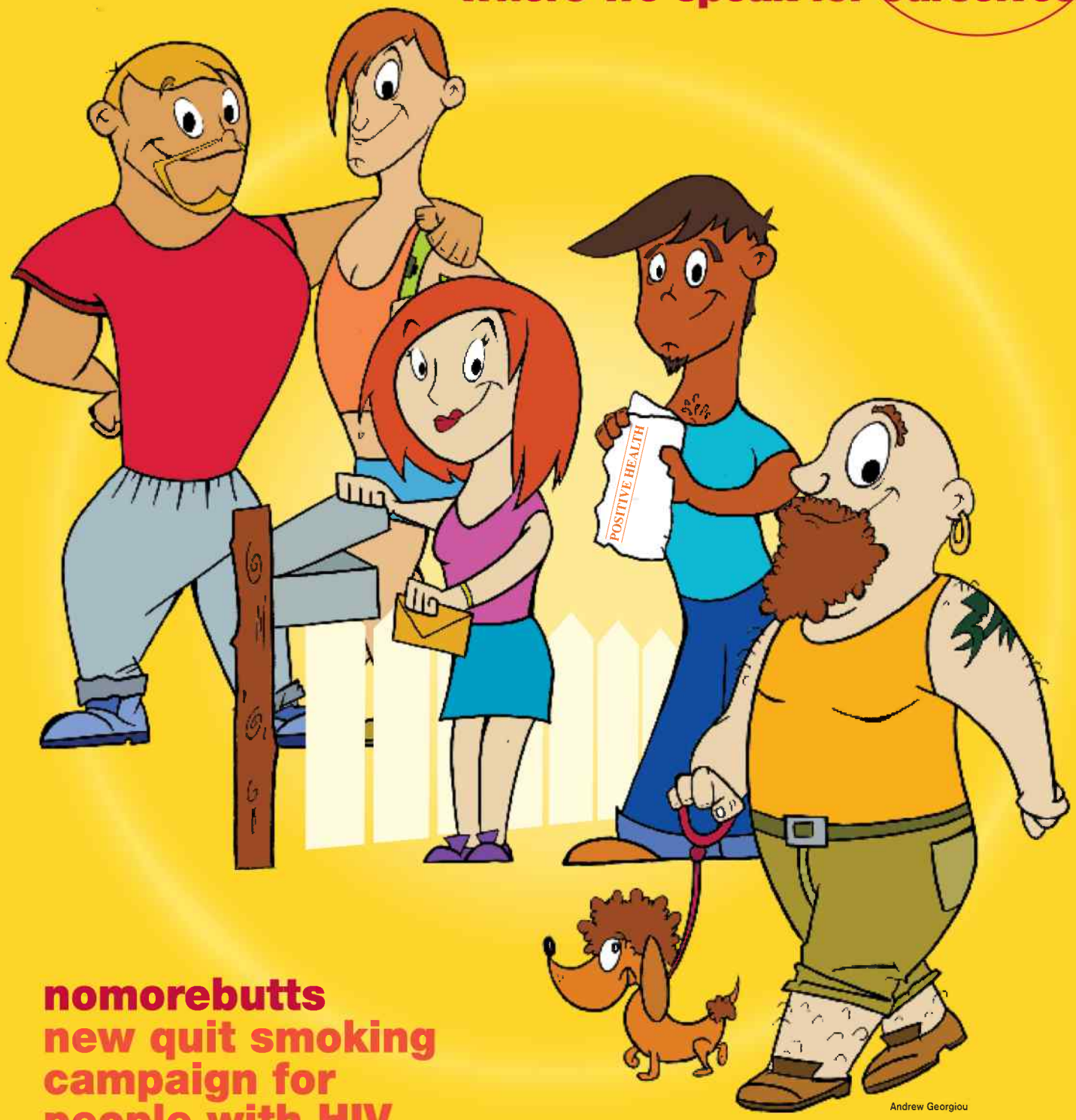
talkabout

Where we speak for ourselves

#163 | August – September 2009 | Positive Life NSW the voice of people with HIV since 1988



Andrew Georgiou

nomorebutts new quit smoking campaign for people with HIV

Keeping your mind and body healthy: ageing and HIV

HIV and cancer

PositiveLifeNSW
the voice of people with HIV since 1988

'Hello! Can I speak with someone who understands my culture and what it is like to live with HIV/AIDS.'

(02) 9515 5030

Translating and Interpreting Service
131 450

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

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

AMHARIC
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BOSNIAN
Mi vam možemo pružiti pomoć i razumjevanje oko HIV/SIDE. Pitajte ovu kliniku za brošuru na vašem jeziku. Sve usluge su povjerljive i potpuno besplatne.

CHINESE
我們理解愛滋病病毒/愛滋病方面的情況並能為您提供支持
請在這診所索取使用您語言寫成的小冊子
所有服務都是保密和免費的

SERBIAN
Можемо да вам пружимо подршку и разумевање у вези ХИВ-а/Сиде. На клиници можете упитати за брошуру на вашем језику. Све услуге су бесплатне и поверљиве.

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

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

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

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

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

THAI
เราให้บริการช่วยเหลือและเข้าใจในเรื่อง เชื้อเอชไอวีและโรคเอดส์
ถามหาแผ่นพับข้อมูลในภาษาของท่านได้ ที่คลินิคนี้
บริการทุกอย่างจะถูกเก็บเป็นความลับและ ไม่มีค่าใช้จ่ายใด ๆ

TURKISH
Size HIV/AIDS ile ilgili destek sağlayıp anlayışlı bir hizmet verebiliriz. Bu klinikte kendi dilinizde yazılmış olan bir broşür isteyiniz. Bütün hizmetler gizli ve ücre.

Multicultural HIV/AIDS and Hepatitis C Service

www.multiculturalhivhepc.net.au

no.163 August – September 2009

talkabout

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Cover Artwork:

nomorebutts
New quit smoking campaign for people with HIV (illustration Andrew Georgiou)

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PositiveLifeNSW
the voice of people with HIV since 1988

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If a person discloses their hiv status in *Talkabout*, either in a submitted article or in an interview for publication, that personal information is in the public arena on publication. Future use of information about such a person's status by readers of *Talkabout* cannot be controlled by Positive Life NSW.

nomore butts

Kathy Triffitt on a New quit smoking campaign for people with HIV www.nomorebutts.org.au

As part of the NSW HIV Positive Health Promotion Interagency[1] Smoking Cessation Project, Positive Life NSW ran discussion groups (one at the Luncheon Club) and also interviewed HIV positive smokers to find out their quit smoking needs (e.g. smoking practices, attempts to quit smoking, awareness of negative health outcomes of smoking, particularly as it impacts upon those with HIV, and support and resources they needed to quit).

When we asked participants 'what the most important campaign message would be for them?' many agreed that negative reinforcement campaigns do not work. We found the effectiveness of images on cigarette packets had minimal impact. This is how one participant put it: 'They're not my experience – I don't relate to them'. While another said: 'I don't look at them. They're the same messages over the years. They don't motivate me at all'. Instead, positive messages that promote success stories on quitting smoking, and ways to improve quality of life were thought to be more helpful. For many, a more supportive environment is vital to their success in quitting.

Why the need for this campaign?

Quitting benefits your health

If you are an HIV positive smoker this is one of the most significant ways to improve your health.

Data from the *HIV Futures 5* study shows that 47.6% of people with HIV smoke, more than twice the rate of the general population. Research has also shown that smoking cessation is one of the most important health prevention strategies people with HIV can undertake to reduce the incidence or impact of other health conditions associated with long term HAART (e.g. heart disease, strokes).

And, as people with HIV live longer and continue to smoke, they increase their risk of developing smoking-related cancers. Lifestyle changes like quit smoking can lower your risk of cancer. As soon as you quit, your body starts to heal and your cancer risk drops.

The benefits of quitting flow into every part of your life. I'm more enthusiastic about cooking and running with my dog … my health improved. I'm more comfortable with me. Sue

Quitting builds confidence

You realise you can take on challenges and take control of your life.

In 'nomorebutts' campaign messages point out the health benefits of quit smoking by using a more positive approach, which focuses on people's strengths (not failures), and builds confidence in their own ability to take on challenges and to achieve goals.

> ***Giving up is a boost to your self-esteem. You realise you can achieve anything.*** David

Quitting takes several attempts

The more quit attempts the closer you are to success.

Quitting is a major achievement and successes should be celebrated. Research[2] tells us that it can take several (up to fourteen) attempts to quit, relapse is common, however the more quit attempts the closer you are to success. Every attempt is an achievement.

In our consultation, successful quitters used a number of strategies including nutrition, exercise, counselling (for anxiety and depression in nicotine withdrawal), and sessions on managing triggers, cravings and preventing slips. Integral to this is the integration of quit smoking as part of routine health care for people with HIV who smoke and the support of their doctor or health worker.

> ***I felt a sense of achievement and pride. I stopped blaming myself when I slipped. This helped me to quit.*** Robert

Getting help and support

Quitting is a choice you make

You need to be ready, set goals and make plans to achieve them.

Different strategies work for different people. Your doctor or health worker can give advice and support; explain nicotine replacement therapy and other medical options.

