

talkabout

Where we speak for ourselves

#156 | April - May 2008 | Positive Life NSW the voice of people with HIV since 1988



Friendship

Making it and keeping it

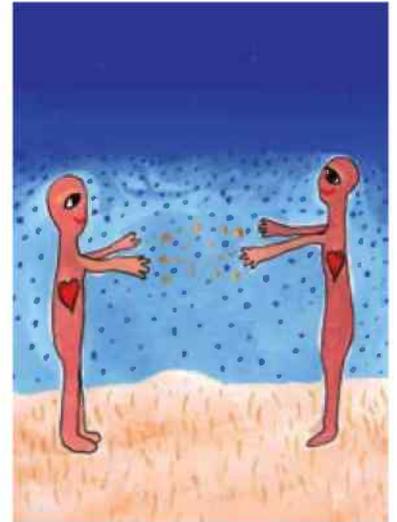
Plus:
Starting treatments
Looking after your skin
and more

PositiveLifeNSW
the voice of people with HIV since 1988

talkabout

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Friendship makes all the difference

Do you often find that once you've talked a problem through with someone else, whatever seemed at first insurmountable becomes a bit easier to handle? You can laugh at the difficulty, hear another person's perspective on it, or just forget about it all together for a little while? This is one reason why friendship is so important. Dealing with challenges is almost always a lot harder when you do so in isolation. Problems faced alone seem much bigger.

What friendship means in their very different situations of living with HIV

For HIV-positive people, friends – or their absence – can be a pretty significant issue. For many of us, talking to others has helped us feel we're not alone in this. I've always remembered what someone once said to me in a support group I was facilitating a few years back: "Before I didn't tell anyone I was HIV positive and my life was shit and it was after I told someone that I actually could get some support."

In this edition of *Talkabout*, Greg Page and Elaine explore what friendship

means, and the support it offers, in their very different situations of living with HIV. In Greg's story, he tells us about how important friendships with other positive men (peer friendships) have been for him. He feels that he can share things with his positive friends that no one else will understand. Elaine looks at two categories of friends: those who know (about her status) and those who don't. Both can be important. As Elaine says, "everyone has secrets they only share with select people."

One sign of the importance of friendship in our community is that one of the best known HIV-related groups since the early years of the epidemic in Australia is Ankali. This organization matches people with HIV with volunteers who can offer emotional support. It is based on the idea that something as simple as catching up with a friend for a coffee and a chat can help to sustain our lives, and make living a lot richer and easier. Over the years, HIV positive people have been both volunteers and recipients of friendship at Ankali. As Elaine suggests in her story, perhaps the only thing that can compete with the feeling of having a friend is being one.

Positive Life NSW has also recognized the power of friendship to enrich our lives. That's why we started support networks like After Hours (for newly diagnosed guys) and 729 (for guys living longer with HIV). So if you'd like to start building those friendship networks, give myself or Hedimo a call and find out when the next get together is.

Glenn



Safe sex and HIV Disclosure

I would like to voice my opinion about the new laws here in NSW when it comes to disclosing HIV even when having safe sex. Now of course engaging in unsafe sexual practice, or the event of a condom breaking, may warrant the HIV positive person to disclose their status to the person they are having sex with. But this law has taken the rights away from HIV positive people who do the right thing and practice safe sex and behave in a responsible manner.

If you live in a small town or a small community where sex is limited, having to disclose your status to the people of the area can do more harm than good, because you can end up isolating yourself from the rest of the township. In larger places like Sydney, it's easier to get sex, with the saunas and sex venues on hand also. But if a positive person uses such venues would they be expected to walk around announcing themselves as positive? Most places have condoms and most of us with HIV do the right thing. I think that the rule should be only enforced if someone with HIV knowing infects someone else and does not use condoms.

I would also like to point out that this new law will stop guys getting tested for HIV. If they don't get tested, it means they don't have to tell anyone, and they can't be prosecuted by law if they did not know they had it. Furthermore guys with HIV might seek out other states to live, where the laws are not so strict, and where one does not have to tell their status even if they practice safe sex.

I have been HIV positive for over ten

years and in my time of having this disease I have always behaved with caution by always using a condom during sex and making sure it was not broken after sex. If this ever had happened I would have told them to go to the nearest clinic to get onto PEP treatment.

Whoever instituted this law was only taking into account the people who had infected others with malice. Not all of us are here to infect others; most of us are upstanding citizens.

Editor: Thank you for your letter which raises a number of important concerns. It's worth acknowledging however that the Public Health laws relating to disclosure in NSW haven't changed recently. The changes made were to the Crimes Act. *Talkabout* recently published these changes to the Crimes Act so people were aware of them. The law in this state which requires people to disclose their HIV status before sex has been operating since 1991. Positive Life NSW has advocated, and continues to advocate, that the law reflect the importance of condoms in reducing the risk of HIV transmission.

Dental care

A follow up on dental care (see last issue of *Talkabout* for article on dental care programs).

The practice of Adam Alford at MLC Dental) is fantastic. I had my GP refer me there, and I got an appointment within a couple of days, had scans done on the spot, as well as other x-rays. All paid for by me over the last few years of my hard earned and paid Medicare levy – i.e. all bulk billed.

The not so good news was not so surprising. The hour long root planning session was not a lot of fun, but was necessary, and will hopefully mean things will stay better longer.

I have another session with her in a fortnight but I am feeling less trepidation now than I was having had the first lot done. After that, some root canal

work, and also some work done on a wisdom tooth.

Now none of this is fun, but at least it is going to get done, and whatever pain is associated with it will only be short term and physical - and not financial!

This particular practice is really cool about HIV - and you don't need to list HIV (or anything else really) on the patient registration card - just tick the "Other Confidential Information you want to talk to the Dentist About" box.

Don't leave it too late; apart from the fact that the longer you leave any underlying infections the harder it is to get good results, you also run the risk of having the scheme shut down before you get in.

While this was about the best thing our previous government did for poz people, Labor have already announced that they are going to be scrapping the scheme in the May Budget.

Editor: Unfortunately the Health Minister has announced the end of the Medicare dental items for chronic and complex conditions. The EPC dental scheme will end on June 30th. This program is now closed for new patients. As indicated in the election campaign, the money for that program will go towards (re)establishing an ongoing commonwealth dental health program. The eligibility criteria for this program have not been established. Positive Life NSW and ACON have been working together both to advocate for the needs of people with HIV in this program and on the NSW Health funded program providing support for people with HIV through St Vincents, Sydney Dental Hospital and in the Northern Rivers.

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



Photo: www.JohnDouglasArt.com

That's what friends are for

In good times and bad times, it's more often than not our friends who are by our side, essentially becoming our true family. **Greg Page** examines why peer friendships are particularly important for positive people and why they can be the most important ships you'll ever set sail through rocky seas with.

There's an old saying that you can choose your friends and not your family. Little wonder then that the people many of us first turned to, when diagnosed HIV+, were our friends and not our biological family.

When a friend became positive I was able to be there for him

For gay men particularly, a network of close friends often provides a surrogate family, especially in the absence of having children, as is most commonly the case. Our friends become the people we cling to in crises, either health or relationship-related. They are there for us to party with,

to recover with, to celebrate with, and also to commiserate with. They are, clearly, the most important people in our lives.

For HIV+ people, having a circle of friends who can understand your experience, relate to what you are going through and perhaps offer canny advice, or words of wisdom, is invaluable. It's quite likely that this circle will comprise friends who are themselves HIV+.

From my own experience, I have found that while HIV- friends can be caring and sympathetic when discussing matters of a "poz" nature, more often than not, it is the HIV+ friends who "get me". They are the ones who don't pass judgment on me, who don't just pat me on the back and say "you'll be okay mate" and are the ones who help guide me through the maze and mystery of being gay and positive in a straight *and* negative world!

When disclosing to my negative friends that I was HIV+, almost without exception, I had a variety of unsettling experiences. More often than not, they would cry

(which would in turn make me cry, seeing them so distressed). They would ask "how long do you have?" and then afterwards kiss me chastely on the cheek and never on the lips. One even admonished me by declaring, "Well, we are all responsible for our own actions", as if I had purposely gone out of my way to become positive. It took a while for me to realize that this person was not someone I needed to have in my life, friend or otherwise.

It was when I told my friends I had seroconverted who were themselves HIV+ that I finally got a supportive response. This made me realize real friends don't judge you. They are there for you when you need them, and even call you out of the blue every so often just to check you're doing okay.

In the five years since I become positive I've met a lot of new people. For the first two years I partied hard to try and forget. I fell into crystal for a short spell, then pulled myself out of that, had a lot of anonymous bareback sex with poz guys just because I felt I could.

I also joined some support groups. It was through the support groups that I eventually discovered I could get on with my life, that there were role models for me, and that I didn't just have to sink into a mire of disco, drugs and sex.

Real friends even call you out of the blue every so often, just to check you're doing okay

I also got involved in a massage course and studied hard for a year. I now volunteer once a week for a few hours doing massages for HIV+ clients. I get a lot out of it – not only good karma – but it makes me feel like I can demonstrate to people that, even though I may be HIV+, I'm not letting it get the better of me and I'm still trying to help others.

My 14-year relationship with a negative man eventually unraveled as he found it too challenging to cope with having a positive partner. Part of that was to do with him having had a partner previously who had died of AIDS. It was sad for both of us, because we loved each other dearly, but I realized if I had to be true to myself then we had to part ways. Slowly we are re-establishing a friendship, but once again I find it hard to discuss certain things with him because that "negative" judging still rears its ugly head on occasion and I feel like I can't be open with him about my expectations and what I want in my life.

I've learnt a great deal from being HIV+ for five years, and when a friend of mine became positive two years ago, I was able to support and help him and be there for him. It truly brought us closer together. Even though he now lives in London, we speak almost every week, give each other updates on our lives and discuss our health, CD4 levels and viral loads and any "miracle" cures we've heard of in the press. We're both still to be convinced Spirulina is worth the effort it takes to quaff down, with that disgusting taste and ugly green colour!

Now at this point in my life I can say I am certainly healthy – my viral load is undetectable and my CD4s are stable. I have a very close friend who is also HIV+ and we see each other almost daily. Most people assume we are lovers, or boyfriends, but although we did have sex initially, our relationship has blossomed into a very deep, very intense friendship, the kind of which I don't think I've ever experienced before. We care for each other, sometimes fight with each other like brothers, but always know that we are the most important person in each other's lives. To me that is true friendship.

Other friends, particularly those who I met on the party scene over the last few years, have eventually faded into the background, or I have distanced myself from them. When I disclosed to some of them I was positive, I wished afterwards I hadn't. Many of them really only want the "happy, sunny, dance party" buddy. They didn't want to have to deal with the spectre of medication, health scares and facing your mortality. Many of those people I've simply let go. When I see them on the street and they ask, "How are you doing?" I simply smile and reply, "I'm doing the best I can" and walk on by. After all, if there's one thing in life you need to depend on as a gay man, it's your friends.

Our relationship has blossomed into a very deep, very intense friendship, which I don't think I've ever experienced before

I still haven't told my family about my positive status and doubt I ever will. Hopefully the need won't ever arise. I don't necessarily feel like I am keeping something important from them, more so that I'm shielding them from something they really wouldn't understand and have no experience of. That's why I value my poz friends who take me as I am, understand the things I'm going through

and help me get on with my life. That's what friends are for, as the song goes.

That's what songs are for!

When the AIDS crisis first struck in the early 80s, a motley group of pop stars gathered together to record a special charity song, *That's What Friends Are For*. Written by Burt Bacharach and Carole Bayer Sager and credited to Dionne Warwick and Friends (Gladys Knight, Elton John and Stevie Wonder) it was released towards the end of 1985. Soon afterwards the ballad soared to #1, eventually becoming the top hit of 1986, winning a Grammy as Song of the Year and more importantly raising millions of dollars for the American Foundation for AIDS Research (AmFAR). That's What Friends Are For has since been covered by names such as Shirley Bassey, Helen Reddy, David Campbell and Rod Stewart.

*Keep smiling, keep shining
Knowing you can always count
on me, for sure
That's what friends are for
For good times and bad times
I'll be on your side forever
more
That's what friends are for*

After Hours
snax chat chill

Have you been diagnosed HIV+ in the last few years?
Want to meet with other newly diagnosed gay men?
After Hours is a drop in night for you!

When: Thursdays, monthly from 7pm
Contact: Glenn on 9361 6011
Email: glennf@positivelife.org.au

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BUILDING OUR COMMUNITY'S HEALTH & WELLBEING



Feeding the fire of life

Elaine writes about the levels of friendship, those who know and those who don't

What is a friend?

