 33 yo dude in boardies. Recently HIV+ & seeking mates, partner, picket fence even. I'm nvs (not very serious). But am very fclg (funny, cute, loyal, genuine) Fit 'n healthy, non judgmental country lad that cooks, cleans and has power tools.
Reply 011007

Attractive 51 yo + Euro guy. SW Sydney, 185 cm, 92 kg blonde/brown hair, hazel eyes, smooth body, professional working guy. GSOH DTE versatile tactile. Enjoys dinners & quiet times etc. WLTM toned smooth bodied 40 - 50 yo versatile GWM. A professional working guy, who has a similar outlook and lifestyle, for a monogamous LTR.
Reply 031007

Looking for a cuddle buddy. Hi guys I am 38 years old working guy living in the Inner west. ISO a normal guy to share a bit of affection with. Prefer a guy who is working and has a stable life. Love kissing and cuddling. Looking to meet a guy to the age of 45. I am an Aussie guy, hairy with a stocky build. Needing the touch of a man.
Reply 081007

City located. Crossdresser. V pretty, good cook, loves fun times. WLTM guy with 'it' factor & chemistry attractiveness. ALA promise.
Reply 111007

Hung young looking 40 HIV+ I'm single, discreet, live alone, healthy beach side lifestyle in Noosa. Smooth, defined, blond brown hair and eyes. Small athletic build type bloke. Adventurous versatile top seeking passive versatile HIV+ bottom boy to butt worship, love and adore. No drama, gossip or blame games, 4 a day, a lifetime, or longer.
Reply: 171207

Sydney Ryde Area. Male 42 HIV pos since May 2007. 70 kg, 5 ft 9. Passive submissive seeking a dominant top guy in 30s or 40s. I like straight acting guys with good builds and cut. - Have a foot fetish and I like light bondage.
Reply: 070108

Men Seeking Women

From Melbourne with Love. HIV positive male, youthful 40s, seeking female companionship to share, encourage and be there for each other. I am of northern European heritage, Caucasian, 6ft tall; green eyes; longish, blonde/brown hair; engaging personality. Always looking for new, interesting and worthwhile things to do and in which to focus one's attention on. **Reply 310707**

HIV positive male would like to meet a positive heterosexual woman for long term relationship. I'm 6 ft tall, 38 years old, black hair with hazel eyes, GSOH, love to laugh and make others laugh. Interests include movies, music, talking, cooking and eating out. **Reply: 090107**

In custody. 34 yo male, 6 ft 2, slim build, blue eyes dark blonde hair, tats, GSOH, DTE, like sports, music and quiet nights at home with good company. Looking for 25 to 45 yo female for pen pal and companionship to start with, then see what happens. HIV+ is not a problem. **ALA Reply: 220207**

47 yo +ve male, Sydney (European), gentle, sincere, hard working, intelligent, healthy, affectionate with two wonderful children, seeks kind hearted lady to share family life (single mums welcome). Migrated last year, love Australia. WLT correspond and meet with possible view to LTR **Reply: 010607**

Women seeking men

HIV+ female. Wanting to meet someone in the NSW/VIC Border area. I have been positive for nearly six years.

Fit and healthy and not on meds. I am 5ft 4 brown eyes, blonde/brown shoulder length hair of solid build. Looking for someone genuine, for friendship and hopefully long term relationship. I love animals, quiet nights at home and the country life. **Reply: 120307**

Seeking African man for marriage. Must be Christian, non-smoker, fully employed and resident. Me: white, attractive, sensual, quiet, family oriented, very good cook, caring and affectionate, understanding. I have two children. Serious men only. No time wasters please. **Reply: 150307**

For Friendship

Easy going man in late 40s, looks and feels like I am in my 30s. Unaffected by my HIV+ status, looking for male and female friendships. I am good company, have lots of interests and can communicate and talk about almost any subject. Nothing to tie me down (kids are now adults). Looking for down to earth people for friend/relationship. Solid build/average looks, experience and intelligence. Live in Sydney. Will reply to all mail including people from interstate. **Reply 021107**

Due to an unfortunate chain letter being sent to some people through Olga's Personals recently, Olga will now check the letters are actually responses to people's advertisements before forwarding them on.