For information on quit smoking programs and support

Sydney South West Area Health Service:

- **Smoking Clinic - RPA Hospital - Ph: 02 9515 8613**
- **Croydon Community Health Centre - Ph: 02 9378 1306**

South Eastern Sydney Illawarra Area Health Service:

- **Stop Smoking Program - Prince of Wales - Department of Respiratory Medicine - Ph: 02 9382 4641**
- **Smokers Clinic - St George Hospital - Ph: 02 9087 8300**

Quitline Ph: 131 848 or 13 7848 (13 QUIT)

If you are ready to quit financial assistance is available

If you have a health-care card and you need financial assistance with quit smoking therapies contact BGF- ph: 9283 8666 / toll free 1800 651 011 or email: **bgf@bgf.org.au** (office hours are 9am-5pm, Mon-Fri).

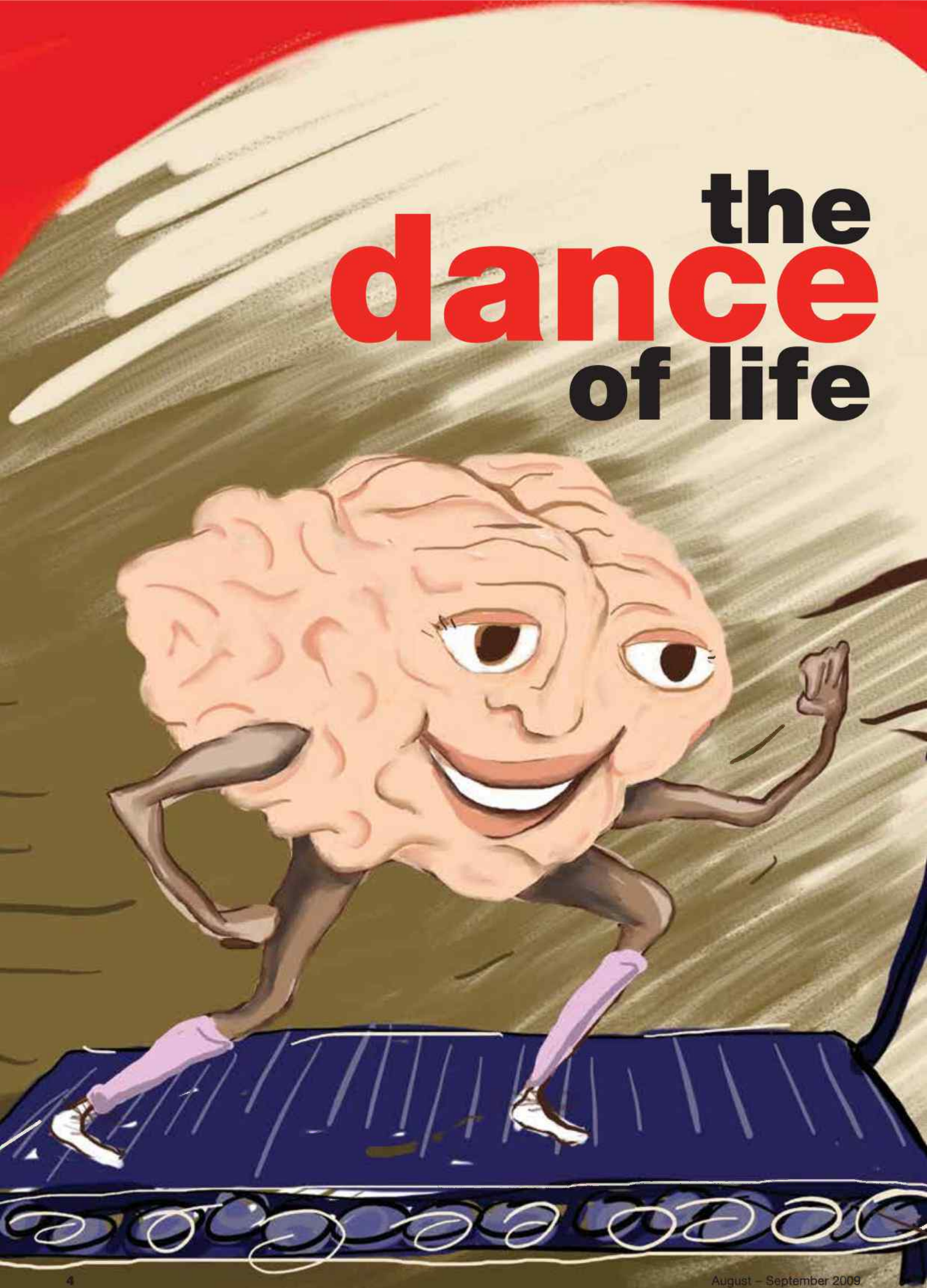
> ***'How you feel about yourself is important. You need to be ready. If your heart's not really in it, you're not going to quit. It was the right time for me.'*** Rick

1 Funded by the Cancer Council, **'nomorebutts'** is part of a wider strategy of the NSW HIV Positive Health Promotion Interagency to provide integrated services and support to people with HIV. The interagency is working together in providing programs and referrals that use existing networks and activities already in place, namely quit smoking programs run by South Eastern Sydney Illawarra and Sydney South West Area Health Services.

Members include: Positive Life NSW, ACON, South Eastern and Illawarra Area Health Service (SESIAHS), Sydney South West Area Health Service (SSWAHS), North Sydney Central Coast Area Health Service (NSCCAHS), Sydney West Area Health Service (SWAHS), Multicultural HIV/AIDS and Hepatitis C Service (MHAHS), Heterosexual HIV/AIDS Service (Pozhet), Australian Society for HIV Medicine (ASHM), Aboriginal Health and Medical Research Council (AHMRC), NSW Health AIDS and Infectious Diseases Branch (AIDB), UNSW National Centre in HIV Social Research (NCHSR), UNSW National Centre in HIV Epidemiology and Clinical Research (NCHECR)

2 *Clearing the Smoke:* What the research tells us about smoking cessation with very disadvantaged groups, Tackling Tobacco Program, Action on Smoking & Disadvantage, http://www.nswcc.org.au/html/prevention/smoking_tobacco/tacklingtobacco/downloads/Clearing_the_smoke.pdf

the dance of life



New research shows that simply by doing activities such as solving puzzles, pulling out the Monopoly board, or even indulging in a spot of disco dancing, HIV+ people can improve their quality of life and live longer. **Greg Page** puts on his ruby slippers to skip down the yellow brick road to find out more.

For many of us life can be effectively divided into two parts – one where we look forward to growing up and getting old enough to do things that "the grown-ups" do. The other half is where we fear growing old and wish we could do what "the youngsters" do. Ain't life a giggle?!

With the onset of ageing comes a variety of questions, dilemmas and sometimes problems. Not all of them are to do with having to wear incontinence pads, switch on hearing aids or avidly listening to talkback radio either. Of course with the added weight of being HIV+, ageing can present even more "issues", as per Fountainlakes' foxymorons *Kath & Kim*.

According to a Canadian report "Neurocognitive Impairment, HIV & Ageing" by Maggie Atkinson[1], up to 30% of HIV+ people on anti retrovirals may experience some cognitive impairment. This can include problems in attention, memory, speed of cognitive processing and fine motor skills.

What does this mean in real terms? Should we all just call it a day, call a cab and shuffle off to the nearest rest home and lay down for an eternal nanna nap? Well, no, actually, but it does mean that we should all at least prepare for the fact that sometime in the future we may have difficulty with our memory; have trouble remembering names, misplace items, forget details of conversations and so on.

So what can we do to stave off this somewhat inevitable decline?

Not surprisingly, all the things that we should all already be doing – such as not smoking, keeping a close watch on what we eat, maintaining regular exercise in our daily life, getting plenty of rest and also making sure that we have some useful stress management in place.

Stress management is not as fancy as it may sound. Stress management really means taking a long, hard look at your life and then trying to eliminate, or at least diminish, those things which may have a negative impact on your health and well-being.

Let's start with what you shove in your mouth. It may be a bit of a strain at first, but it's recommended that your diet consists mainly of as little fat as

possible (i.e. keep your hands off those donuts now!!), no extra salt, cutting back on coffee and alcohol and instead filling your meals with fruits, vegetables, beans, soy, fish and whole grains. We've all seen *MasterChef* now, so none of us has an excuse for not being able to whip up a healthy *cordon bleu* style culinary treat that isn't dripping lard or doused in sugar. *Bon appétit!*

Exercise is also recommended on a daily basis with a mix of cardio, resistance training (i.e. lift those weights now!) and stretching such as yoga or Pilates. Also of use is adding Vitamin D to your daily intake. Yes, pill-popping can be a good thing! Who knew?

What's going to be the instant benefit of all of this, besides finally being able to see your toes and then touching them? Well, you'll see a noticeable decrease in your cholesterol and sugar levels, which is always a good thing, and you'll also be doing your body a bloody good favour.

Fitness doesn't need to be simply restricted to the body either, it's also vital that you exercise and stretch your biggest muscle and, no, we're not talking about what's in your pants. This is about that big lump of grey mass often idling between your ear holes. It's recommended that you engage in formulating a "brain fitness" plan for yourself, be it doing crosswords, puzzles, or challenging yourself at various games or equations (if that's the kinda *currazy* numbers-crunching person you might be). Research proves that by exercising your mind you're likely to see a 131% - yes, 131%!!! – increase in brain processing speed. Your memory will also be improved by roughly ten years and you'll be more able to do the tasks asked of you. You'll also see numerous other positive benefits, such as improved hearing, better handwriting and, perhaps best of all, a major boost in self-confidence. And you thought this was all a lot of talk about nothing. Pah!

What is also recommended is to go and do those things that you've always wanted to, but just never found the time before. Perhaps for one or more reasons (or boyfriends) you got distracted from your aims. Now is the time to reclaim that space, people. Taking up an instrument (a musical one, we mean!) has real therapeutic value, as does learning a language. Even such simple things as doing jigsaw puzzles, juggling balls, taking up macramé, knitting, or playing bridge can be useful noggin-boosters.