- * **Someone who tells you honestly that *Those Pants* make your butt look like two pigs fighting under a blanket**
- * **Someone who tells you honestly that *That Person* you're panting over is no good for you (but listens patiently while you defend *That Person* with the ferocity of a rabid ferret)**
- * **Someone who comforts you unconditionally when *That Person* breaks your heart for the fifth time (and never says "I told you so")**
- * **Someone who, without hesitation, throws themselves onto the back of the 6'7 gorilla twisting you into a pretzel after you tried to pry him off your girlfriend on the dance floor**
- * **Someone who shares your triumphs and defeats, your joy and misery, with the same depth of feeling you experience**
- * **Someone who accepts you just the way you are**

Friendship is the oxygen which feeds the fire of life. It makes the world richer and more meaningful. There are many levels of friendship.

It can be overwhelming, trying to categorise all the people in your life you consider friends. For me, I have simplified it by defining only two categories – those that know and those that don't. My relationships are driven by my virus. It dictates how much of myself I share, which in turn influences the amount of time I spend with different people.

Those who know

Those who know are the people I feel the most comfortable with. I can express myself without censorship. I can embrace my spontaneity and never have to hide how I am feeling, or pretend to be something I am not.

Whilst many may not understand exactly how it feels to experience the challenges I face as a positive person, they allow me the freedom to be whoever that may be on any given day – without fear of reprisal or retribution. They validate my right to be happy, sad, angry... whatever. They forgive me my shortcomings, and are there in a pinch whenever I need them.

And those who don't

Those who don't know are a trickier group to deal with. More than acquaintances, less than bosom buddies, we talk about everything under the sun on a superficial level. We share our hopes and fears, thoughts and feelings, dreams and ideals. And yet there is an enormous chunk of my life which I cannot bring myself to speak of openly with them. This inhibits my freedom of speech.

Everyone has secrets they share with only select people

I have become extremely adept at talking *around* things to do with that part of my life. I can see in their eyes they know there are important details I am leaving out of certain conversations. Thankfully, they're either too polite or too disinterested to press for more informa-

tion. Sometimes this becomes frustrating. Having to be always on my guard, and thinking through every word that comes out of my mouth before I say it, is exhausting (especially for someone as impulsive as I am). I am definitely more reluctant to spend a great deal of time with these people.

I often wish I could just let it all hang out and be totally open with every person in my life. But the repercussions don't always affect me alone. I have to think about the other people in my life. For the most part, the people who don't know are the parents of my children's school friends. I spend time with these people so that my kids can have time with their friends outside of school hours. To my surprise and joy I am finding I have things in common with these people and we rarely lack for things to chat about. Yet there is awkwardness in my ability to interact with these lovely folk because I am not being completely open with them. This is hard for me, being of an honest and sharing nature. But I would hate to share with them, only to find out they no longer wish for our kids to spend time together; and having to face them every school-day, after such a rejection, would be borderline unbearable. And how would I explain to my boys why they are no longer welcome at their friends' homes?

The question I ask myself all the time is "Do these people really need to know?" In the grand scheme of things, is it really so important to be totally honest with all my friends? I am sure they aren't sharing all the intimate details of their lives with me. Everyone has secrets they share with only select people. Does it really affect my ability to be friends with someone because I don't talk about my virus? Realistically, the answer would be a resounding no! In fact, it is nice to occasionally be seen as "ordinary". Just like everyone else. To talk about things unrelated to health and well being. To just be Jaali and Neo's mum. It's rather liberating really.

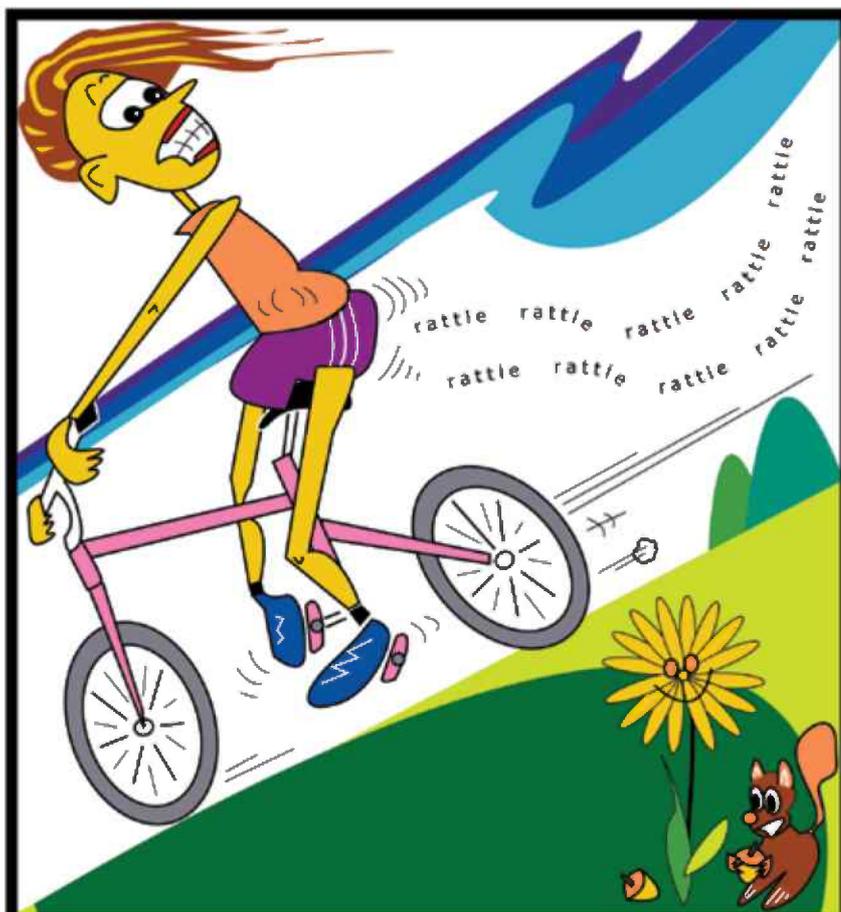
And another category of friends

There is actually another category of friends I haven't spoken about. Our lives rarely converge, and we couldn't be less

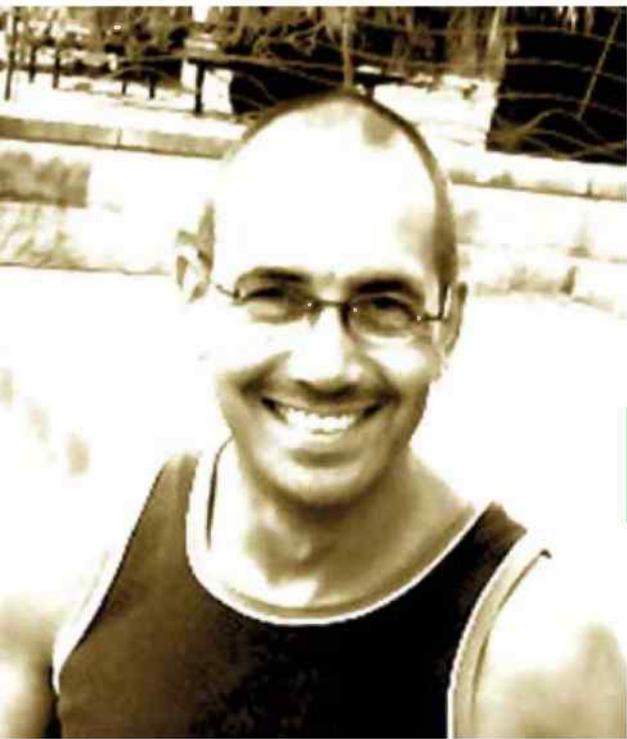
alike if we tried. Yet we share a common bond that breaks down any social barriers that would normally prevent us from interacting. I am talking about the Positive Community. People I meet only at the odd conference or other HIV-related activity. In our everyday lives we have seemingly little in common. And yet there is a depth of understanding and acceptance that I feel in no other area of my life. Having my experiences validated by people who have a true understanding of my positive life is the most powerful feeling in my world. Being able to cry, without then having to comfort the person whose shoulder I am soaking, is unbelievably freeing. Being able to share my fears and concerns, with-

out having to explain myself, helps me to gain a clearer perspective and move forward. Having you makes me stronger and more able to face my future with a smile and good humor. For this, I thank you.

Everyone needs friends. We are social animals who need contact with other people to make our lives worthwhile. Whether you have one or one thousand, friends are the foundations on which we build our lives. They keep us strong and prop us up when we are weak. They make us laugh when we are sad and give us someone to share our happiness with. Few things in life have more value than having good friends. Except perhaps being one yourself.



The rattle Julie heard while exercising wasn't from her bike, it was caused by the three new pills she was taking daily... POJO



When should I start treatment?

Todd writes about the anxieties and benefits experienced when starting treatments

I know too well these times can be full of doubts, fears, dark nights, and agonising over what's in store... it does get better, but that doesn't help when you're still waking up at 2.30am in the mornings in sheer terror at what may be happening to you. I first started treatments in 1994. The 'terror moments' have passed - but in remembering how difficult it was to try to find information that was right for me at that time, I've decided to write to you - someone recently diagnosed who may be asking a similar question.

I first had to ask this question for myself in the early '90s when HIV treatments were relatively new. Combination treatments had only just begun, and I was still in (healthy?) denial that HIV was going to be terminal (and still am). I had to come to terms with the fact it wasn't going to go away no matter how much I tried to ignore it. At the time I was in such a dilemma about what the heck was happening, and how to survive and make meaningful decisions that would help my body tackle this alien virus which was replicating at an ever increasing rate.

The thought of having to 'decide' whether or not to start treatments can

be just as daunting these days because there is so much information out there. What or who do you choose to listen to? How do you know what's best? Why is it that so many medications list such a huge range of side effects? Who's right and who's wrong? Where do you draw the line?

It is a life long commitment if you're going to make them work

Starting treatments is indeed a personal decision, and rightly so... it is a life-long commitment if you're going to make them work. Just as important is that your doctor is spending time and giving you some guidance in 'starting to think' about it - rather than just stipulating where and when you start. Having a doctor you feel comfortable with and who listens to you helps, but for some (especially in rural areas) this isn't an option. For me, having a sense of control is still paramount in successful treatment.

Sure enough, treatments have changed a lot, but if you're new to even *thinking* about taking something on a daily basis, it's still a whole new way of 'self-management'. What about the side effects, whether the treatment needs refrigeration, how long has it been used, what if it gives you diarrhoea, how many times per day do you have to take it, do you need to take it with or without food etc. etc? Thankfully, some of these questions are actually less of an issue these days than they used to be.

For me, the idea of starting treatments was so daunting, I didn't even look at starting until my CD4 count was below 250, *and* my percentage was rising (we didn't have viral load in those days), and I could see real signs of the HIV having an impact on my body (ulcers, fatigue, thrush, food intolerance, etc.), but this is just the way I dealt with it at the time (and not a recommendation). Developing a case of shingles (which was fortunately very localised) was what *really* got me motivated. Historically my CD4 count has been low (some people I know have CD4 counts above 1000 - for me a count above 500 is my body's ultimate 'immune activity').

A definite benefit of going onto treatments was the sense of finally feeling in

control. I was actually taking a stand and facing my situation head on, monitoring my HIV, lessening the fatigue I'd felt, as well as forging a more productive relationship with my 'care team' and doctor.

The other benefit was an immediate immune response, and a significant

A definite benefit was the sense of finally feeling in control

decrease in opportunistic infections (I hadn't realised just how much a burden they'd been until starting treatment).

So this was my experience... Should you start treatments?

I'd never recommend the time to start because there are too many factors to con-

sider. But finding your own answer by seeking the opinions of others is an excellent place to start, and that's the real backbone to living longer with HIV. So my thoughts are with anyone who needs to read these pages, and I pray you find the answers that will help you make a decision you're comfortable with. That's the real factor of success. Good luck, and keep asking questions.

Todd has been HIV + for 17 years, and is also a member of MCC Sydney (www.mccsydney.org)

Todd's recommended resources:

- ACON - Living with HIV Website www.acon.org.au

I highly recommend the ACON treatments pages - found by first going to their home page at www.acon.org.au and click on the menu link within the top banner that says "Living with HIV".