ALA	All Letters Answered
LTR	Long Term Relationship
GSOH	Good Sense of Humour
NS	Non Smoker
ISO	Looking For
DTE	Down To Earth
WLTM	Would Like To Meet
GAM	Gay Asian Male
GWM	Gay White Male
TLC	Tender Loving Care

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 bar 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.

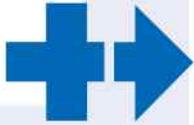
Apply commonsense and the basic rules of personal safety. Maintain a healthy degree of suspicion: if anything seems odd, be careful.

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 HIV negative or claims about blood test results 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.



HIV medications: outpatient pharmacies in NSW public hospitals and sexual health clinics – Updated: January 2008

These are the outpatient pharmacies in public hospitals and sexual health clinics in NSW which currently dispense S100 drugs.

In theory, every hospital pharmacy in NSW is authorised to dispense HAART drugs, but they only start to stock them if there is indeed a local demand. Thus, locating which ones do rise to meet the demand is difficult.

This list provides you with the main hospital pharmacies that actually store these drugs. However, the very first time a patient accesses the services they must provide the pharmacy with a prescription from an S100 prescriber (your GP), together with a letter acknowledging that they are entitled to the Prescribed Benefits Scheme (PBS). So, it would be a good idea to speak to your doctor before going to a pharmacy.

Some pharmacies may close on Fridays or prior to a holiday, as part of their low activity day. If you are running low on your medication, try to plan ahead. Please call your local pharmacy to check if they are not open in the usual hours. If you have difficulty getting your medications, call your pharmacy to see if they have some advice.

Outpatient hospital and sexual health clinics in Sydney

Albion Street

150-154 Albion Street
SURRY HILLS NSW 2010
Tel: (02) 9332 9650

Pharmacy hours:

Monday-Wednesday from 9:00am-5:30pm (closed between 1:30pm-2:30pm)
Thursday from 9:00am-7:00pm (closed between 1:30pm-2:30pm)
Friday from 9:00am-3:45pm (closed between 12:30pm-1:30pm)

Royal North Shore Hospital

Pacific Highway
ST LEONARDS NSW 2065
Tel: (02) 9926 7015

Pharmacy hours:

Monday, Tuesday, Wednesday and Friday 8:30am-5:00pm
Thursday from 8:30am-5:30pm

Royal Prince Alfred Hospital

Missenden Road
CAMPERDOWN NSW 2050
Tel: (02) 9515 6111

Pharmacy hours:

Monday from 8:00am-5:00pm
Tuesday from 8:00am-7:00pm
Wednesday to Friday from 8:00am-5:00pm

St George Hospital

Gray Street
KOGARAH NSW 2217
Tel: (02) 9113 3051

Pharmacy hours:

Monday to Friday from 10:00am-5:00pm

St Vincents Public Hospital

Victoria Street (corner of Burton Street)
DARLINGHURST NSW 2010
Tel: (02) 8382 3110

Pharmacy hours:

Monday to Friday from 9:00am-5:00pm (except on low activity day)
Thursdays to 7pm (cashier is now also open)

Sydney Hospital

Macquarie Street,
SYDNEY NSW 2000
Tel: (02) 9382 7379

Pharmacy hours:

Monday, Tuesday, Thursday and Friday from 8:00am-5:00pm
Wednesday from 9:00am-5:00pm

Westmead Hospital

Corner of Hawkesbury and Darcy Roads,
WESTMEAD NSW 2145
Tel: (02) 9845 6542

Pharmacy hours:

Monday to Friday from 9:00am-5:00pm

Parramatta Community Health Service

Jeffery House, 162 Marsden Street
PARRAMATTA,
Tel: (02) 9843 3135

Pharmacy hours:

9:00am -12:30pm Monday and Tuesday, 9:00am -4:00pm Wednesday, and 4:00pm-7:30 pm Thursday

Other NSW Pharmacies

Blue Mountains

Blue Mountains Hospital

Great Western Highway
KATOOMBA
Tel: 02 4784 6560

Pharmacy hours:

Monday, Tuesday, Wednesday, Friday 8:00am – 4.30pm
Thursday 11.30am – 4.30pm

Central Coast

Gosford Public Hospital

Holden Street
GOSFORD NSW 2250
Tel: (02) 4320 2111

Pharmacy hours:

Monday to Friday from 8:30am-5:00pm

Hunter

John Hunter Hospital

Lookout Road

NEW LAMBTON NSW 2305

Tel: (02) 4921 3000

Pharmacy hours:

Monday, Wednesday, Thursday and Friday from 8:45am-6:00pm
Tuesday from 9:15am-6:00pm

Wollongong/Illawarra

Port Kembla Hospital

Corner of Cowper Street and Fairfax Road
WARRAWONG NSW 2502

Tel: (02) 4223 8000

Tel: (02) 4223 8190

Pharmacy hours:

Monday to Friday from 2:00pm-4:00pm

Mid-North Coast

Coffs Harbour Health Campus Pharmacy

354 Pacific Highway
COFFS HARBOUR NSW 2450
Tel: (02) 6656 7472

Pharmacy hours:

Monday to Friday 8:30am-4:00pm

Port Macquarie Health Campus Pharmacy

Wright's Road
PORT MACQUARIE
Tel: (02) 65801024

Pharmacy Hours:

8.00 am to 5.00 pm, Monday to Friday
10.00 am to 12.00 noon on Saturdays

New England

Tamworth Rural Referral Hospital

Dean Street
TAMWORTH NSW 2348
Tel: (02) 6767 7370

Pharmacy hours:

Monday to Friday from 8:00am-4:30pm

Northern Rivers

Lismore Base Hospital

Uralba Street
LISMORE NSW 2480
Tel: (02) 6621 8000

Tel: (02) 6620 2477

Pharmacy hours:

Monday to Friday from 9:00am-5:00pm

Tweed Heads Hospital

Powell Street
TWEED HEADS NSW 2485
Tel: (07) 5506 7420

Pharmacy hours:

Monday to Friday from 10:00am-5:00pm

This information will also be available at www.positivelife.org.au/pharmacies

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Please tick

Full member (I am a NSW resident with hiv/aids)

Associate member (I am a NSW resident)

Disclosure of positive hiv status entitles you to full membership of Positive Life NSW with voting rights. Members' details are confidential.

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I am a New South Wales resident receiving benefits – \$5
(Please enclose a copy of your current health care card)

I am a New South Wales resident living with hiv/aids who does not receive benefits – \$20

I am an individual and live in Australia – \$33

I am an individual and live overseas – \$77

Organisations:

Full \$88 (includes all business, government, university, hospital, and schools either for-profit or government-funded)

Concession \$44 (includes plwha groups and self-funded community owned organisations)

Overseas \$132

Personal & Health Information Statement

We collect this information to add you to our database and to notify you of information and events relating to Positive Life NSW. We store this information either in hardcopy or electronically or both. Access to your information is strictly limited to staff members. Your information will not be passed on to any other organisation or individual. You can access and correct your personal & health information by contacting us, phone 02 9361 6011 or freecall 1800 245 677, email admin@positivelife.org.au

How to contact

PositiveLifeNSW
the voice of people with HIV since 1988

Office: Suite 5, Level 1,94 Oxford Street, Darlinghurst

Mailing address: PLWH/A (NSW)
Reply Paid 831
Darlinghurst NSW 1300

You do not need to put a stamp on the envelope.

Phone: 02 9361 6011

Freecall: 1800 245 677

Fax: 02 9360 3504

Name

Postal address

State

Ph

Email

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Expiry Date

Signature

Name on card

Total payment \$

Cash payments can be made at our office.