Perhaps the easiest thing to incorporate into your lifestyle, and which you may have given up on some years ago after putting away your disco slippers, is to dance. Learning new dance steps, or just simply getting "into the groove" on regular occasions, has been shown to improve the life expectancy of all people, especially HIV+.

So, in a nutshell, to improve your quality of life, you'll need to eat more nuts, play mind games and dance yourself silly. That's not too big an ask now, is it? Because if you really want to start living your life, and enjoying some improved quality of life, it's truly time to tango. See you on the dancefloor!

1 For more information visit www.hivandrehab.ca/FR/AGA2009/slides/NeurocognitiveImpairmentHIVandRehabilitationMAtkinson.ppt <http://www.hivandrehab.ca/FR/AGA2009/slides/NeurocognitiveImpairmentHIVandRehabilitationMAtkinson.ppt>.

PozVibrations.com - HIV+ Dating

Founded by Jamie Rowling, who has lived with HIV for seventeen years, PozVibrations.com was launched on the 14th of April, 2009. PozVibrations.com aims to help the HIV+ community find partners, friends, and support or encounters 24/7 in an online environment. This is not an instant chat room, but a "hey would you like to go out with me?"

HIV+ dating in Sydney, Melbourne, Brisbane, Adelaide, and Perth has never been easier. It's fun, interactive, safe and anonymous - until you decide to take it further. It's free to join and post your profile.

We are bringing back good old fashioned romantic dating. In our words: HIV + dating = movies; HIV + dating = dinner; HIV + dating = gym buddies; HIV + dating = BBQ's; HIV + dating = DVD nights, all with someone close to you. Poz Vibrations encourages us all to communicate with respect on line.

Winter is almost over so warm spring evenings relaxing with someone close to you, may be just around the corner. No matter what your sexual orientation, we all want someone to love and to be loved by.

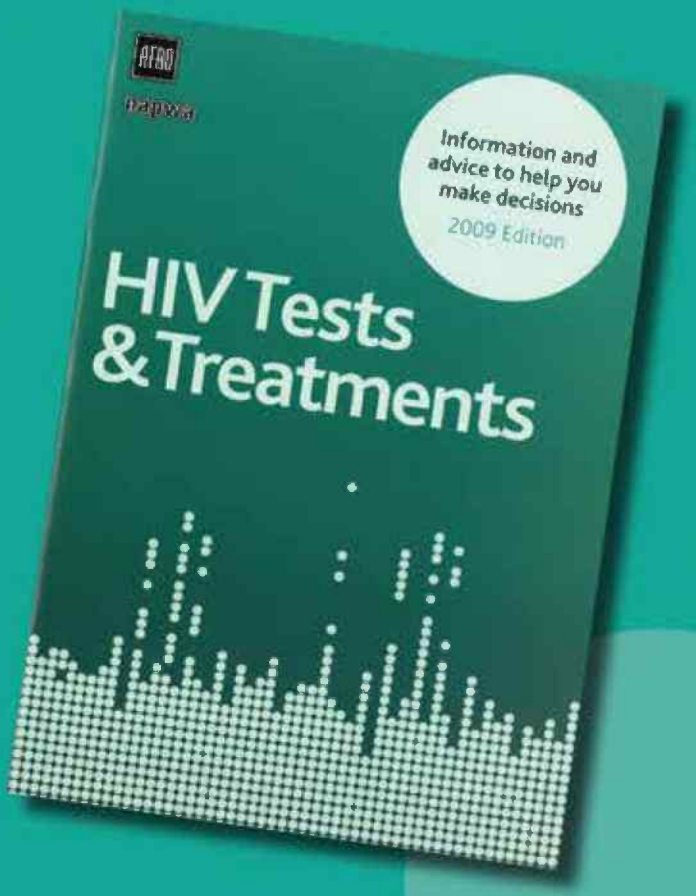
Join Poz Vibrations - it all starts with you.
www.pozvibrations.com

HIV Tests & Treatments

2009 Edition

Information and advice to help you make decisions

This booklet is for anyone with HIV who may be considering starting, stopping or changing treatments.



What this booklet is about

This booklet describes the currently available antiviral drugs for the treatment and management of HIV infection. It also describes some common tests used to monitor the health of people with HIV, and how these tests can be used to help you look after your health, or make decisions about starting, stopping or changing antiviral treatments.

Who this booklet is for

This booklet is for anyone with HIV who may be considering starting, stopping or changing treatment. It is designed for all people with HIV, whether you have been recently diagnosed, or have known about your HIV positive status for some time.

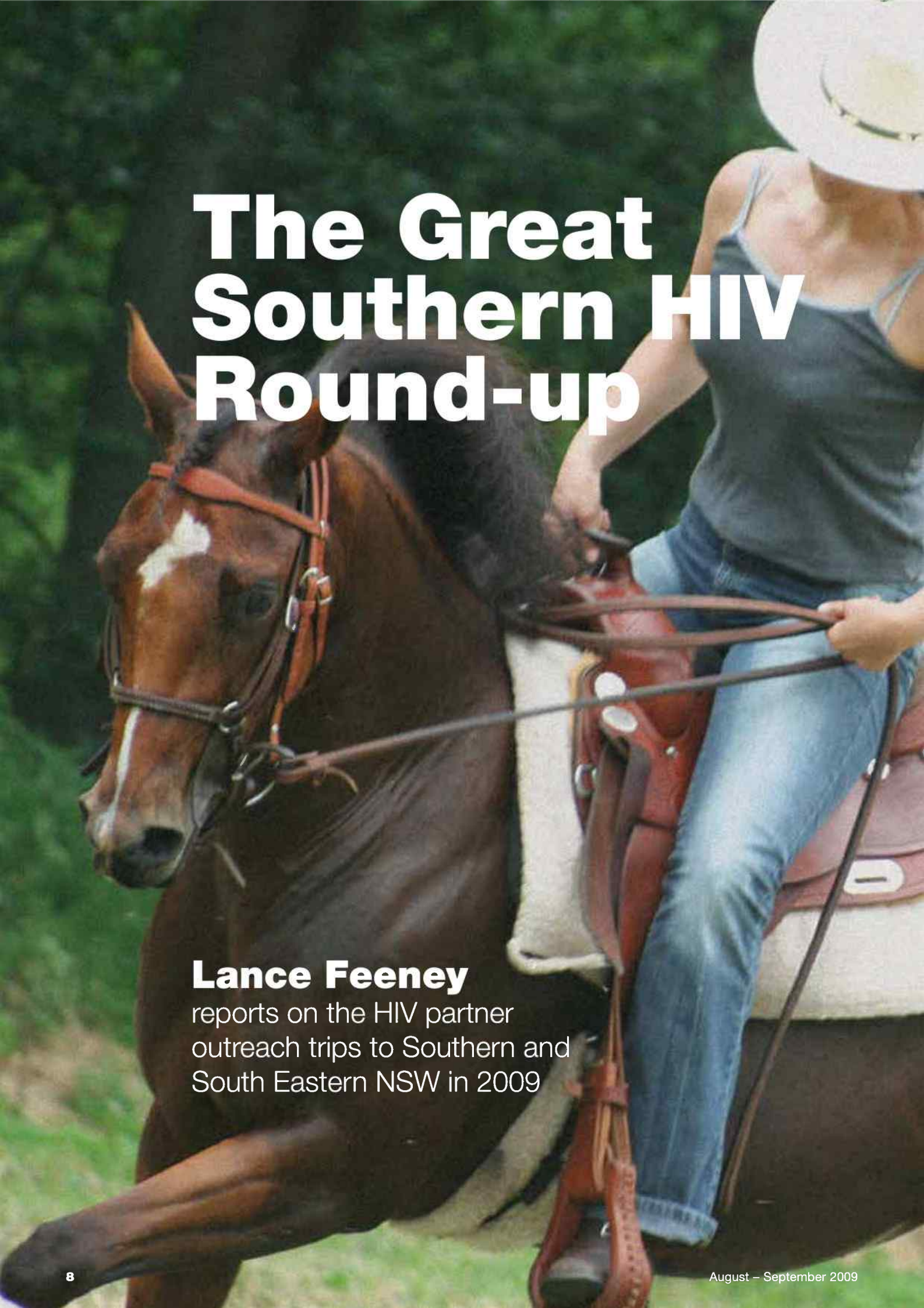
The information in this booklet is designed to help you:

- understand how HIV antiviral treatments work, and what drugs are currently available;
- understand the different tests which might be suggested by your doctor to help monitor your health; and
- work with your doctor to come up with the most appropriate HIV treatment and management strategy for you - whether with or without antiviral drugs.

It also contains some information about:

- drug side effects and how how they might be managed; and
- tips and tricks for getting the most out of your drugs.

To obtain copies please contact Positive Life NSW ***(02) 9361 6011*** *or* ***admin@positivelife.org.au***



The Great Southern HIV Round-up

Lance Feeney reports on the HIV partner outreach trips to Southern and South Eastern NSW in 2009

Anyone who has driven through southern NSW and along the southern coastal strip of the state will be struck by the primeval beauty of the landscape. Rolling gold grass covered hills, dotted with windswept trees and outcrops of ancient rock, forests of eucalypts and pristine coastal estuaries. No wonder people want to live there; and a small number of the inhabitants, are also HIV positive.

I stress the adjective 'small', because the majority of people with HIV in NSW live in Sydney, even if they'd like to live elsewhere. Newcastle, Wollongong and Northern Rivers have significant populations, but Sydney has 'the lion's share' of the 10,000 poz residents in NSW. So what's life like for someone with HIV living in the southern rural areas of NSW and how do services work?