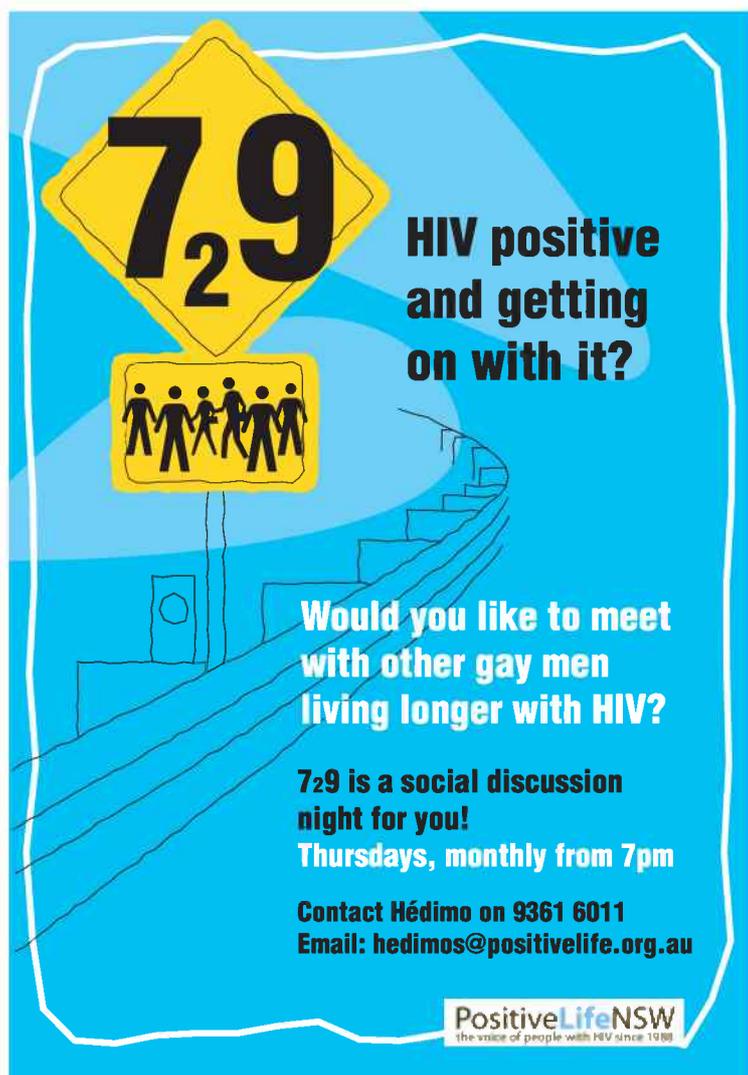
They also recommend the following site which is excellent:

- HIV i-Base - HIV treatment information Website www.i-base.info

This is (in my view) one of the best sites I've seen so far. It's very comprehensive, clearly set out, easily navigable, and covers all ranges of questions, situations, and latest info. It comes recommended by ACON's website, and I can see why. It's also highly recommended if you're looking for information on successful health outcomes, and being fully informed about treating HIV.

PS. And another good contact when you need to make treatment decisions:

- ACON Treatments Officer
Tel: 9206 2000
Freecall: 1800 816 518



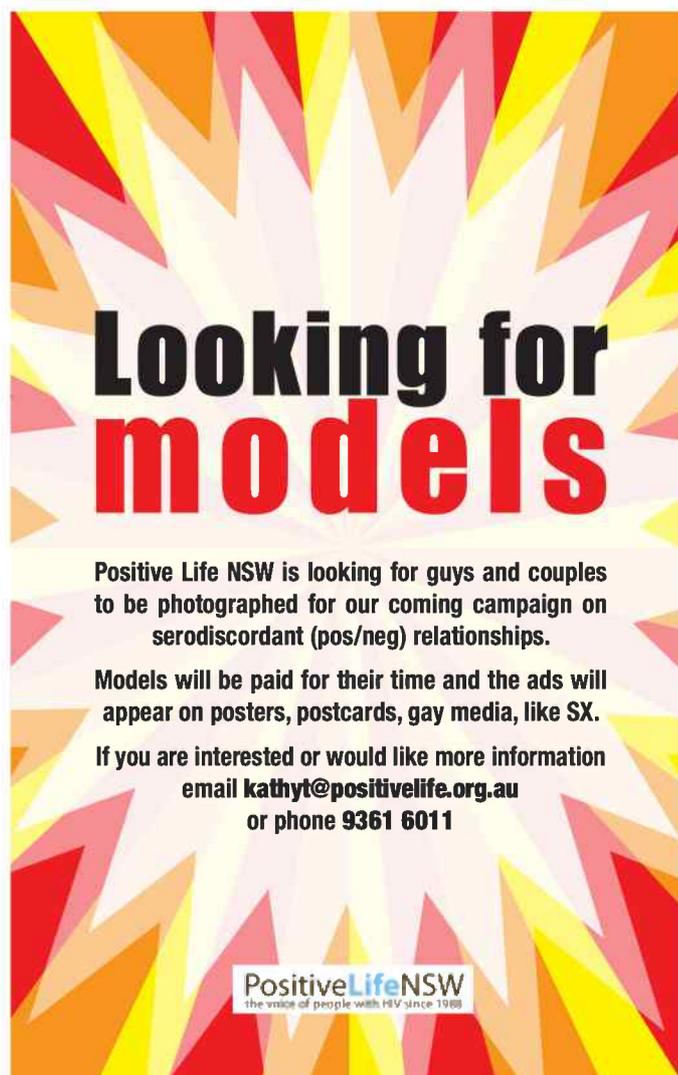
7₂9 HIV positive and getting on with it?

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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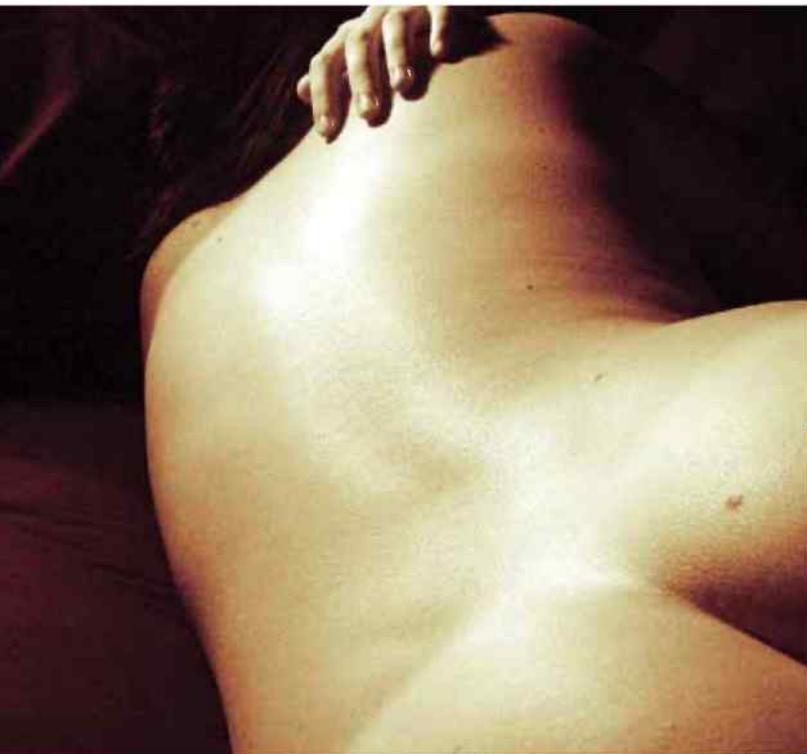
Looking for models

Positive Life NSW is looking for guys and couples to be photographed for our coming campaign on serodiscordant (pos/neg) relationships.

Models will be paid for their time and the ads will appear on posters, postcards, gay media, like SX.

If you are interested or would like more information email kathyt@positivelife.org.au or phone 9361 6011

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Looking after ourselves

Garry Wotherspoon on skin

Skin. What's in that word? According to the *Oxford Dictionary*, it is the 'flexible continuous covering' of our body, our outer protection, holding everything else in. And in the early days of the plague, it was on the skin where the dreaded 'identifier', Kaposi's Sarcoma or KS appeared. It was seen as the ultimate indicator that a person had moved beyond HIV on to AIDS; it was the stigmata on the surface of the body. Indeed, it was the existence of KS amongst groups of men for whom it was most unusual - initially gay men in the USA, rather than elderly men on the eastern Mediterranean shores - that first alerted medical investigators that something new was here.

But that was a quarter of a century ago, and our world has moved on significantly. Since the onset of HIV/AIDS, and particularly since the mid-1990s, new treatments have intervened in both the infections process (as with PEP), and to slow the progress of the disease (combination therapies). But such momentous advances should not blind us to the fact that there are health issues we should still be acutely aware of.

And some of these can be best done by paying attention to our skin. I don't mean that we have to follow what rich smart ladies did in ancient times, when they used to bathe in asses' milk, to keep their skin soft and healthy-looking. While it would be difficult today to get enough asses together for their milk to fill a bath, there are far less dramatic alternatives in skin protection these days.

Observe its changes and note anything unusual

The most sensible thing to do with our skin is to observe its changes, and note anything unusual. Since we are living longer, some of the things we observe are due to 'ageing' - some wrinkling perhaps, and a bit of sag here and there (unfortunately, usually not where we'd like it to be), or the appearance of blotches or moles or lumps. And while some people have sensitive skins and are prone to ailments, skin awareness should be with all of us.

Some things we observe are due to where we live - in cities, where pollution levels are high. Rashes and itching might be common, but your GP can dispel any fears and suggest some remedies if this is the case.

And we live in Oz, with one of the highest rates of skin cancers in the world. So be observant. Early detection (as with most things) is best.

So what should we look out for? If we do have moles, we should watch out for changes in them (get them checked every year). Also check out any strange lumps, or sores that don't heal, no matter how small. Some of these may merely be warning signs of sun damage to your skin - or of potential future skin cancer. Your HIV GP would be well qualified to alert you about any of these that need further attention. And these days, medical technology can provide quick responses. If they are cancers of any form - basal cell, squamous cell, or melanoma - there are treatments. For some, they can simply be burnt or frozen off, but some require a more interventionist approach. And if you do have something that should be removed, don't hesitate - much skin 'repair' (dermatology) is covered by Medicare. The important thing is dealing with them early. At least in Australia,

there ARE campaigns and heightened awareness about skin issues.

But prevention is also important, and that means going back to sunscreen, shade, and sensible clothing. I know this raises fashion issues - can any gay man cope with this last aspect? But we are talking about staying alive here.

Some cancers can be simply burnt off or frozen off

Of course, you can go all the way in another direction - avoid going out into the sun at all. And if you still have to sport a tan, well, take a chance on getting that lovely orange look with fake tans (they

even spray them on these days). Although there are also solariums, they do have the risk of encouraging cancers in light-pigmented or sensitive skin.

At the start of the 21st century, we are living longer with HIV. But we do have to take extra care to look after ourselves, and pay attention to what our skin tells us, since early detection remains important.

It used to be said, 'He died young, and had a good-looking corpse!' Well, maybe I can die old, and still have a good looking corpse. So where are all those cartons of soy milk? Well, who knows? I may as well try it...

Worth Reading:

- 'HIV Infection Linked to Higher Skin Cancer Risk', *NSW Public Health Bulletin* 189, Vol. 16 No. 11-12, July 24, 2007 (by Tim Horn, Senior Writer & Editor).
- 'Types of skin cancer' www.sunsmart.com.au

- **Avoid sun burn and cover up**
- **Regularly check changes to your skin**
- **Talk to your GP about any suspicious spots**
- **If you would like a second opinion, ask your GP to refer you to a specialist**
- **Some skin clinics will bulk bill. If you are concerned ask them about the cost**

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 Cameron 9519 6142 as bookings are essential

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

SYDNEY SOUTH WEST
AREA HEALTH SERVICE
NSW HEALTH

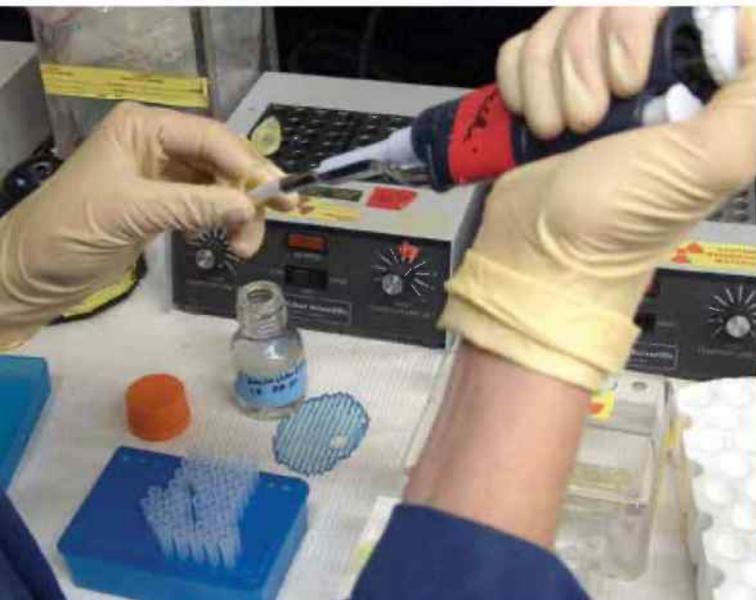


Fancy a Quickie?

The Qualitative Interviews Concerning Key Issues and Experiences (QUICKIE) project, organised by the National Centre in HIV and Social Research (NCHSR) at the University of NSW, is a new avenue for gay men to talk about what is going on in their lives and in Sydney.