I acknowledge the Personal/Health Information Statement and consent to my information being collected and stored

Signature

Resources Order Form

PositiveLifeNSW
the voice of people with HIV since 1988

Ordering organisation's name

Contact in organisation

Postal address

State

Ph

Fax

Email

Date ordered

Quantity Item

Health Promotion Fact Sheets

- 1 Efavirenz Managing Side Effects
- 2 Boosting your energy
- 3 Getting Started on Combination Therapy
- 4 I want to return to work
- 5 Living with body shape change
- 6 Positive Pregnancy – *Available on the website only*
- 7 Clinical Trials
- 8 A Night with Tina (Methamphetamine and HIV)
- 9 HIV and your mouth (a pamphlet is also available)
- 10 The Dynamics of Disclosure – *Available on the website only*
- 11 What you need to know about syphilis
- 12 Changing Horizons – Living with HIV in Rural NSW
- 13 Surviving the Centrelink DSP Review
- 14 Growing Older – Living Longer with HIV
- 15.10 reasons to test for STIs
- 16 Relationship Agreements Between Gay Men
- 17 Dealing with diarrhoea

Posters (double sided)

- 10 reasons to test for STIs

Post Cards

- HIV doesn't discriminate people do (3 postcards)

Workshop Resource

- Let's talk about it (me, you and sex):* a facilitator's resource & workshop guide on positive sexuality. (160 pages)

Quantity Item

Social Marketing Campaigns

The Words To Say It: includes communication strategies, disclosure of HIV, discrimination and negotiating sexual health – **One fact sheet and three pamphlets**

10 reasons to test for STIs encourages regular testing for sexually active positive gay men. – **Health Promotion Fact Sheet No 15, one double sided poster and three post cards**

Positive or Negative HIV is in Our lives looks at the learning and practices gay men take on to manage risk, disclosure and the assumptions about sero-status.

– **Fact Sheet 1 Living with Risk and Taking Control: Why do we take risks?** How do I manage risk and take control? If I have had unsafe sex what can I do to take back control? How do I deal with a positive diagnosis?

– **Fact Sheet 2 Positive Sex and Risk:** What does risk mean after a positive diagnosis? Do boundaries and attitudes to sex change? How do we think or talk about risk?

– **4 post cards with key campaign images**

All resources listed are free of charge.
For large orders we will invoice you for postage.

Mail, Fax or Email Order to:

Positive Life NSW
PO Box 831
Darlinghurst NSW 1300

Fax: 02 9360 3504 Ph: 02 9361 6011
Email: healthpromotion@positivelife.org.au
Website: www.positivelife.org.au

HOT FUUCK

on the net, in bed or in the backroom

**A forum on hooking up and
looking after yourself.**

WED 20 February 7.00pm

Phoenix Bar

Downstairs 34 Oxford St DARLINGHURST

Free – limited places

Please book by Mon 18 February 2008

Call 9361 6011 or

email healthpromotion@positivelife.org.au

Refreshments provided

Photo: Jamie Hunter

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**HIV positive
and getting
on with it?**



**Would you like to meet
with other gay men
living longer with HIV?**

**729 is a social discussion
night for you!**

Thursdays, monthly from 7pm

Contact Hédimo on 9361 6011

Email: hedimos@positivelife.org.au

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PLANET POSITIVE

**a social night for HIV positive people
and their friends**

When: Friday 15 February from 6pm to 10pm

**Where: back of the Carrington Hotel
563 Bourke St Surry Hills**

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acon
BUILDING OUR COMMUNITY'S
HEALTH & WELLBEING

RUBY

DISCO NIGHTS

TALK
LEARN
MEET
CONNECT

A free workshop.

Meet with other guys in or thinking about serodiscordant (pos-neg) relationships.

Bring your partner or come by yourself.

Sat 15 March 10am – 4pm

Refreshments provided.

**If you are interested call 9361 6011
or email kathyt@positivelife.org.au**

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