Improving our connections

Positive Life represents the interests of all people with HIV in NSW, including rural and regional people. We made a commitment in our last Strategic Plan to improve our connection to people in rural and regional areas and also to the services that support them. In partnership with ACON, BGF and Positive Heterosexuals; Positive Life conducted a trip to Albury in March and to Bega and Queanbeyan in June 2009. The aim was to meet and hear from local people with HIV and service providers, and to identify local issues so we could assist and advocate more effectively for rural and regional people.

A social dinner or lunch was organised in Albury, Queanbeyan and Bega. The partners and friends of poz guests were also invited to come along. On the following day, appointments with staff from BGF, Pozhets and ACON gave locals the chance to meet with visiting services, exchange information and put faces to names.

The trips were a great success, providing an opportunity to socialise in a safe (and private) environment where we gained a better understanding of the support services available and the assistance we could offer. Face-to-face meetings with services were also valuable. They allowed questions to be asked, confidential advice to be shared, and everyone to get a better understanding of local issues and concerns.

The rare opportunity to meet with people from these regions and talk face–to-face was highly informative. Although there were issues specific to each area, there were also common characteristics. Generally, services worked well, however, not surprisingly, the need to travel long distances for medical appointments was a common theme with some people driving up to 300 kilometers for the round trip. For specialist appointments, travelling to Sydney or Melbourne and staying over-night in cheap accommodation is necessary. The additional financial burden created by these travel costs, together with the tyranny of distance and ongoing maintenance for older cars, becomes a constant challenge and source of worry for those on Centrelink benefits. Reliance on county buses and train networks makes journeys time-consuming and extremely difficult for those without a vehicle.

Confidentiality was also cited as an issue requiring constant vigilance. The anonymity experienced by city dwellers is often quite alien to those in rural and regional areas. Networks are small and where many people know one-another, gossip can proliferate quickly. Maintaining privacy and confidentiality in this environment becomes a constant challenge and some people are understandably wary of sharing their HIV status with friends and colleagues for fear of the news spreading like wild-fire and the possibility of unwanted discrimination.

Choosing to live in environments that are quiet, physically secluded and uncluttered by the day-to-day hubbub of the city, also means there are limited opportunities to develop social and support networks, friendships and sexual relationships. This paradox can become something of a double edged sword, leading to increased feelings of social isolation and frustration which impact on emotional health and physical wellbeing. Nipping into a local gay venue or service provider is not an option. Poor mobile and Internet reception (in some areas) further add to the difficulty of maintaining regular contact with family and friends as well as the ability to access information and support service when needed.

The solution to the problems encountered by rural and regional people with HIV are often weighed in a complex balance of personal, social, spiritual and financial need. Fortunately, Positive Life and the other partner organisations are now in a better position to understand the complex issues for poz people in these areas and to advocate on their behalf. We will also be working to improve social support structures, networks and services.

These trips will not be the last. We are committed to regularly visiting NSW rural and regional areas. Supporting people with HIV, local service providers and Area Health Services helps us to identify and understand rural and regional issues, and how we can make a positive difference to the health and wellbeing of people with HIV. The work continues.

For more information contact Lance on 02 9361 6011 freecall: 1800 245 677 or email lancef@positivelife.org.au

CONCERNED ABOUT YOUR HEALTH CARE?

LET US KNOW!

If you are concerned about the health care provided to you, talk to your provider or call the Health Care Complaints Commission toll free on **1800 043 159** for a confidential discussion.

For more information about the Commission visit **www.hccc.nsw.gov.au**

HEALTH CARE COMPLAINTS COMMISSION

The straightpoz study

Men and women living heterosexually with HIV (phase 3)

We invite you to participate in the first Australian study that specifically explores the lives of HIV-positive heterosexuals and their HIV-negative partners. The aim of this study is to understand issues and experiences that are significant to this population. This information will help service providers develop resources and support that better meet your needs.

If you decide to participate, you will be interviewed (in private) about your experiences of health, treatments, relationships, sexual health, support, services, children and everyday life with HIV. All experiences are relevant and important, whether you are on treatments or not, and whether you are in a relationship or not. The in-depth interview allows you to fully explore these issues and tell your story in your own way.

The research interview is completely confidential. Any information that you give to the researcher is strictly private and will be kept secure. The interview takes 1-2 hours to complete. The interview will be arranged at a place and time that suits you. All participants receive reimbursement for time spent and any travel costs.

The study currently invites HIV-positive men and women, as well as HIV-negative partners living in Sydney, Newcastle, Wollongong and Central Coast. We'd like to talk to men and women from all cultural backgrounds, and especially from sub-Saharan Africa and from South East Asia, particularly Thailand and Cambodia. We'd also like to talk to HIV-negative partners from these regions and from any cultural background.

This study began in 2004 and is ongoing. It is conducted by the National Centre in HIV Social Research at NSW University in collaboration with the Heterosexual HIV/AIDS Service (Pozhet). The study has been approved by the ethics committee of the University of New South Wales.

Please contact Asha Persson
Phone: (02) 9385 6414, Email: a.persson@unsw.edu.au
National Centre in HIV Social Research, University of New South Wales

NCHSR

HIV+ HETEROSEXUALS

SYDNEY SOUTH WEST AREA HEALTH SERVICE
NSW HEALTH

Positive Speaker's Bureau
Changing times, changing needs

Hédimo Santana on new initiates in PSB recruitment and training

The Positive Speakers Bureau (PSB), now running since December 1994, was reviewed in 1996. Recommendations have been gradually implemented over the last two years, including the recruitment and training of thirteen new speakers in July last year. Speakers received further training, which included observing presentations and support from more experienced speakers.

In line with Positive Life's commitment to engage and represent diverse communities, speakers were recruited from various backgrounds including those who have been recently diagnosed with HIV and youth. We also supported the involvement of more women and men including Aboriginal people and those from culturally diverse backgrounds. In the same way we are diversifying the speakers, we are developing new audiences with a particular focus on the health system. In July we facilitated a discussion on 'Access to Services' with nurses working at St Vincents who, we hope, benefitted from the speaker's experiences and expertise.

We anticipate that new audiences will require a range of skills and knowledge from the speakers. We are therefore developing a training program to provide them with the ability to tell their personal story in a more flexible way in group discussions. With this in mind, we met with speakers in July where they had the opportunity to talk with Niamh Lynn who organises HIV training for GPs, nurses and other health providers for ASHM. Niamh spoke about the role of PSB speakers in their workshops and the objectives and the skills required. Over the next few months, speakers will have a chance to observe ASHM presentations, in particular the use of role play, which will enable them to participate in future training.

Later in the year we will be organising a workshop on 'Advanced Communications Skills'. By offering the speakers new opportunities in training, we hope they will be able to take a more proactive role in education and advocacy. At the same time, we will also give new speakers the opportunity to refresh and update their knowledge on emerging HIV issues and treatments.

Positive Act

Have we been lulled into believing that living with HIV is no longer a big deal?

Robert Colman writes about Positive Act - a series of ten scriptwriting workshops currently run by Positive Life.

The frustration of an older gay men trying to communicate with a 21st century gay youth; the stigma faced by an HIV positive woman who chooses to have two healthy, negative, children; a young man's dilemma about what meds to take and when to start; making ends meet on the pension; searching for love; lust, lies and confusion on a 4am crystal meth sex hook up; courage, anger, depression, isolation, discovery, resilience and joy. These are some of the stories and themes coming out of the *Positive Act* workshops.

We asked participants (five gay men and one heterosexual woman) to respond to the workshop brief: *Living with HIV in Sydney* in 2009. A common thread emerges - have we been lulled into believing that living with HIV is no longer a big deal?

There is plenty of information written on HIV, for example, resources promoting safe sex practices, testing for HIV, counselling and other health and social issues. It is all positively framed and designed to de-stigmatise the lives of people with HIV and to promote positive choices and healthy life styles. However, twenty- five years after the epidemic first surfaced, very few people write about the reality of living with HIV in contemporary times. The trauma experienced by people in the early days - sickness, uncertainties, painful deaths and huge loss – has passed, but still haunts us. Then, the experiences of living HIV found a cultural voice, which was reflected in writing, theatre, visual arts and movies. Now it is very different.

The *Positive Act* workshop is inspired by the absence of current HIV cultural expression. Unlike promotional and educational material, art has the luxury to be no holds barred. The writers in the project have the freedom to express whatever their experience is, the good and the 'bad'.

The initial aim is to develop six short scripts for a professional performance (a rehearsed reading) as part of World AIDS Day. The participants learn the craft of script writing and produce work that is either autobiographical or fictional. It also gives them the opportunity to speak to a new audience. Whatever the outcome, I believe the project is valuable in giving voices to people living with HIV. I hope the writing will speak for, and to others.

No magic bullet

Lives before profit

9th International Congress on AIDS in ASIA and the Pacific (ICAAP), Bali Indonesia, 2009 - Empowering People, Strengthening Networks

ICAAP brought together approximately 4,000 people for five days of discussion on the HIV response in the Pacific and across Asia. A key objective was to 'empower' individuals and strengthen networks in these regions to effectively respond to HIV. A wide range of issues and contexts for the HIV epidemic were discussed including mobility and migration, injecting drug use, stigma and discrimination, the law and criminalisation, human rights as well as gender.