We are interested in men's experiences of gay life such as sex, relationships, 'the scene', sexual health, negotiation and other issues. Phase 2 interviews are now beginning. Taking part involves a confidential, one-on-one interview.

If you are a sexually-active gay male who lives in Sydney and are 18 and above and interested, please contact Diana Bernard on 93857164 or d.bernard@unsw.edu.au to find out more about participating.



What's new in treatment research?

Update from the 15th Conference on Retroviruses and Opportunistic Infections (CROI), Boston USA February 2008

Abacavir and ddI linked to increased risk of heart attack

The link between HIV treatments and an increased risk of cardiovascular disease is well known. However the latest results from the DAD (Data collection on Adverse events of anti-HIV Drugs) study suggest that treatment with Abacavir (also present in the combination pills Kivexa and Trizivir) and ddI significantly increase the risk of heart attack. Over 30,000 patients are enrolled in the DAD study and the investigators looked at seven years of data to see if there was an association between treatment with NRTIs (Nucleoside Reverse Transcriptase Inhibitors) and an increased risk of heart attack.

They found that treatment with Abacavir within the previous six months increased the risk of heart attack by 94% and that recent treatment with ddI increased the risk of heart attack by 53%.

The researchers believe the findings are of particular importance to people who smoke or people who have a history of cardiovascular illness or are at particular risk of heart disease.

Risk of heart attack can be reduced by stopping smoking, regular exercise and a good diet. The

researchers add that a smoker who is taking Abacavir would reduce their risk of heart disease more by stopping smoking rather than stopping Abacavir.

Risk of heart attack can be reduced by stopping smoking, regular exercise and a good diet

They recommend that patients who are taking either drug, and are concerned about their heart attack risk, should talk to their doctor.

Treatment interruptions are still not a great idea

Two years ago the SMART treatment interruption study was stopped early when it was found that patients who took treatment breaks were more likely to develop

HIV related illnesses, and some serious non-HIV related illnesses, than individuals who took continuous HIV treatment.

Further results from the SMART study showed that treatment interruptions could have long-term consequences.

Treatment interruptions could have long term consequences

These showed that in the 18 months after the study was concluded, rates of HIV-related opportunistic infections, and death from any cause, remained higher in patients who took interruptions, than in patients who took their therapy continuously.

The investigators suggest that "antiretroviral therapy interruption is associated with long-term consequences beyond the period of treatment interruption."

Research points to the prospect of a once-monthly anti-HIV drug

Once-daily HIV treatment was considered a breakthrough, but researchers are now developing an anti-HIV drug that might need to be taken just once a month.

An experimental NNRTI called rilpivirine has been formulated with nanoparticles. Results in animals suggest that once-monthly injections could be enough to treat HIV.

Researchers are trying to find other drugs that could be formulated in a similar way. This could mean that potent, multi-drug anti-HIV treatment could be developed that is injected monthly.

This technology could also be used for HIV prevention to provide long-lasting pre-exposure prophylaxis or as a microbicide.

Earlier use of antiretroviral therapy could reduce the risk of other illnesses

Should we start treatment at a CD4 cell count of 500 to reduce risk of serious non-HIV related illnesses?

Treatment guidelines in Europe and the US are now recommending that HIV treatment should be started when an individual's CD4 cell count is around 350. Previous guidelines recommended starting treatment when a patient's CD4 count was around 200.

These were changed when studies showed that patients who started treatment at higher CD4 cell counts had much better long-term improvements in their immune system. Furthermore, results from

the SMART treatment interruption study showed that a low CD4 cell count increased the risk of serious non HIV-related illness, such as some cancers as well as heart, kidney and liver disease.

But could treatment guidelines soon be recommending starting treatment at an even higher CD4 cell count? There is evidence from the UK that patients with a CD4 cell count of 350 have more HIV-related illnesses than patients with a CD4 cell count of 500.

Results from a number of studies show HIV may have an important role in some serious non HIV-related illnesses. This British research presentation suggested the earlier use of antiretroviral therapy could reduce the risk of these illnesses, and recommended looking at whether HIV treatment should be started earlier in patients with CD4 counts above 500.

Research looks at the risk factors for lymphomas

A study has also looked at the risk factor for lymphomas in patients taking anti-HIV treatment.

German researchers found two main risk factors; having a detectable viral load, which increased the risk of Burkitt or Burkitt-like lymphomas; and having a CD4 cell count below 200 increased the risk of non-Hodgkin's lymphoma.

It is therefore very important that patients receive treatment with the aim of suppressing viral load to the lowest possible levels, said the researcher who conducted the study.

There are long-term benefits of successful hepatitis C treatment

Many people with HIV are also infected with hepatitis C virus. Liver disease caused by hepatitis is now an important cause of death in these co-infected patients.

Treatment for hepatitis C virus clears the infection in about two-thirds of HIV positive people who have recent or acute hepatitis C infection and in about a third of HIV positive patients with long term or chronic hepatitis C.

A Spanish study showed that successful hepatitis C treatment has long-term benefits for co-infected patients. The study involved HIV positive patients with chronic hepatitis C and 31% had a successful response to hepatitis C treatment.

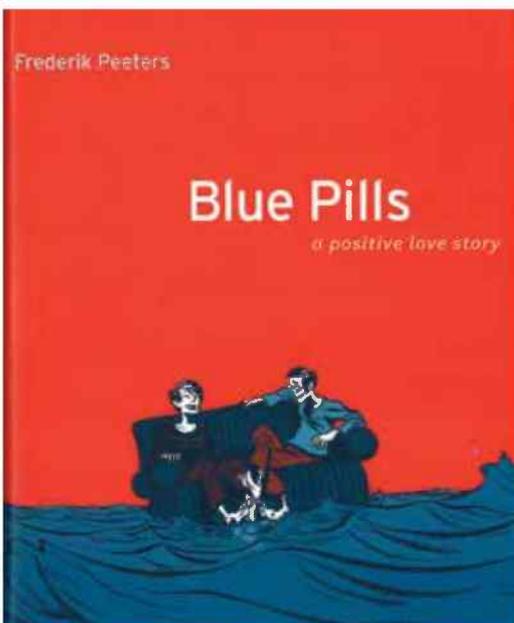
Patients who responded to hepatitis C treatment were less likely to die of any cause

The researchers compared rates of death from any causes, as well as rates of liver-related illness and death in the patients who did well on hepatitis C treatment, and in those who did not.

They found that the patients who responded to hepatitis C treatment were less likely to die of any cause, and also had a greatly reduced risk of liver-related illness or death. But rates of HIV disease progression were equal in both groups of patients.

The above information comes from NAM.

NAM is a community based organisation which works from the UK and publishes a wide range of publications on treatment for people with HIV. For more information visit www.aidsmap.com



Books

Blue Pills: A Positive Love Story

In 2004 *Indy Magazine* published its list of the twenty best graphic novels you haven't read" and one of the books on the list was *Blue Pills: A Positive Love Story*. This book is by the Swiss cartoonist Frederick Peeters and was published in French in 2001. Now it has just been published in English.

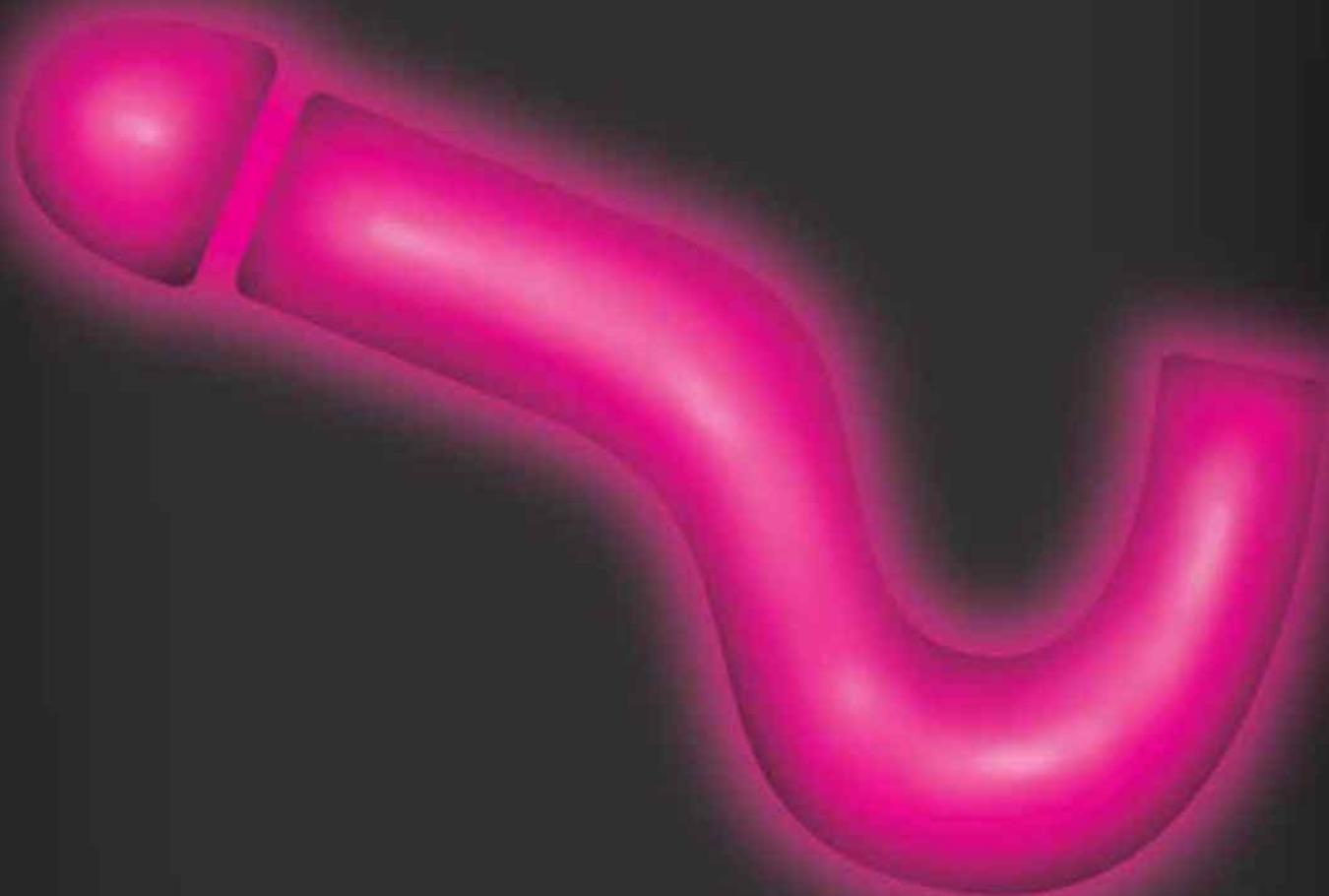
Blue Pills describes the cartoonist's relationship with his HIV positive girlfriend Cati and her son, who is also positive. Fred's relationship with Cati is beautifully drawn as is his unfolding relationship with her boy "the little one" or Li'l Wolf."

The book is about their everyday moments: the tenderness, the worries, the trust and desire, treatments, dealing with condoms, visits to doctors and hospitals, and the hair-cuts and tantrums. It's all portrayed in a simple and moving way. One reviewer remarked that "profound moments are conveyed in delicate detail and quiet moments of pleasure." *Blue Pills* also has its quirky moments – I'm thinking of the stalking white rhinoceros that lurks from time to time, after the rumpled, tired and very human human doctor tells him "you have as much chance of catching AIDS as running into a white rhinoceros on your way out of here." Then there's the whole discussion about life and love and illness on the back of a woolly mammoth – an interesting touch. As someone remarked, as a novel it would be wonderful, but the drawings take the story to another level again.

Blue Pills, along with other graphic novels, can be found at Kings Comics and Kinokuniya Bookshop in Sydney.



**If he hasn't said he's positive too,
how can you know?**



You just don't know.

Most HIV negative guys don't always disclose before sex.* Unless he's clearly told you that he is positive too, use condoms and lube.

*For more information go to www.youjustdontknow.org 02 9206 2000 or 1800 063 060

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Fair Day Ghosts

Peter reflects on being young and positive and not blaming

I don't go to Mardi Gras Fair Day because there are too many ghosts there for me. Ghosts from people passed over. Work related ghosts from being a staffer for Mardi Gras. And the living ghosts walking around who pretend to not know me because they have a new boyfriend, or are cruising, or are partying or whatever. Ghosts are everywhere.

An old flat mate was in town for Mardi Gras, and he dropped into my place for a visit after he had been to Fair Day. My old flatmate chatted to me about Fair Day and about his ghosts. We caught up on the previous few years. All the stuff that's too long to type into a Gaydar message.

"You are the first generation of poz people to not have to worry about dying" he said to me as he drank a glass of cold water.