Some highlights

The Bali Youth Force (BYF), a coalition of youth networks and organisations, encouraged significant youth participation at the conference. They argued for meaningful involvement in policies that affect their lives and programs including the protection of their sexual rights, access to condoms, health services, testing for HIV and treatment for sexually transmitted infections. During a plenary session on 'Power Dynamics and AIDS Governance', activists from the Asia Pacific called on governments and international organisations to 'break the silence on HIV and hep C co-infection'. In an era of HAART, many people living with HIV and hep C are now dying from hep C related complications.

Momentum is also building around transgender issues with discussions on the importance of recognising gender identity and specific needs rather than providing information, testing or treatment through MSM (men who have sex with men) HIV/STI prevention campaigns and health services. Presenters also emphasised the importance of addressing discrimination by framing transgender issues beyond risk groups.

Sex workers from fourteen Asia Pacific countries protested for their right to health and the decriminalisation of sex work. For many, criminal laws are not only open to abuse by police, army and government officials, but also impact on their capacity to access HIV support, sexual health and human rights. They argued that legal barriers and criminalisation prevent the 'empowerment' of groups at risk of getting HIV (including injecting drug users, sex workers and MSM) by denying or obstructing the right to live safe and healthy lives. In Ki Moon's words: 'We need to remove punitive laws, policies, practices, stigma and discrimination that block effective responses to AIDS'.

Overcoming legal barriers and criminalisation

UNAIDS organised a satellite session, which brought together representatives from executive, legislative, judicial and law enforcement sectors to find out ways to challenge and change law barriers and criminalisation of most-at-risk populations in Asia and the Pacific.

Speakers, including Justice Michael Kirby, explained that legislation can be a powerful tool in the response to HIV. When based on human rights standards, and appropriately implemented and enforced, the law can support positive public health outcomes and enable individuals and communities to realise their rights. Many areas of law are critical to an effective HIV response: public health law, anti-discrimination and equality of women, domestic relations and prevention of sexual violence, intellectual property, social security, laws governing drug use, sex work and prisons.

Besides exploring the implications of legal barriers and criminalisation on HIV prevention efforts, presenters also discussed the critical role played by law enforcers in determining the legal environment and in influencing access to HIV services. To reiterate, the enforcement of legal directives by law enforcers is often done in ways that infringe on the human rights of people and serve as additional barriers to access HIV prevention and treatment.

All the presenters agreed that the time required for change is long-term, and time is a major factor in effective action against HIV. While working on change as a long-term solution, it is important to find space and opportunity for constructive action within existing structures.

Accountability is not only to funding bodies, but also to communities

In a plenary on 'Power Dynamics and AIDS Governance' presenters argued for more collaboration and equal partnerships with donors (funding bodies such as The Global Fund), and ways to engage 'vulnerable groups' in the development and implementation of HIV health promotion and education programs. A discussion on the power dynamics between donor and recipients demonstrated the extent to which 'donor influences' can powerfully enter into program development strategies. One presentation pointed to the importance of looking seriously at the dynamics of institutional and policy processes that can sometimes hinder local initiative and prevent the expression of local needs. Significantly, practices which engage 'vulnerable groups' can sometimes give people more control, but can also bind people to agency-driven development behind the appearance of 'authentic' local involvement. Ultimately, it is important to consider the specific setting and see how the prevailing dynamics of power and the detail of the language and practices of participation or engagement give people more or less self-determination.

Finally, criminalisation of 'vulnerable groups' (e.g. sex workers, transgender, MSM, people who use drugs) has emerged as an important issue at this conference. There is a consensus that more work is required to enable a legally supportive environment for these people. The 10th ICAAP – 'Different Voices – United Actions' - will be held in Busan South Korea 2011, a controversial choice given people with HIV are not permitted to enter the country. However, for a stay of up to three months, it is not mandatory to prove one's HIV status (for those visitors who do not require a visa).

The Joy of Pets **Madame de la Pussy**

Lance Feeney shares his purrrrrrrrrrrrrrr…line delights

Not long after my partner Geoff and I started living together, Bertie my de-sexed ginger 'tom' suddenly stopped eating and became very ill. The vet informed us that he had terminal kidney disease and to expect the worst. I have memories of Bert (who was by now losing-it and disoriented) sitting in the pouring rain on a stone terrace in the garden with Geoff by his side crying uncontrollably. Bert had been with me through the horror years (the 90s) and had been a source of constant consolation in the face of frequent bereavements. He appeared on the front verandah during the wake of my house-mate's lover in 1991. I remember the day well because it was my birthday, and not wanting to disturb the solemnity, I remained mute, but glad when 'the ginger puss' strolled across the verandah, gave me a quick, knowing glance and climbed into my lap.

After the burial rituals, I had planned to leave a respectful time before getting another pet. Geoff however, was clearly missing Bert, so a decision was reached to take a trip to the Yagoona RSPCA. It was the end of winter, and an abundance of gorgeous cats and dogs were available for adoption. After selecting a black and white Persian unluckily called 'Lucky', I changed my mind in favour of a two year old female tortoise shell called 'Shadow'. Lucky was taken back to the cages, and probably to oblivion. The Yagoona female staff (all of whom wore bib-and-braces in a fetching masculine kaki colour) brusquely and efficiently vetted our qualifications and suitability for an adoption.

The sign around her neck read: 'Shadow– inside cat. Not suitable for small children.' Eminently suitable we thought! Maybe she had eaten a baby or two. Quite a lot of the time on the way home was spent doing circuits of the car at dizzying speed. She seemed 'highly-strung' and I considered Valium - after all I am a gay man and know how to self medicate!

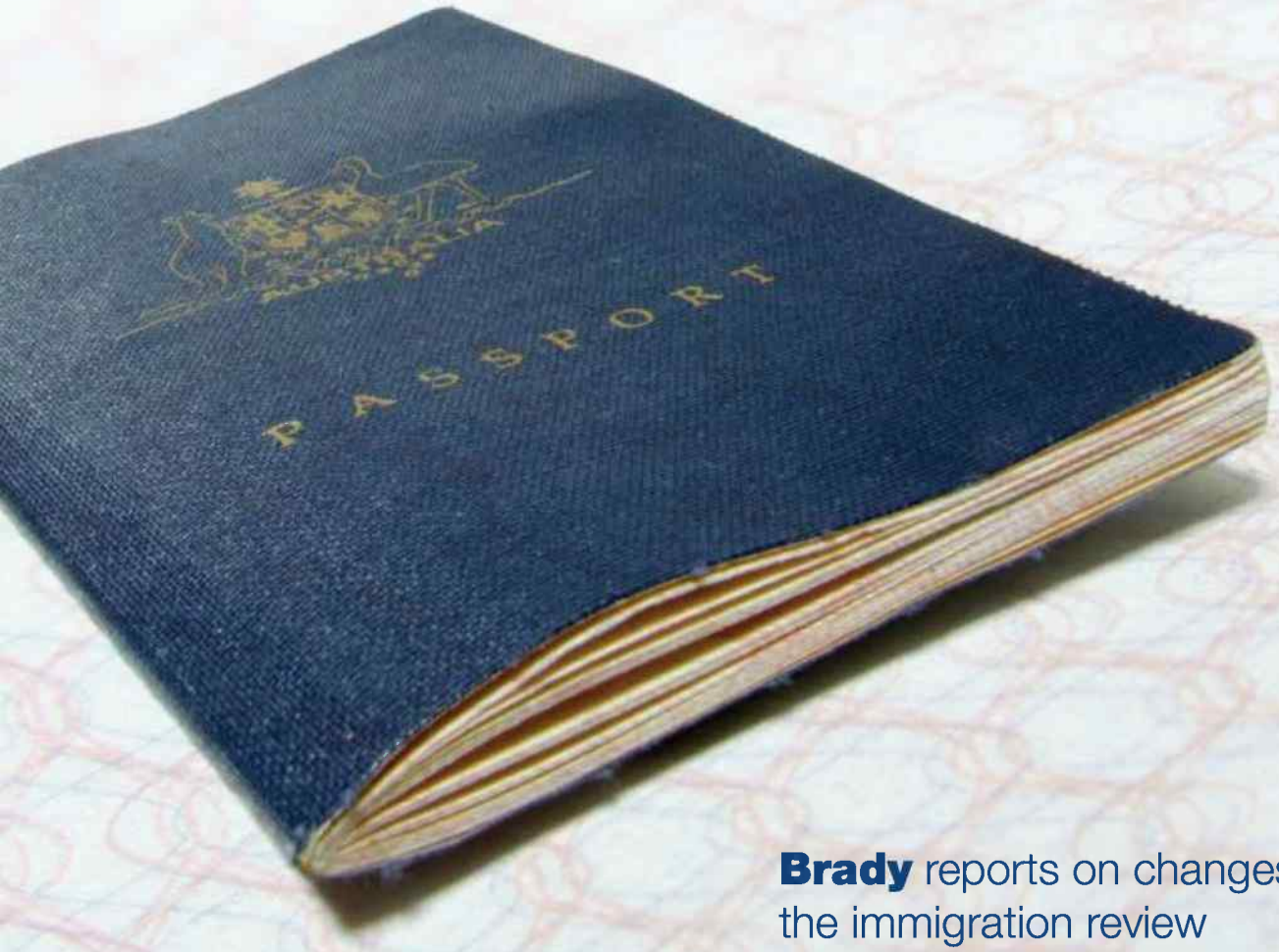
The next major hurdle was the name. 'Shadow' - how un-homosexual - it would have to go! Options were considered. This took some time, but eventually, Geoff's love of French history and our mutual amusement with the double entendre about the BBC character Mrs Slocombe and her pussy, meant that 'Madame de la Pussy' won the day. She does answer to a range of other names, which are far too vulgar to list, but Madame de la Pussy is her official title – on legal documents etc.