This made me recall a newspaper story about a drag queen who ran one of the Sydney bars. He stated in the story that young pozzies were good at rorting the welfare system, and that young people were reckless with drugs and sex. According to the drag queen in the story - welfare was only okay for him and his mates, and, young people were demonised.

"It's those young people not disclosing, who are driving up new seroconversions" said my old flatmate as he drank the last of his water.

"No, time is the cause" I interjected. "The longer time goes on, the more sex happens, and the more sex happens, the more likelihood there are seroconversions. It's the time variable along the

x axis of the graph that generates new numbers, not an increase in risk taking behaviour by young people."

I wasn't into youth bashing. Mainstream media does it constantly and I wasn't about to jump on the bandwagon. My old flatmate is in his 50s. It worried me that he didn't include himself in the group of people who don't have to worry about dying anymore. His opinions were like the drag queen's in the newspaper. They both thought that young positive guys had it so much easier than they did.

Lack of support for young people can make coping with HIV very difficult

I understand why positive heterosexuals feel invisible in our community because, as a young positive guy, I had always been made to feel that HIV belonged to older gay men. The x axis on the graph had turned my hair grey. I am now an older gay man close to age 40, yet I became poz at 21. I went through all the experiences older positive guys went through and a bunch of different ones because I was young when I seroconverted.

Access to resources and support networks determine how well you cope with your HIV. The average age of seroconversion is around the mid 30s. By mid

30s people have a decade of adult friend/family networks and a decade of career/finances to fall back on. But it's very different for young people.

Young people aren't long out of the family home and they move around a lot for uni and work to find where they fit in. All their long established friendship networks dissolve when high school ends and they have to create new ones. It can be hard to get family support if they have been pushing family away for the past few years to define themselves. And young people don't have well paying careers or a history of savings. For young people the lack of resources and support makes coping with HIV very difficult. Not having these networks in place is difficult and having to create these networks while young and poz is even more difficult.

My pantry was bare except for the tin of peaches that lives on the second shelf so I didn't offer to cook my old flatmate dinner. After a long chat about the inner city becoming all apartments, and how wealthy older gay men were the only ones who can afford to live in the apartments, and how MAG was the biggest stall at Fair Day, he finally finished his visit and went back to his hotel.

"You are the first generation of poz people to not have to worry about dying" stung in my ears as I fell asleep on my sofa in front of the telly. For one pozzie to say other pozzies are less worthy is the greatest injustice we can do to our community. Both the drag queen and my old flatmate were guilty of doing this. While asleep on the sofa I dreamed about shopping at Aldi so I didn't have to eat tinned peaches.

YOUR POSITIVE LIVING CENTRE NEEDS YOU

Do you have some free time?

Do you need an excuse to get out and meet people?

Do you have graphic design/computer skills that are being underutilised?

Do you want to make a difference?

The Positive Living Centre is looking for interested people to form a working group to produce a quarterly calendar and newsletter of events.

You do not need to be a PLC client to participate.

This may be a step for you to return to the workforce in some form. This may compliment what you are already doing. This may be a way of learning new skills and making new friends.

For more information please contact Vicky Coumbe during business hours on 9699 8756.



PEER FACILITATOR TRAINING

Date: Sat 31 May

Time: 9 - 5pm

Do you want to learn peer group facilitation skills?

Do you have a desire to help others while also volunteering your time and energy to various ACON projects? Then Peer Facilitator Support Group Training could be for you.

The training covers how to facilitate Discussion Groups using a Peer Support model.

This opportunity is open to all HIV positive people and their supporters.

For more info about the training and application process please contact:

Jeff Jones at 02 9699 8756 or jjones@acon.org.au

Vicky Coumbe at 02 9699 8756 or vcoumbe@acon.org



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Chronic fatigue syndrome Immune deficiency Neurological disorders
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Contact Colin at Herbal Alchemy to find out more.
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Discounts for Talkabout readers
(available seven days / evenings)

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HIV+ friendly masseur providing affordable Swedish
massages to the HIV/AIDS community.

Located in the Coffs Harbour shire

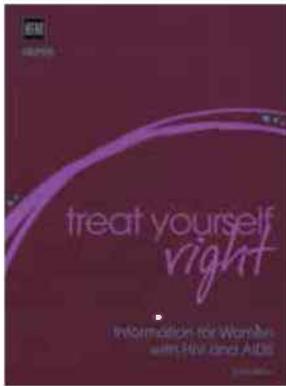
Available 7 days a week between 9:30am till 9:30pm

Contact me on (02) 66589425

Outcalls available

Masseurs, dog walkers, hairdressers, you name it. If you have a service and would like to advertise a discount for Talkabout readers

Email editor@positivelife.org.au (up to 30 words)



New information for positive women

Tanya Plibersek, Minister for the Status of Women launched the new third edition of *Treat Yourself Right*, noting how appropriate it was to launch the resource the day before International Women's Day.

The Minister emphasized that, while much has changed and been achieved, we still have far to go, to both address issues for women and in dealing with HIV. Ms Plibersek also confirmed the Government's commitment to prevention and to care and support as well as to work in our region.

Women have many specific issues which concern them such as pregnancy and breast feeding, menopause and cervical cancer awareness just to name a few. This booklet also includes information for women at risk of contracting HIV.

By December last year of the 36,000 people diagnosed with HIV in Australia, 2,911 (or approximately 8%) of them have been women. Between 2000 and 2003 the proportion of women who were new diagnoses increased from 10.3 to 13.5%.

Katherine Leanne, Vice President of People Living with HIV/AIDS South

Australia and Co-chair of the Women at NAPWA Network also spoke at the Launch. Ms Leanne welcomed the "opportunity to promote the visibility of positive women and ensure their voices are heard."

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

PLANET POSITIVE

a social night for HIV positive people and their friends

When: Friday 16 May from 6pm to 10pm

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

PositiveLifeNSW
the voice of people with HIV since 1988

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HEALTH & WELLBEING

RUBY



Senate Committee Votes to Remove HIV Travel Ban

The Senate Foreign Relations Committee has approved legislation that would remove a ban that restricts the travel and immigration rights of HIV-positive people, *The Washington Blade* newspaper reports.

According to the *Blade*, a bipartisan group of U.S. senators added language repealing the ban to a current bill that would reauthorize the President's Emergency Plan for AIDS Relief (PEPFAR).

Human rights groups, public health advocates and AIDS activists have called for the repeal of the ban, saying it was created before much was known about HIV and how it is transmitted.

"The United States has enforced this antiquated policy for too long with no public health rationale for discriminating against HIV-positive people in such a severe manner," said Victoria Neilson, director of the New York-based group Immigration Equality.

The Human Rights Campaign advocacy group has called on the full Senate to approve the PEPFAR bill containing the repeal legislation. March 14, 2008

From www.poz.com

Up, up and away

A guide for positive travellers

Travelling overseas?

Not sure about which countries have problems with positive visitors and which ones don't?

Or what vaccinations are ok?

Or looking for tips on travelling with HIV treatments or managing health issues while travelling?

People Living with HIV/AIDS Victoria has produced a new website and booklet to make the whole experience a lot clearer and easier.

Visit www.positivetravel.info

A screenshot of the '+TRAVEL' website. The header features the '+TRAVEL' logo and the tagline 'positive travel for plebe'. Below the header is a 'Welcome' message with a navigation prompt: 'to begin, please choose a topic from the menu on the right'. A central image shows an airport terminal with people walking. To the right is a 'GATE LOUNGE' menu with six items: 1. Preparing, 2. Medication, 3. Insurance, 4. Emergencies, 5. Entry Restrictions, 6. Travel Smart. Below the menu is a search bar with a 'SEARCH' button. At the bottom, there are logos for Bristol-Myers Squibb, Roche, PEPFAR, and ACON, along with the text 'PositiveLifeNSW'. A footer contains the text 'a resource about travelling overseas for Australians living with HIV/AIDS'.

If you would like a copy of the booklet *Up, Up and Away* call Positive Life NSW on (02) 9361 6011

The Joy of Pets

...a dog's life...

Yes, I have often heard the expressions of 'A man's best friend is his dog'.

Well, I tend to agree. But when I look closer, this dog is more than my friend. This dog is my family member, confidante, sleeping partner, dinner companion, walking companion, playmate, driving companion, protector - staunch, stolid and spirited.....(sigh) that child I always wantedand back again to that best friend I have never had or have been able to keep.

Yes, dear Sonsie. Sonsie is a Scottish word meaning 'pretty'. Sonsie is a West Highland Terrier, and is by far the best friend of all the other friends I've had.

But as Sonsie says, it is good we both have our independence. I have my own circle of *Talkabout* friends and she has her friends, Ella and Kobe (ask my ex - don't know where he got their names from) who stay and eat over regularly.

We also have a guest who sleeps over quite regularly, one whose name is Hamish. Hamish's mother is a doctor and works long and awkward hours. Poor Hamish. He does fret at times. And then there is Fergus (now these are nice proper Scottish names). Both Fergus's parents are doctors, and they have other grown up children and Grandma. Sonsie, Ella, Kobe, Hamish, Fergus and I, we are all waiting for Fergus's family to go away for a long weekend where little children are not allowed (Queen's Birthday coming up soon). Then the doctors' children can have sleepovers as well.

What fun! - Playing in the bathtub together. - Everyone trying to jump out at the same time. Sonsie is the athlete in the family and always clears the hurdle.



From left to right. Sonsie, Kobe, Hamish, Ella

Since we have equal rights, let me tell you a little bit more about me! Everyone at home often calls me 'Sonce'. I don't mind. I know what they mean. I love burying the little bones in the house. My favourite places are under the sofa lounge and under our pillow. Then I know it's safe because I am the jumper and Hamish, Kobe and Ella are not really the best jumpers.

And I love sitting on the front seat whilst my attendant is driving, and if I'm lucky, I get to sit on his lap. Shhhhhh.

I love playing treasure hunt. Sadly, the treats are thrown around the room while we all hunt for them. I say sadly, because that is usually the time when we are given our independence (or is 'freedom' a better word here?).

Yes, then it is.....a dog's life....



... And come along to the Million Paws Walk

The Million Paws Walk gives lovers of all animals the opportunity to support the important work of the RSPCA and get a little exercise in the process! You don't have to have a dog to join in the fun. The RSPCA's Million Paws Walk has something for everyone. In addition to the feature event (a walk of between 2km and 5km) there will be stalls, displays, entertainment, vet checks and a host of other activities. So bring a dog, bring a friend or just bring your walking shoes and help the RSPCA help animals in need.

When: **Sunday 18 May, 2008**

Where: Over 70 locations across Australia, including in every capital city.

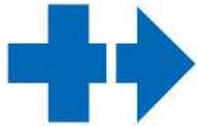
Visit www.millionpawswalk.com.au for location details. You can also save time and money by pre-registering online.



Would you like to see your pet in *Talkabout*?

Send in your photo and how you feel about your pet (up to 200 words) to

editor@positivelife.org.au



HIV medications: outpatient pharmacies in NSW public hospitals and sexual health clinics

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

Beautiful islands in our Pacific

John Douglas has sent *Talkabout* some photos from his travels – this time to French Polynesia. You can see more of John's work at www.JohnDouglasArt.com



▲ Typical coastline. Tahiti actually refers only to the main island of French Polynesia, a French territory consisting of five different archipelagos stretched across thousands of miles of sea, covering an area larger than Europe.



▲ This is the place where the word *tattoo* comes from, along with tattoos themselves. Traditionally made with a shark's tooth they are often ceremoniously applied when reaching adolescence.

▼ Turtles and fish feeding in shallows.



▲ Picking Gauguin's brain. Gauguin originally came to Tahiti on a government grant, noting in his diaries he believed he was given the funding so the government could pretend to be supporting the arts.





The interior of Tahiti island contains lush forest and waterfalls.



HIV/AIDS information poster. Hard statistics on HIV were hard for me to find, and some people told me of crystal usage on the rise.

Way back when ships first arrived with strangely pale people, Tahiti was a pristine land with unjaded residents who enjoyed life to the fullest, happy with what they were and what they had. Intercourse of all types led to the spread of Western diseases to which Tahitians had no natural immunities, decimating the local population; in a short span of time, almost half the population died.

The lighthouse designed by Robert Louis Stevenson's father in 1866.



Swiss study on HIV transmission sparks debate

The Swiss AIDS Commission recently sparked an intense debate on how infectious people are when they are on HIV treatments, and on what the implications are for HIV prevention.

Early this year, the Commission issued a statement in the *Bulletin des Médecins Suisses*, observing that “after review of the medical literature and extensive discussion (...) an HIV infected person on antiretroviral therapy with completely suppressed viraemia (“effective ART”) is not sexually infectious ie. cannot transmit HIV through sexual contact.” Despite the technical language, this statement amounts to a bombshell. It suggests that if a person’s HIV treatment is working effectively, then that person won’t be able to infect another person by having sex.