She didn't stay an indoor pussy for long. It was about three days until she discovered the joys of a garden, the river, "the disputed pussy territory" between our house and the house next door, and the next-door cat Sabrina. Sabrina has been completely intimated by 'Madame de la Pussy' and now spends a good deal of time as 'an inside pussy' hiding under our neighbor's bed.

Needless to say 'Madame De La Pussy' has the good life. Her attendants/servants, (Geoff and me), cater to her every whim, and her day revolves around a leisurely progressive circuit of sunny or shady garden spots and comfortable garden furniture, depending upon the season. She sleeps on the bed, on the dining room table, on a table under the lamp, in the lounge room, on the top of the wardrobe, on me and on the computer key board - especially when I'm tying to work. She has a taste for Tuna Royale, smoked salmon, raw chicken breast and blue cheese. She also has an undignified and raucous meow. We wish there were classes for cats, where they could receive voice training, to be more demur, but alas.

We love her, she's our surrogate child and I couldn't imagine life without her. She's an essential component of the glue that cements our home together. We're homosexuals you see!

Change is coming Immigration review



Brady reports on changes to the immigration review

People with HIV have been barred from obtaining many types of visas. This is because all visas have health criteria. The only visas an HIV positive person can successfully apply for are ones that allow for waiver of the health criteria.

Over the last year, significant changes have already occurred in immigration law and more may be on the way. These changes have affected both the range of visas allowing the health waiver, as well as the health costs for HIV positive applicants.

Visas and the Health Waiver

Until this year the health waiver was limited to a small range of visas that can be loosely categorised as 'family formation' visas. Partner visas are an example. In April, the health waiver became available to Employer Nominated Scheme (ENS) for permanent residency applicants seeking full-time employment in Victoria and the ACT. In May, WA was added to the list of states in which the waiver is available. The Employer Nomination Scheme allows employers to nominate people with 'in demand' skills for permanent full-time work. The nominated person may then apply for permanent residency.

Following the publicity surrounding the Dr Moeller case late last year, Bill Shorten Minister for Disabilities and Chris Evans Minister for Immigration announced a review into the health criteria. The terms of reference for the review were recently released.

Essentially, they recommend:

- Assessing the economic and social contribution of people with a disability and their families seeking to migrate to Australia.
- Estimating the impact on funding for community services for people with a disability.
- Determining the balance between the economic and social benefits and the costs and use of services by that individual.
- Reporting on a comparative analysis of similar migrant receiving countries.

Dr Moeller's application for permanency (which was based on his skills as a medical doctor) was refused because his child had Down's syndrome, and therefore failed the health criteria. This was based on the 'one out all out' principle, and as a consequence of one family member failing the health criteria all members of the family applying for a visa were refused. This case attracted considerable media attention late last year.

Immigration law is not subject to the Disability Discrimination Act. For years, it has uniformly engaged discriminatory regulations against applicants with disabilities seeking entry to Australia citing health criteria. The Federal Government is looking for ways to better implement Immigration law so it complies with Australia's obligations under international conventions such as the Convention on the Rights of Persons with Disabilities.

Health Costs

Another perhaps less positive change over the last year has been the new policy guideline that estimates health costs for HIV positive applicants. The guidelines include some factors in estimating the likely costs for HIV treatment; however, the outcome may be that these will increase significantly. Recently our centre received estimates for HIV positive visa applicants that exceed the previously estimated cost of $250,000 over a lifetime.

It is uncertain whether the new guidelines are to blame, or whether there are anomalies or errors made by individual medical officers. These cases are yet to progress to review. The concern is that the new guidelines will result in significantly raising the estimated costs for HIV positive applicants and make other arguments less likely to succeed.

The current joint committee review will look into the adequacy and rationale for the health criteria and the various visa categories. This presents an opportunity for change and reform of the discriminatory immigration laws. The HIV/AIDS Legal Centre, Positive Life NSW and AFAO will be making submissions. It is hoped that the outcomes of the review give impetus to further reform and reduce discrimination.

Contact us!

HIV/AIDS Legal Centre (HALC)
9 Commonwealth Street, Surry Hills, Sydney NSW
Call: (+61) 2 9206 2060
Fax: (+61) 2 9206 2053
Mail: PO Box 350, Darlinghurst, NSW, 1300
Website: http://www.halc.org.au/
Brady is Principal Solicitor with HIV/AIDS Legal Centre (HALC)

New treatment for lipo (buffalo hump)

If you are experiencing lipo (buffalo hump) there is a new treatment involving liposuction treatment.

Discuss this treatment option with your treating GP and ask for a referral letter to Dr Kenneth Lee, Plastic Surgeon for an assessment.

Dr Kenneth Lee is located at Briggs St Medical Practice, 54 Briggs St, Camperdown Sydney.

Call 9565 1799 for an appointment.

The Global database on HIV related travel restrictions

There are many countries around the world that restrict the entry, residence and stay of foreigners who are HIV positive. These countries perpetuate stigma and discrimination against people living with HIV by singling out HIV as a "dangerous disease". This database lists country-by-county how each government of the world does or does not impose these outdated and discriminatory laws. While these restrictions are commonly referred to as "travel restrictions", the effect these laws have on individuals and families is more serious than this term may imply. Check out the Global Database on HIV related travel restrictions to learn more.

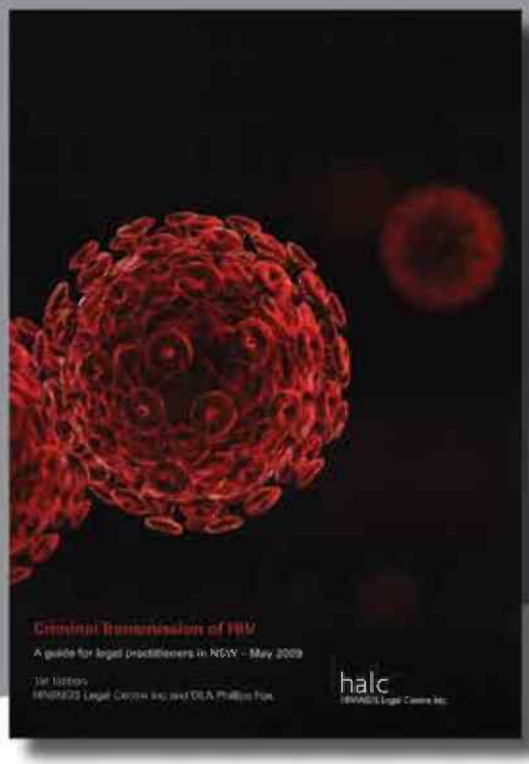
www.hivtravel.org

Criminal Transmission of HIV

A guide for legal practitioners in NSW

1st Edition, 2009

HIV/AIDS Legal Centre Inc and DLA Phillips Fox



Copies of this booklet can be obtained from HALC.

Phone: 9206 2060
Freecall: 1800 063060
Email: halc@halc.org.au
Web: www.halc.org.au

Foreword

THE HON. MICHAEL KIRBY AC CMG

In the mid-1980s, soon after the human immuno-deficiency virus (HIV) had been identified, I attended, and addressed, an international conference on the subject in Paris. I declared that, in addition to HIV, a new virus had been detected that was sweeping the world. It was HIL. Highly ineffective laws. Even the President of the French Republic, who was in the audience, smiled at the remark. However, the rash of criminal laws and prosecutions, designed to punish persons convicted of transmitting HIV to others, is no smiling matter. The adoption of a large number of such laws in the past five years or so, in countries as different as Australia and Zimbabwe, has added a new factor to the HIV epidemic which is attracting a great deal of attention from those who have the responsibility of monitoring and responding to it. These include local health and criminal justice officials, but also international civil servants and experts working in the primary United Nations agencies with responsibilities in this area: UNAIDS (the UN joint program); WHO (the World Health Organisation); and UNDP (the United Nations Development Program).

Early in the epidemic, it was realised that, in the absence of a cure that would expel the virus from the body of those infected and a vaccine that would prevent infection in the first place, the most effective strategy available to combat HIV was, paradoxically, to protect people who were infected, or at risk of infection, so as to promote behaviour modification. The countries that have embraced these strategies, including Australia, have witnessed success by adopting novel initiatives: condom supply, needle exchange, decriminalisation of contensual adult sex work; removal of criminal offences addressed to same-sex activities; anti-discrimination laws and public education. Virtually from the start, and under differing governments, Australia has adopted these strategies. The result has been considerable success in reducing the rates of sero-conversion.

The intervening decades have not produced a cure for, or vaccine against, HIV or AIDS. But two developments stand out. One positive and the other negative. On the positive side, at about the turn of the century, combinations of anti-retroviral drugs were found to control the deadly progression of HIV in most patients. Although available in Australia to reduce bodily levels of HIV virtually to zero, such drugs were not at first available worldwide. The creation of the Global Fund and initiatives of UNAIDS and WHO have led to the spread of availability of these drugs, despite their high cost. The consequence has been dramatic for people under treatment.

The negative developments have included a rising anger in society at the continuance and cost of the epidemic; increases, even in Australia, in sero-conversions amongst people who wrongly think 'the epidemic is over', and the enactment of specific criminal laws to enhance the punishment of those who intentionally infect others with HIV.

This book is addressed to the last of those and is concerned with the response of criminal law to persons who intentionally infect others with HIV. It addresses to the last-stated development, but its subject can only be fully understood and evaluated, against the background of the history of this epidemic to date and the enormous toll it has taken on populations and individuals in all parts of the world, including Australia.