But it’s far too early for people to jump to conclusions. There are lots of caveats. The Commission itself goes on to say that the above statement is valid as long as:

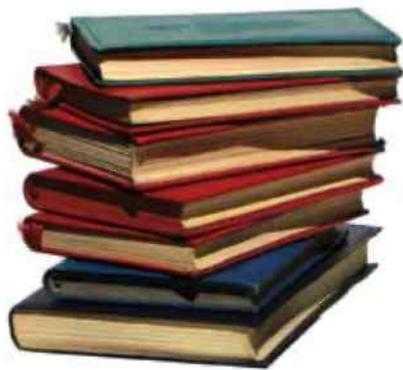
- **The person adheres to antiretroviral therapy, the effects of which must be evaluated regularly by the treating physician, and**
 - **The viral load has been suppressed (less than 40 copies / ml) for at least six months, and**
 - **The person has no other sexually transmitted infections**
- The Commission also adds

several cautions and exceptions. After a few days or weeks of discontinuation of antiretroviral therapy, plasma viral load rises rapidly. There was at least one report of transmission during this rebound in the studies they looked at.

Also importantly, the Swiss report focused on heterosexual serodiscordant couples. It did not provide information about anal sex. We do not therefore know if the findings are valid in relation to people who have anal sex.

The Commission also focused on people who are in regular, monogamous relationships; not on sex between casual partners. “People who are not in a stable relationship must protect themselves”, the Commission notes, “as they would not be able to verify whether their partner is positive or on effective antiviral therapy.” Some experts also caution couples that viral load can rise quickly for a number of reasons including non adherence to HIV treatments, concurrent illness, vaccinations and emergence of drug resistance.

We have known for some time that suppressing HIV viral load significantly reduces the risk of HIV transmission. A question remains however whether it is premature to say it eliminates the risk. While this report is certainly good news, condoms and lube remain the most effective means of prevention while these kinds of questions remain.



What HIV has taught me!

Being diagnosed as positive is a real learning curve, as **Greg Page** found out.

1 - Only you can make decisions about your health

Though partners, friends and family may hold some influence, ultimately it is you who is personally responsible for your own health and wellbeing. Only you can take those medications, visit the doctor and take yourself out of potentially dangerous, or threatening, situations; no one else.

2 - It's much easier to talk about being positive to positive people

As much as I hate to admit it, when it comes to the positive part of my life – by that I mean sero status – negative people just don't get it. I liken it often to how cancer survivors intrinsically seem to understand what other cancer patients are going through. It's something you really can't quite comprehend, or grasp, unless you yourself have been there. That's not to say all poz people may be good at giving advice, but more often than not they'll know the pitfalls to avoid, what road to take or, even, where best to seek help.

3 - Giving something back is a healthy thing to do

Both mentally and physically, I learnt that the old selfish "me me me" was not really thinking about others or about how I could help others. My journey with HIV has taught me that I can teach others about my experience and help them learn from my mistakes. That's been a valuable lesson.

4 - You often have to make judgment calls for yourself

No one, including doctors, seems to know 100% what the correct way of dealing with certain matters is when it comes to HIV. The debate about whether to go on medication as soon as you seroconvert, or to wait, is but one such example. That's why often it may be best to listen to a variety and opinions and then

make an informed decision that you feel is best for you at that time.

5 - Life will never be the same again

Yes, you will always be positive. On that you can be, yes, positive.

6 - Getting support when you need it is crucial

Three days after I was diagnosed I visited my first support group. I cried when I had to tell my story, but it gave me the strength to face life. Seeing other positive people getting on with their lives, laughing and enjoying things like I had done only days before, impressed upon me that my life was not over; it was just a new chapter that was beginning.

7 - You can still be HIV+ and still enjoy sex

For the first six months after I was diagnosed I didn't want to have sex. My partner at the time understood and gave me space. I didn't even feel like masturbating. I felt as if sex had created this "positive monster". It took meeting a group of positive men, some of them quite comfortable with being positive and still enjoying sex, to make me realize having sex was, and still is, one of the most pleasurable things to do in life. Yes, it now comes with a whole new set of rules and values, but I can now happily report that my sex life has never been better...and busier!

8 - I can still be a valuable part of the workforce, but not get too stressed

Being a full-time office worker meant I could not take time off after my diagnosis to explore other options, or to have some quality reflection time. There were bills to pay, mortgage down payments due and what about the cost of a Mardi Gras ticket - phew! In a way, having "the daily grind" helped remind me life

goes on and since I love what I do during the working week, I shouldn't need to stop. I'm fit, interested in my job and good at it. True, I have now added "masseur" as a side skill to my CV that I never thought I would – through a course offered at the PLC – but that's just an added benefit. As my many guinea pig friends who I have practised on can attest to!

9 - Gay life is not just about partying hard

Sure, I love throwing my hands in the air like I just don't care under a huge spinning mirrorball as much as the next gay man, but I've also realized I do have limits. Whereas previously I might have done a couple of parties in a weekend, broken up with plenty of hot sex encounters, now I'm content to do one and not go overboard. With the partying, that is. I try and pace myself. It's not just me getting older (and wiser?), but also me understanding my body needs to be looked after now and treated much better than it was. I have to say that having varied my interests (massage, writing and spending time with my young godson) has really added so much more to my life. Taking away some of the parties has not been a big detraction, but instead made me enjoy those times when I do want to go a little bit *curraazy* even more.

10 - It really reminded me that life is too short

True, HIV is not the death sentence that it used to be, but it is a constant reminder that we only have a certain amount of time on this earth. A friend of mine put it this way – every day is another day above ground. I'm making that my mantra. Being HIV+ was a curveball that I never expected, but now that I'm living with it, I'm learning that every day counts and with every breath I'm still breathing. Now that's a true life lesson.



Managing Side effects

Dean Murphy on a new guide on minimising side effects and getting the most out of your treatments

According to Australian research, 30% of those currently taking antiretroviral (ARV) therapy experience side effects. The frequency of side effects varies extensively; some side effects are rarely seen, whereas other side effects may be very common. Side effects can also vary in severity—from very mild problems to severe and sometimes life-threatening complications.

Before HIV drugs are approved for use, pharmaceutical companies must show that any side effects the drugs cause are either mild enough, or rare enough that the benefit to the patient outweighs the potential side effects. However, side effects are still a difficulty for many people on treatments. Over half (56%) of the people who had stopped taking treatments identified side effects as a difficulty. One-quarter (25%) of those who had stopped taking treatments cited the severity of the side effects as one of the reasons for stopping. Side effects were also the cause or *temporary* breaks from treatments (19.6% of those who had ever taken a treatments break cited the severity of side effects as a reason for this), and also the cause of changing *treatment combinations* (41% had done so as a result of side effects being too severe).

Side effects often occur in the first two to eight weeks after starting a new treatment, after which time they gradually go away. These are known as induction side effects. Sometimes the side effects can continue past this initial period. They are then called chronic or persistent side effects. Other drug-related side effects only arise after taking treatments for a long period of time. These are called long-term toxicities or long-term side effects.

AFAO has produced a booklet dealing

specifically with the management of side effects. It provides suggestions on how to prevent, manage, reduce or eliminate these effects through the use of medicines, complementary and supportive therapies, or other practical measures.

Writing a booklet about managing side effects which includes complementary therapies is a challenging task. Compared with antiretroviral therapies, complementary therapies have not been proven to be effective or safe through specific and rigorous studies. The strength of evidence in

Side effects often occur in the first two to eight weeks after starting a new treatment

suggesting their use varies, and use of some complementary therapies may be based on anecdotal evidence or limited studies into their benefits for side effects. Further, the efficacy of such therapies can be subject to wide patient variability, just as side effects from drugs vary among individuals. Not all complementary therapies are regulated and some may not be standardised in terms of purity, dosage, effectiveness or safety.

The book is organised by type of side-effect rather than by specific HIV drug (or drug class), and covers effects such as diarrhoea, headache, peripheral neurop-

athy, fatigue, anaemia, night sweats, skin problems, blood sugar changes, cholesterol, and liver and kidney problems. The resource then provides information on complementary and supportive therapies, medical and drug treatments, and special precautions and considerations for each side-effect. Also included is an extensive glossary of terms and information about how to find a qualified practitioner in various complementary medicine modalities.

Many of the symptoms listed in the booklet can happen to anybody, regardless of HIV status. They could be caused by other health problems such as poor nutrition, injury, infections and even ageing. It's important that the exact nature and cause of the side effect/s is determined. For this reason, the booklet is intended to be a guide only and the information it contains should not be considered a replacement for professional advice. People using the booklet should also consult a doctor or health care provider before commencing any treatments or complementary therapies.

Dean Murphy works as an Educator at AFAO. AFAO would like to acknowledge and thank Peter Watts of Queensland Positive People for his work on this project.

For research statistics on treatment side effects see: *HIV futures five: Life as we know it*. Grierson, J., Thorpe, R. and Pitts, M. Melbourne, The Australian Research Centre in Sex, Health and Society, La Trobe University. 2006

If you would like a copy of *Managing Side Effects* contact the Positive Life NSW office on 9361 6011 or 1800 245 677 or email admin@positivelife.org.au

Women's day at the Positive Living Centre

The third Monday of every month is a dedicated women's day at the Positive Living Centre – informal drop in from 10 am onwards.

– And coming up this month: A new arts and crafts program (co-funded by City of Sydney) to join the dedicated women's day starting from April 21st. Tutors from the Pine St Gallery will teach this program for a trial of 3 months.

(other dates: **Monday 19th May, Monday 16th June**)

For more details call Vicky Coumbe Women's and Families Affected by HIV Project Coordinator Positive Services - ACON (02) 9699 8756 vcoumbe@acon.org.au



Would you like to contribute to *Talkabout?*

We would like to encourage people with HIV to write about their experiences

Call 9361 6011 or email editor@positivelife.org.au

Deadline for the June/July issue: May 19



Visit

www.chronicillness.org.au/workwelfarewills

A plain English guide to legal issues around health and life changes

Created for people whose illness is affecting their ability to work



Positive Life launched its new name at Mardi Gras Fairday



Blue and sparkling: ACON in the Mardi Gras parade 2008

Good nutrition at an affordable price

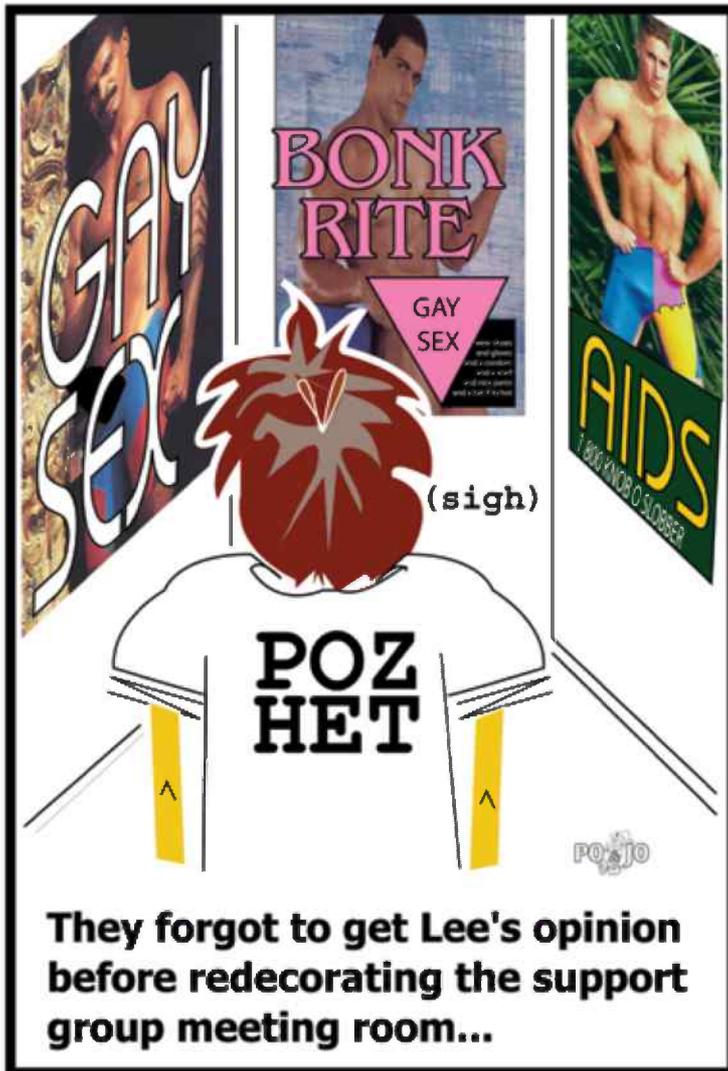
The Food Distribution Network delivers fresh and inexpensive fruit and veges to people living with HIV/AIDS in the Inner West who need practical assistance to meet daily nutritional needs.