Civil implications of HIV came before me twice, during my service on the High Court of Australia. In *AV v. City of Perth*[1] and *X v The Commonwealth*[2], elements of irrationality were evident in the conduct examined in each matter. The criminal transmission of HIV came before the Court on a special leave application against the conviction entered in the case of the accused in *R v. Reid*[3]. Special leave was refused.

Reid's case illustrates some of the problems explored in this book. It is all very well to propound global and national strategies for combating the spread of HIV on a macro basis. But where there is a suggestion of wilful, deliberate or completely reckless transmission of HIV to a sexual partner, infection with HIV is such a life-changing event that people get angry at such conduct. They look for retribution and punishment. As this book shows, the criminal law provides a number of general and specific offences that can be deployed, depending on the circumstances.

Unfortunately, a glance at the cases recorded in this book tends to indicate that particular offenders seemed to be singled out disproportionately. Especially foreigners who infect local women. Particularly those who come from different lands and alien cultures. Prosecutors have their own discretions to ensure the principled deployment of the criminal law. But once a case is brought, a court can only apply the law as it is enacted. It cannot stay the proceedings or postpone them simply because it might believe that criminal prosecutions are ineffective or even counter-productive as a public health strategy to promote behaviour modification.

This book is addressed to the law in New South Wales. Criminal and public health laws differ significantly across the several jurisdictions of Australia. In the face of the gradual apparent increase in such prosecutions, it is very useful to have a handy text that identifies the epidemiological background, lists the offences and their ingredients, notes relevant cases; and suggests issues that a lawyer and the client must address.

I congratulate those who have been working in this epidemic since it first arrived in Australia. As this book demonstrates, some of them, for a very long time, have been lawyers. HIV/AIDS is not an ordinary medical condition. It is an extraordinary global pandemic with many social and legal implications, some of which are explored in these pages.

Michael Kirby
Sydney
1 June 2009.

*Retired Justice of the High Court of Australia (1996-2009)

Footnotes:
1. (1998) 195 CLR 1
2. (1999) 209 CLR 1
3. (2006) 162 NSWLR 371 (SUP)

Criminal Transmission of HIV | 3

Come along to 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 is from 10 am onwards

For more information call Samantha Fieldes at ACON on 9699 8756 or email family@acon.org.au or see www.acon.org.au

nomore butts

quit smoking for people with HIV

QUittinG

- benefits your health
  if you are an HIV positive smoker this is one of the most significant ways to improve your health
- may take several attempts
  the more quit attempts the closer you are to success
- builds confidence
  you realise you can take on challenges and take control of your life
- is a choice you make
  you need to be ready, set goals and make plans to achieve them

Ready to quit?

Talk to your doctor / health worker or visit www.nomorebutts.org.au

If you have a health care card and you need financial assistance for quit smoking therapies contact BGF on 9283 8666 or toll free 1800 651 011

tackling tobacco

Project of the NSW HIV Health Promotion Interagency

PositiveLifeNSW the voice of people with HIV since 1988

acon

Supported by South Eastern Sydney Illawarra and Sydney South West Area Health Services

HIV Community Team members Julie (Dietitian/ Nutritionist) and Sarah (OT).

Have you met the HIV Community Team Occupational Therapist and Dietitian

The HIV Community Team is a specialised community health service available to all clients living in the South Eastern and Illawarra Health Service. This region comprises 13 local government areas including: Botany, Hurstville, Kiama, Kogarah, Randwick, Rockdale, Shellharbour, Shoalhaven, Sutherland, City of Sydney (part of), Waverley, Wollongong and Wollahra.

The staff visit clients in the home and provide services such as counselling and support, health education/monitoring, housing support, medication adherence/ management, mental health assessments and nutritional assessment/management.

The team is made up of two Clinical Nurse Consultants, two Clinical Nurse Specialists, two Social Workers, one Dietitian, and one Occupational Therapist. Continuing with a series of interviews with the staff, Talkabout spoke with the Occupational therapist and Dietitian/Nutritionsit in the team to get a sense of what working in the community means to them.

What is your background?

Sarah: I've worked as an OT in community health services for almost 10 years, mainly in mental health case management and rehabilitation services. I worked in London for a while in vocational rehab and on a newly established crisis and acute care team in the community. Much of my work has been with clients who have complex health needs, and with people who experience social disadvantages and marginalisation.

Julie: I have worked as a Dietitian/ Nutritionist for nine years. I previously worked in a large Sydney hospital seeing mostly inpatients in a variety of different clinical specialties. I find it most rewarding working with people longer term who are trying to manage a chronic illness. Good nutrition can make such a difference to someone's health whether it is in the context of a specific medical condition or for general health, energy and wellbeing.

Why did you decide to work with the HIV Community Team?

Sarah: I chose to work in HIV because it presented a new challenge for me as an OT in helping people to cope with a range of different and more physical health issues. I also felt my mental health experience and skills could be useful. I enjoy case management roles because I think it is good for continuity of care. Case management also lets me use my broad training in the biomedical, social and psychological aspects of health. I'm also interested in the possibility of being able to work in HIV overseas in developing countries - I feel it could be useful for me and hopefully for them too!

Julie: When this job came up I thought it was a great opportunity to work in an area where nutrition is so important and can make a difference to someone's long-term health. Also, working in the community, where you are able to visit people in their own home rather than the acute hospital setting, allows you to see a different side of people and you can achieve a lot more.

What can an Occupational Therapist and Dietitian offer people with HIV?

Sarah: Occupational therapy is basically about helping people to do all the activities (or occupations as we call them) that they need and want to do in order to lead meaningful and satisfying lives, and to participate in society. It is based on the idea that people are social, biological and behavioural creatures that like and need to do things. Given that people who live with HIV can experience a whole range of issues which affect their day to day activities and abilities – OT can be very useful. Basically interventions are focused on maximising strengths and minimising difficulties to improve day-to-day functioning, independence and quality of life.

Julie: Good nutrition is a powerful tool in optimising your health. If we are putting good 'fuel' into our bodies they will function better. Food is an integral part of our lives and means more than just what we eat. It helps connect us to each other as a social tool and is important in promoting good mental well being. While being HIV positive does not mean you will have poor nutrition, it does have the potential to affect your nutritional status whether it is the disease itself, treatments or how you are coping mentally. A Dietitian should be a good guide to help you make the most of your diet. These days we are bombarded with an awful lot of information about what and what not to eat. Everybody is different and a Dietitian can help you sort through all this information and work out what is relevant for you and your life.

What are the highlights of your current role?

Sarah: I've always liked community work. I think there are huge benefits in working with people in their own environments. It supports people in real and practical ways in their daily lives. Highlights for me are being able to give and create timely opportunities for people and seeing them live happily in the community. Recently seeing a client in a place of his own, against enormous odds, was such a highlight, as was the heartfelt appreciation from him and his family. I think community work allows you to develop more collaborative relationships and engage with people over periods of time, which can facilitate the achievement of goals. I like the autonomy and ambiguity that comes with community work and being out of the office on a sunny day is a bonus.

Julie: In this role I have the opportunity to do more care coordination for my clients rather then exclusively focus on nutrition, which I find rewarding. I have also been able to meet some fantastic and interesting people, both clients and those who work in other organisations in the HIV sector. Also, I have to say that rather than working inside a hospital or office, being 'out on the road' and travelling to clients is definitely a bonus!

For further information

Visit www.sesiahs.health.nsw.gov.au/HIV_Community_Team
Email: hivcommunityteam@sesiahs.health.nsw.gov.au
Call: 8305 3800

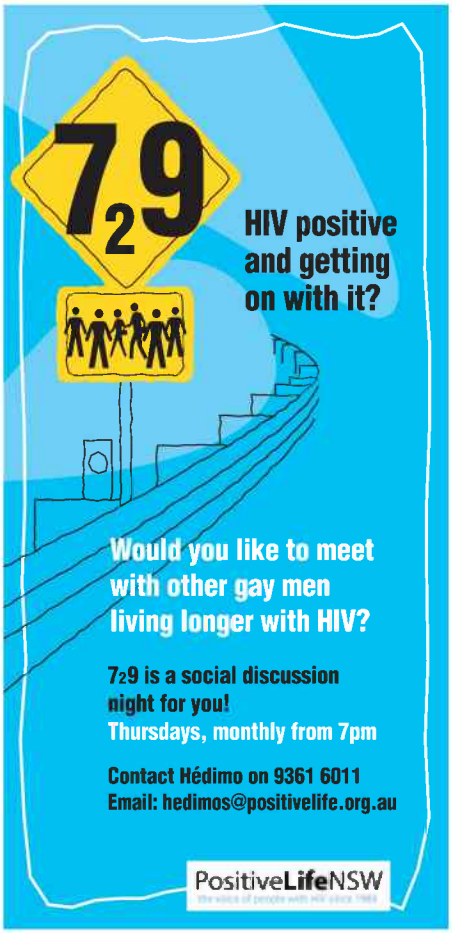
HIV positive and living in the Hunter area?

Why not check out Karumah Positive Living Centre

Social lunches
Complimentary therapies
Discussion group
Drop in
Many other services

For more details phone (02) 49040 8393
or email: peersupport@karumah.com.au

www.karumah.com.au



If only it were easier

Lance Feeney looks at the issues around access to S100 dispensing services for working people with HIV and where to go to get your meds after 5pm

HIV medication works extremely well for most of us with HIV. The days of carrying spare sets of underpants in your briefcase, anti-diarrhoea capsules as well as nausea, analgesics, and various other pills and potions for the mitigation of unwanted side-effects, has mercifully declined, if not disappeared. Manufacturers - who had a vested financial interest in reducing 'these horrors' – have incrementally eliminated or improved side-effect profiles. Many people have not only been able to suppress viral activity, but also reclaim their health and well being and re-engage with their working lives.