We also deliver to PLWHA who reside in the City of Sydney who need assistance to continue living independently at home.

Each box of produce costs just \$6 plus a \$2 delivery fee.

You must be assessed as eligible before you can access the service.

Call 9699 1614 or email enquiries@fdn.org.au for more information



They forgot to get Lee's opinion before redecorating the support group meeting room...

New service for people with HIV in Sydney Inner West

Inner West Neighbour Aids Inc is an established, non-profit, community based organisation which has been in operation for over 15 years. The purpose of IWNA is to provide social support and practical assistance to people who are frail/aged and/or living with a disability and their carers who are socially isolated and at risk of premature or inappropriate institutionalization. IWNA supports people who want to remain in their own homes.

IWNA recognizes people with HIV/AIDS as part of the target group. We can provide Home Visiting, Assisting Shopping and more practical support to eligible people living with HIV/AIDS who reside in the local government areas of Ashfield, Strathfield, Canada Bay and Burwood. IWNA encourages agencies, social worker and any source of referral to enquire if more information is needed. Referrals must be in writing and faxed to 9799 5201.

For more information call Paolo Polimeni on 9799 5099 or email vc@iwna.com.au

Do you have concerns about your health care?



Everyone has the right to receive appropriate health care. If you are concerned about the health services provided to you to first discuss your concerns with the doctor or hospital to see whether they can work with you to resolve them.

If they do not respond to your complaint, or you are not satisfied with their actions, contact the Health Care Complaints Commission. If your health or safety is threatened or you have experienced sexual or physical

assault you should immediately contact the Commission.

The Commission is an independent body dealing with complaints about health services or health care providers in NSW under the *Health Care Complaints Act 1993*. Health care providers can either be registered, like doctors, nurses; or un-registered, like acupuncturists, naturopaths, psychotherapists and others. The Commission also deals with complaints about hospitals, surgery centres and other health facilities.

If you are thinking of making a complaint to the Commission contact the Commission's Inquiry Service toll free on 1800 043 159 or 9219 7444 to discuss your concerns prior to lodging your written complaint. The Commission uses interpreting services to assist people whose first language is not English.

For further information, please visit the Commission's website www.hccc.nsw.gov.au or call 1800 043 159.

Exploring new opportunities in the Northern Rivers



For many people living with HIV, success with treatments continues to have significant and positive effects on their health and well-being. As a result of this, they can now look forward to exploring new opportunities – continuing in work, re-entering the paid workforce, undertaking training, or volunteering.

Bobby Goldsmith Foundation (BGF) has developed the Phoenix Workshops to support PLWHA in thinking through these changes and how to take advantage of them if they choose. The workshops have been run successfully for the past two years in Sydney.

Now BGF, ACON Northern Rivers and SHAIDS are looking at the feasibility and interest in running them in the Northern Rivers area. The areas that could be covered include:

- Resilience training
- Challenging Negative Thinking
- Initiating Life Change
- Managing Change & Stress
- Communicating Effectively
- Facing the Challenges of Working / Study / Volunteering
- Resume writing / Interviews etc.
- Disclosure
- Managing Your Finances
- Developing and managing small businesses

To gauge interest in running the workshops in the region, the partner organisations have prepared a short questionnaire which is being widely distributed during March and April, 2008. It's hoped the workshops will be run in August/September 2008.

If you are interested in these workshops, contact

- **ACON Northern Rivers**
02 6622 1555
 - **SHAIDS** 02 6620 2984
 - **Clinic 145 (at Tweed Heads)**
07 550 66850
 - **Clinic 229 (at Grafton)**
02 66402229
- and ask for a copy of the survey.**



A Café in Your Kitchen

So Can You Cook?

No 29



Tim Alderman suggests some delicious treats to have with your coffee.

Tea drinking used to be 'art' of the average household, with its associated rituals and the fact that tea-drinking was so much a part of our English heritage, and had been around for so long. Coffee drinking used to be considered something very European or American (I believe the Americans make the worst coffee imaginable), so was slow in its uptake here. Instant coffee has been around in various guises, certainly for as long as I remember, and coffee substitutes like chicory essence even longer. There have always been acceptable instant coffees – for when you are in a real rush – such as Nescafe (now doing amazing things with their filter coffee ranges under the Nespresso label; see <http://www.nespresso.com.au>), and Moccona etc right through to the ones we like to joke about – like International Roast, which has never quite lived up to its name.

However, in the last ten years filter coffee in its many incarnations of filter, plunger, vacuum, espresso etc have really come to the fore, and changed the way we not only make coffee, but view the world of coffee in general. There is hardly a house without an espresso maker these days, from the low end machines for around \$100 to the really

kick arse top-end machines that can be \$4000-\$5000, and often imitating the original Italian machines. Coffee has become the new 'art' for morning and afternoon tea, and for after dinner drinking. Mind you, we haven't all been totally seduced. I own a DeLonghi espresso machine – this really space-age looking machine that sits unobtrusively on the kitchen bench. It uses the 'Nespresso' system of coffee capsules, which come anywhere from lighter tasting coffees to really dark, robust blends that really give you a kick start. I only have one coffee a day – unless entertaining – and it is usually at lunchtime. It is always an espresso, as this is the best way to enjoy the flavour of coffee, just as black is the best way to appreciate the flavour of quality tea.

So other rituals have now come into our lives, and the rituals involving your kitchen espresso machine are important if you are to fully appreciate and enjoy your coffee. To start with, make sure you're using good quality water. Your espresso will be made up of 90% water so its taste will have a big impact on the flavour of your coffee. Additionally, the quality of your water will determine the longevity of your machine. Sydney generally has good quality water, though if you are from an area with hard water, take appropriate care. Scale can clog the

various valves and temperature probes within your machine causing all kind of problems. Bottled or filtered water are generally the recommended options but rainwater also gets good results.

Temperature also plays an important part, so the easiest way to make sure that this factor is stable is to allow the espresso machine to completely heat – not only the water in the boiler or thermoblock, but also the portafilter and surrounding metal of the body (around 15–25 minutes should be sufficient).

The other check boxes for you to tick are cups, a tamper, milk jug and grinder. You often receive a tamper with your espresso machine but these are usually a cheap afterthought and rarely fit your basket. Achieving an evenly compressed and level biscuit of coffee within your basket is imperative to extract the maximum flavour out of your grinds. Investing in a good quality tamper like a Reg Barber with a base that fits your basket will help with consistency and make the entire process more enjoyable.

Along with using freshly roasted coffee (ideal is within two weeks of roasting), the other key to achieving spectacular, café quality coffee at home is the use of a burr grinder. Rather than the 'whirley blade' grinders (generically known as 'spice and coffee grinders'), which actually crush the coffee beans unevenly



— a burr grinder will shave the beans into clean and consistent particle sized grounds. This allows the water to pass evenly over all of your coffee. Grinding fresh, just before you need to brew your coffee, will ensure that all the volatile oils and aromatics are kept trapped within the particles rather than, after being exposed to air for more than ten minutes, evaporating into the ether.

The amount of 'crema' or head on the top of your coffee is also very important, and good crema comes from a combination of both good coffee, and a quality machine.

Naturally, what you eat or make with your coffee is also important, and good quality espresso coffee can make a huge difference to the quality of the treats and desserts you make.

In all the following recipes, please feel free to exchange the instant coffee for an equivalent amount of fresh, strong espresso.

Pistachio, Date & Chocolate Meringue Cake

Though not made with coffee, this indulgent treat is the perfect accompaniment for a good cup of coffee. If you find the cake too sticky for your taste, leave it in the oven for a further 30 minutes. It is SOOO delicious.

3 egg whites
¼ cup caster sugar
125g pistachio nuts, roughly chopped
125g dates, roughly chopped
125g good quality dark chocolate, roughly chopped

Preheat oven to 160°C. Grease and dust with caster sugar 10 individual cake or muffin tins or one 20cm spring-form cake pan.

Whisk egg whites until soft peaks hold their shape. Add caster sugar and beat until incorporated. Fold in pistachios, dates and chocolate.

Scoop into prepared tins and bake for 30 minutes. Cool for 15 minutes before removing.

Serve with fresh dates and pistachios.

Coffee Bean and Cherry Biscotti

85g plain flour
85g self-raising flour
60g polenta
85g caster sugar
1 teaspoon vanilla extract
50g dried cherries
50g chocolate-coated coffee beans
30g blanched almonds

Preheat oven to 160°C and grease a baking tray.

Sift together the plain and self-raising flours, polenta and sugar into a large bowl and make a well in the centre.

Beat together the eggs and vanilla extract and pour into the dry ingredients. Add the cherries, coffee beans and almonds and stir. Knead gently until the mixture comes together into a sticky dough.

Shape the dough into a log about 20cm x 20cm x 2cm and put onto the prepared baking tray. Bake for about 30 minutes or until golden.

Remove from the oven (leaving the oven on) and leave to cool for about 5 minutes, then transfer to a chopping board and cut into slices about 1cm thick. Arrange the slices in a baking sheet and bake for a further 15-20 minutes, turning halfway through until crisp and golden.

Remove from oven, transfer to a wire rack and leave to cool.

Makes about 20

Squidgy Coffee bars

150g butter, softened
100g caster sugar
100g light soft brown sugar
1 tablespoon quality instant coffee dissolved in 1 tablespoon just-boiled water
1 large egg
225g self-raising flour
60g dark chocolate chips
70g blanched hazelnuts, roughly chopped
70g fudge, roughly chopped

Pre-heat oven to 190°C. Grease and line a 20cm square cake pan.

Beat together the butter, caster and brown sugars until smooth and creamy. Beat in the coffee, followed by the egg. Sift over the flour and fold in, then fold in the chocolate chips, hazelnuts and fudge.

Spoon the mixture into the prepared cake pan, spread out evenly and bake for about 25 minutes until golden and risen. Leave to cool in the tin for about 5 minutes before cutting into 12 bars.

Leave to cool for a little longer in the tin, then lift out and carefully peel off the lining paper.

Makes 12 bars

Cappuccino Cheesecake

150g chocolate-covered digestive biscuits (or whatever you fancy)

60g butter, melted

500g mascarpone (a thick, sweet Italian cream from the supermarket)

125ml crème fraîche (a sweet version of sour cream, from the supermarket)

3 tablespoons quality instant coffee dissolved in 3 tablespoons just-boiled water

125g caster sugar plus 1½ tablespoons for the topping

4 eggs, beaten

240ml sour cream

cocoa powder, to dust.

Put the biscuits in a food processor and blitz until crumbs, then combine with the melted butter.

Tip the mixture into a 20cm spring-form cake pan (greased) and smooth out to make an even base. Cover and chill for 30 minutes.

Pre-heat the oven to 180°C.

Beat together the mascarpone and crème fraîche until smooth, then stir in the coffee and sugar. Stir in the eggs until well mixed.

Wrap the base and sides of the tin in two single layers of foil, then pour the mascarpone mixture over the crumb base. Put in a roasting pan and pour water around the cake tin so that it reaches half to two-thirds of the way up

the sides. Bake for about 50 minutes or until set but still soft.

Meanwhile, stir the remaining 1½ tablespoons sugar into the sour cream. Remove the cheesecake from the oven, gently spoon over the sour cream, spreading it out evenly, then return to the oven for 10 minutes.

Remove from the oven and leave to cool completely, then cover and chill for at least 4 hours or overnight. To serve, carefully unmould and dust with cocoa powder.

Serves 8 (or 4 very greedy piggies)

Rich Almond Tiramisu

300g mascarpone

3 tablespoons caster sugar

2 eggs, separated

300g Amaretti morbidi (soft Amaretti) biscuits

120ml cold espresso

about 1½ tablespoons Kahlua

cocoa powder and finely grated chocolate, to sprinkle

Put the mascarpone, sugar and egg yolks in a bowl and beat together until creamy.

In a clean, grease-free bowl, whisk the egg whites until stiff peaks form. Fold a couple of spoonfuls of the egg whites into the mascarpone mixture, then fold in the remaining egg whites, one third at a time.

Put a couple of spoonfuls of the mascarpone mixture into the base of 4 serving dishes or glasses and smooth the surface. Working carefully, soak about half the amaretti in the coffee for a minute or two until saturated but not collapsing. Put a couple on top of the mascarpone, then sprinkle ¼ - ½ teaspoon Kahlua over each serving.

Continue layering with more mascarpone, coffee-soaked amaretti and Kahlua, finishing with a layer of mascarpone. Dust with cocoa powder, then cover and chill overnight.

To serve, sprinkle with more cocoa powder and grated chocolate.

Serves 4

Hints Column

Buy the best quality chocolate you can afford for cooking. It DOES make a difference!

Add a pinch of salt to everything you cook – including sweets and chocolate. It helps to enhance the flavour of foods, which is why you ALWAYS see chef's adding salt to dishes.

To make caramel from condensed milk, cover the unopened tin in water, bring to the boil, then simmer for three hours. This produces an imitation of a South American sweet called dulce de leche. DON'T LET THE PAN BOIL DRY!

Use dried herbs at the start of cooking (due to their intense flavour), and fresh herbs at the end.

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(Sydney metropolitan and suburban only)

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



Health and Fitness: Ask Ingrid

Eating the right food and increasing strength

Well here we are post Mardi gras and coming into cooler weather. Prime time for ramping up your training in this perfect workout weather. It's also much easier to eat for gaining muscle when it's not as hot, so the two questions for this issue are very timely.

Question one:

Are there any special foods I should be eating when I'm exercising? Are particular vitamins or minerals important? Is there anything that is especially good to eat or drink just before or just after I exercise?

The main thing to think about before exercising is:

Are you are well hydrated?

Make sure you drink plenty of water beforehand, and maybe a sports drink during the workout. The other thing to think about, before your workout, is to fuel up with carbohydrates to give you energy. Things like:

- energy bars
- bananas
- a honey sandwich
- a rice cake with nutella
- or some dried fruit and nuts etc.

Just make sure it is not a big meal, more like a snack. And have it about one hour before training.

After your workout, you still want to have some carbohydrates, but also protein, vitamins and minerals for recovery. Carbohydrates need to be consumed within thirty minutes of finishing, because this is when your muscle stores of glycogen are refilled most easily. It is these glycogen stores within your muscles which supply you with energy for working out. Cer-

tain vitamins, like some of the Bs and C, and minerals like zinc and magnesium, can help your body recover more quickly.

Think about increasing your consumption of anti-oxidants as well, as these all help your body respond well to exercise. Increase protein consumption by about ten percent to maximize muscle growth and minimize muscle wasting.

Remember these are general guidelines and everybody's circumstances are different. If you have access to a good dietitian or a knowledgeable GP, they can run tests to check whether you really are deficient in certain things, and this will ensure you take the supplements best suited to you.

Question two:

Is the best way to develop strength to just keep increasing your weights in the gym, even if you just do a couple of lifts etc?

Increasing your weights is one part of strength training, but your body needs to adapt to new stimulus on a regular basis to get stronger. Once you can't increase your weights any more, it means you have come to the end of the usefulness of that particular exercise or repetition range. I would not recommend doing less than four reps on a regular basis.

Try six to eight weeks of one type of training, then change to something else. Then change it again. Read on for an example of how you can organize the next few months to get good strength gains, which you can then convert to muscle gains for the next couple of training cycles.

Only use this type of training on large muscle groups like lower body, chest and back. Train the smaller muscle groups like shoulders and arms with fewer sets and

higher reps, after training the large muscle groups.

Legs, Back, Biceps and Lower Back
Chest, Shoulders Triceps and Stomach

First 6-8 week cycle, gradually increase weights by 5-10% each week. Start at something that you consider to be about 80% of what you estimate you would normally do for 8 reps. 2-3 training sessions per week.

4 sets of 8 reps for 3 leg exercises

4 sets of 8 reps for 3 chest exercises

4 sets of 8 reps for 3 back exercises

4-5 sets of 12-6 reps for shoulders and triceps

2 stets of 12-6 reps for biceps

2-4 sets of high reps for core/ stomach

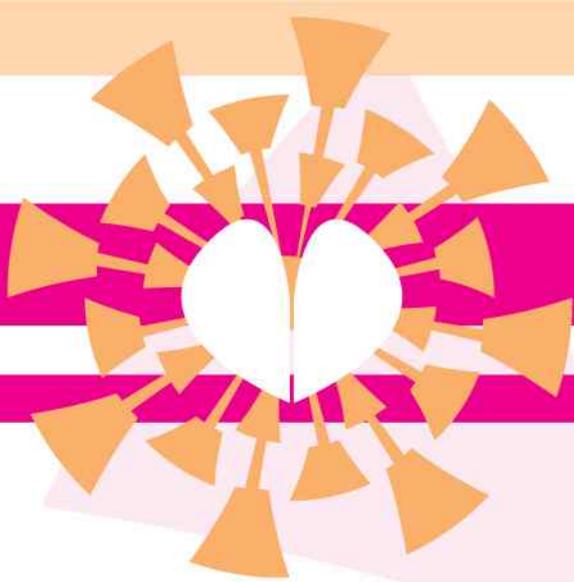
2 sets of high reps for lower back

Second 6-8 week cycle change to 3 sets of 5 reps where you were doing 4 sets of 8 reps for 4 weeks then change to 3 sets of 3 reps for 3 weeks then one week of 2 sets of 2 reps.

In this cycle, where you are training with very heavy weights, only train twice a week and have longer rests between sets than in your first training cycle. In the first four weeks still keep doing the shoulder and arm exercises. For the next month, only do the lower back and core stability and stomach exercises. Remember to warm up well as the reps decrease and use a spotter or machines for safety depending on your circumstances.

After this hard training give yourself two weeks off or very easy cross training. Then go into a higher rep medium weight, muscle building routine for two six week cycles of training.

Do you have a question for Ingrid? Email your questions to editor@positivelife.org.au Or post them to Ask Ingrid PO Box 831 Darlinghurst NSW 1300



Olga's personals

Men Seeking Men

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 sexuality, 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, tatts, 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**

Mid North Coast NSW. Straight young 46yo guy non user. HIV+ unstoppable in life. GSOH. Definitely individual but like us all has moments. Genuine, sincere, wants children, seeking lady wanting the same. Kids OK. Discretion given and expected in return. **Reply: 060208**

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**

- 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.

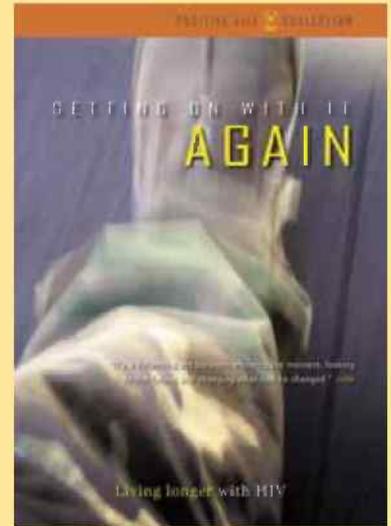
How to respond to a personal

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.

Living longer with HIV?



Stories and strategies



Go to www.positivelife.org.au
Click on campaigns
Or call 9361 6011 for a copy

halc

HIV/AIDS Legal Centre Incorporated

FREE LEGAL ADVICE

HALC provides free legal advice, information and referral to people living in NSW with an HIV related legal problem.

To make an appointment please call us on
02 9206 2060

All information is kept strictly confidential.

9 Commonwealth Street,
SURRY HILLS NSW 2010
Freecall 1800 063 060
Fax (02) 9206 2053
Email halc@halc.org.au
10am to 6pm Mon to Fri

You can use this form to apply for Membership or subscribe to *Talkabout*. Please remember to sign the form. A statement about our privacy policy is below. Please read it. Our contact details are below.

Membership costs nothing - and includes a free subscription to *Talkabout*

Yes, I want to be a member of Positive Life NSW

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.

Membership entitles you to *Talkabout*, *Contacts*, the Annual Report and occasional newsletters.

Subscriptions to *Talkabout* only

I don't want to become a member of Positive Life NSW but I do want to subscribe to *Talkabout* (annual subscription July 1 to June 30). Please select (tick the circle) the rate that applies to you or your organisation.

Subscriptions only

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 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: Positive Life 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

Donations

I would like to make a donation of \$

Subscription to *Talkabout*

If you are paying the concession rate for *Talkabout* subscriptions, please enclose a copy of your Health Care Card.

You can pay by cheque/money order/credit card.
There is a \$10 minimum for credit card payments.
Please enclose your cheque or money order or give us your credit card details.

Please charge my VISA MasterCard

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

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) – *Available on the website only*
- 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 – *Available on the website only*
- 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

- 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**
- Getting On With It Again** *Living longer with HIV* (booklet) is based on stories and interviews and shares some strategies for change and enhancing the quality of life of people living longer with HIV.
- Get The Facts Syphilis** (booklet) updates HIV positive gay men who practice adventurous sex on strategies to maintain their health and the health of their partners. Key messages focus on transmission, the importance of testing for syphilis and strategies to prevent them from getting or passing it on to their partners.

All resources listed are free of charge.

For large orders we will invoice you for postage.

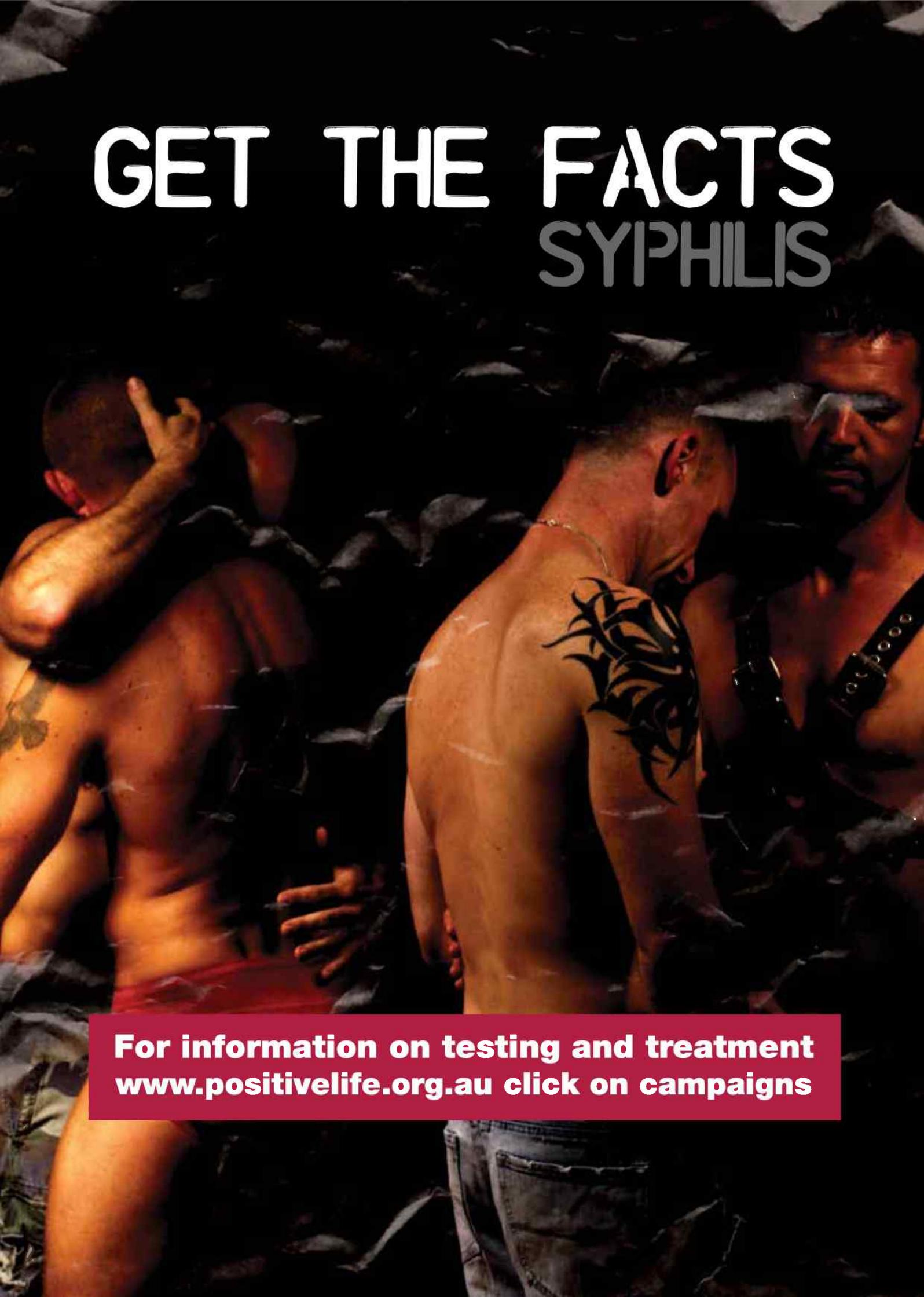
Mail, Fax or Email Order to:

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

GET THE FACTS

SYPHILIS



**For information on testing and treatment
www.positivelife.org.au click on campaigns**

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History Project

at

Positive Life

To mark its twentieth year, Positive Life has begun to document the history of the organisation, its people and its response to HIV. From PLWA (NSW) to PLWH/A (NSW) to Positive Life NSW, we would like to acknowledge the people and events which shaped where we are today.

If you would like to be involved, or if you have photos or materials, please contact Rob Lake on 9361 6011 or email: history@positivelife.org.au