Analysis of data from the Sydney Gay Community Periodic Survey (2007) reported that 60.1% of positive respondents were working full-time and 10.8% working part-time (that's approximately 70%). We suspect that when the most recent data is available, these percentages will be higher. In an environment where treatment success is dependent on strict adherence, it is also logical that S100 dispensing services are convenient and easy to access.

Some of the issues

Getting to and from a hospital pharmacy when you're working full-time can be challenging to say the least. If you're lucky enough to work in an industry where your employer is flexible and understanding, and your work colleagues are worldly and not homophobic, you still have to take time-out from work and travel to your nearest hospital pharmacy, wait for the meds to be dispensed, and then travel back. This procedure can take hours; depending upon where you work and how close your nearest hospital pharmacy is to your workplace.

For people who work in less understanding work environments, providing explanations to employers and suspicious work colleagues can be a difficult and challenging process. Explaining regular absences from work can lead to anxiety and in some cases pressure to disclosure. This decision is often later regretted, but the damage is done.

A mechanic, who works in a suburban Sydney garage, recently, talked to me about his monthly medication drama. His work colleagues don't know he has HIV, let alone hepatitis C. Just dealing with the 'gay thing' is a challenge for some of them. Every month it takes him two hours to get to his nearest hospital pharmacy, collect his meds and return to work. His fellow-workers constantly ask him questions about where he goes and what he's up to. Finding answers to this ongoing probing makes him anxious and stressed.

Advocacy

In response to the increasing numbers of people who have gone back to work, Positive Life and ACON have been advocating for improved access to S100 dispensing services. This includes access to S100 dispensing out-of-business hours and three months supply of medication, where clinically appropriate. Ideally, we would like to see an HIV community pharmacy dispensing service. This would, to some degree, resemble the 'community pharmacy pilot' that was run some years ago. In this scheme, a small number of community pharmacies dispensed HIV medication supplied by a local hospital pharmacy. These could be located in areas with the greatest HIV population densities such as Darlinghurst, Newtown and North Sydney.

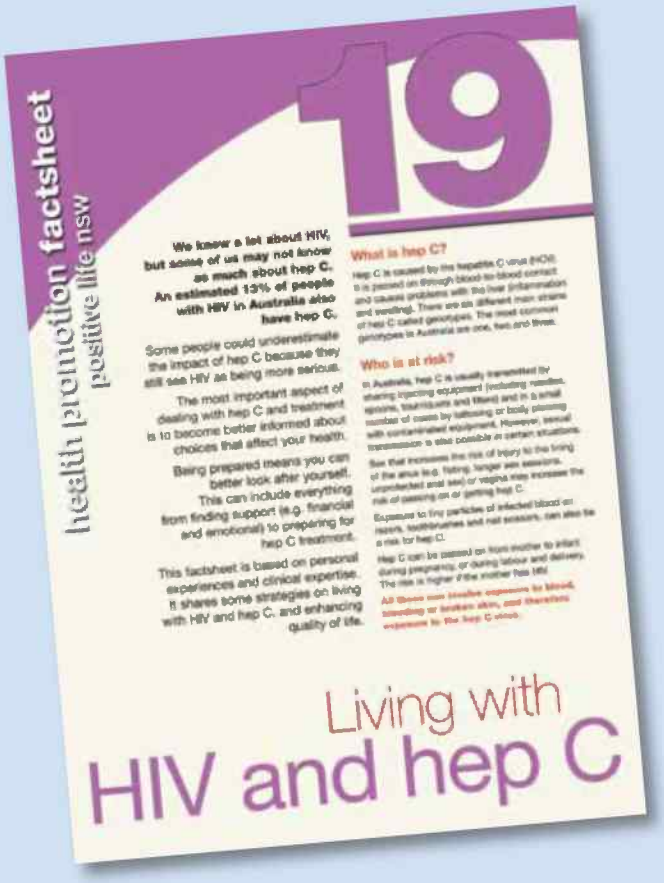
Working people would then be able to get their prescriptions dispensed either in the evenings or at the weekend – like they do for all their other dugs. This would not only be a convenient and better fit in peoples' lives, but also maintain confidentiality. Assumptions about an individuals' HIV status are easily made when you're sitting in a hospital pharmacy waiting room. This potential exposure of HIV status is problematic and embarrassing for some.

Available Service

Selected metro hospital pharmacies have progressively moved to meet the needs of working people and opened the dispensary after normal working hours one evening a week. This extended service has been increasingly used by many.

You can get your meds after 5pm, Monday to Friday:
St. Vincent's Hospital (SVH) Pharmacy
Thursday – till 7pm
Royal Prince Alfred Hospital (RPA) Pharmacy
Tuesday – till 7pm
Albion Street Centre Pharmacy
Thursday – till 6.45pm

Currently no S100 dispensing service is available at the weekend, except from hospital Accident and Emergency Departments. If you need to use this service you may be triaged as a low priority so, we suggest you take some interesting reading material and settle in for a long wait.



The most important aspect of dealing with hep C and treatment is to become better informed about choices that affect your health.

Being prepared means you can better look after yourself. This can include everything from finding support (e.g. financial and emotional) to preparing for hep C treatment.

Health Promotion factsheet No 19 is based on personal experiences and clinical expertise. It shares some strategies on living with HIV and hep C, and enhancing quality of life.

If you would like a free copy of our factsheet call Positive Life NSW on 9361 6011 or freecall 1800 245 677

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: Hedimo on 9361 6011
hedimos@positivelife.org.au

PositiveLifeNSW
the voice of people with HIV since 1988

acon
BUILDING OUR COMMUNITY'S HEALTH & WELLBEING

Queer Screen
Free Membership

Queer Screen is offering free membership to anyone over 60 or on a disability pension.

For more information call 02 9332 4938 or visit www.queerscreen.com.au

SUPPORT FOR THOSE SUPPORTING PLWHAs

NATIONAL CARERS' DAY TAKE TIME OUT

at the TREE OF HOPE
in the grounds of the
St. Patrick's Business College
cnr Devonshire and Riley Streets
Surry Hills NSW 2010
9.30am - 4.00pm
Tuesday 20 October 2009

Co-ordinated by ADAHPS to provide time out for Carers of PLWHAs, this one day event includes lunch, morning and afternoon tea. It will also cover information on services, options for Carers, HIV/AIDS medications, health and well-being and finish with relaxation and pampering. There will also be opportunities for networking and socialising.

FOR INFORMATION CONTACT Paul at Adaphs on 8382 1810

Adahps

Recharge your body, inspire your mind

Yoga with Daniel

Thurs 8 October
6.00pm - 7.30pm

Meditation Space
99 Crown Street
East Sydney

For more information
call 8011 4995 or
Daniel 0407 270715

Changing the 'face' of living with HIV

From September 1 Sculptra will be available on PBS for the treatment of severe facial wasting (lipoatrophy) for people with HIV.

At this stage, the procedure for injecting Scupltra does not qualify under Medicare and therefore costs may vary from practitioner to practitioner.

For more information talk to your GP or email Lance Feeney, lancef@positivelife.org.au or call 9361 6011 / 1800 245 677 (freecall)

What's New?

Hedimo Sanatana

HIV Treatment

Gradual Efavirenz Dosing Shows Promise

Starting efavirenz at a lower dose and steadily increasing it over two weeks might help decrease the risk of severe dizziness, hallucinations and trouble concentrating—common central nervous system (CNS) side effects of the drug—according to a study published in the August 4 issue of the *Annals of Internal Medicine.*

Efavirenz has long been considered a "preferred" component of first-line antiretroviral (ARV) therapy. Unfortunately, up to half of all those who take it experience a CNS side effect soon after starting the drug. While CNS-related problems generally decrease over time in the majority of people, their initial intensity can cause some to stop taking the drug.

A team of researchers in Spain, headed by Alicia Gutiérrez-Valencia, PharmD, from the Instituto de Biomedicina de Sevilla set out to determine whether gradual dose increases over a two-week period might limit the number of people experiencing these side effects, or at least lower their intensity.

The step-wise dose escalation significantly reduced the number of people experiencing side effects for the first six days of treatment. According to surveys conducted by the researchers, 50 percent fewer patients in the gradual dosing group, compared with those in the full-dose efavirenz group, reported feeling dizzy or hung-over, or having impaired concentration or hallucinations.

After people in the step-wise dosing group increased their dose to 400 mg, however, the number of people experiencing side effects in both groups was roughly the same. The researchers noted that CNS side effects were less severe among those receiving 400 mg efavirenz before switching to the 600 mg dose.

Ultimately, the authors concede that their study was not large enough to detect a significant difference in the incidence of side effects between the two treatment groups by the second and third week of treatment.

The numbers were also too small to determine whether step-wise dosing controlled HIV as well as full-dose efavirenz. By week 24, 96 percent of people in the full-dose arm had an undetectable viral load, compared with 87 percent in the step-wise dosing arm. This difference, however, was small enough to have occurred by chance.

Gutiérrez-Valencia and her colleagues conclude that because efavirenz side effects are most severe in the first few days of therapy—and because of the encouraging signals in their study—further research on step-wise introduction of efavirenz is warranted.

Source: http://www.poz.com/articles/hiv_efavirenz_cns_761_16881.shtml

US Travel Ban

AIDS 2012: Could Washington DC be the winner?

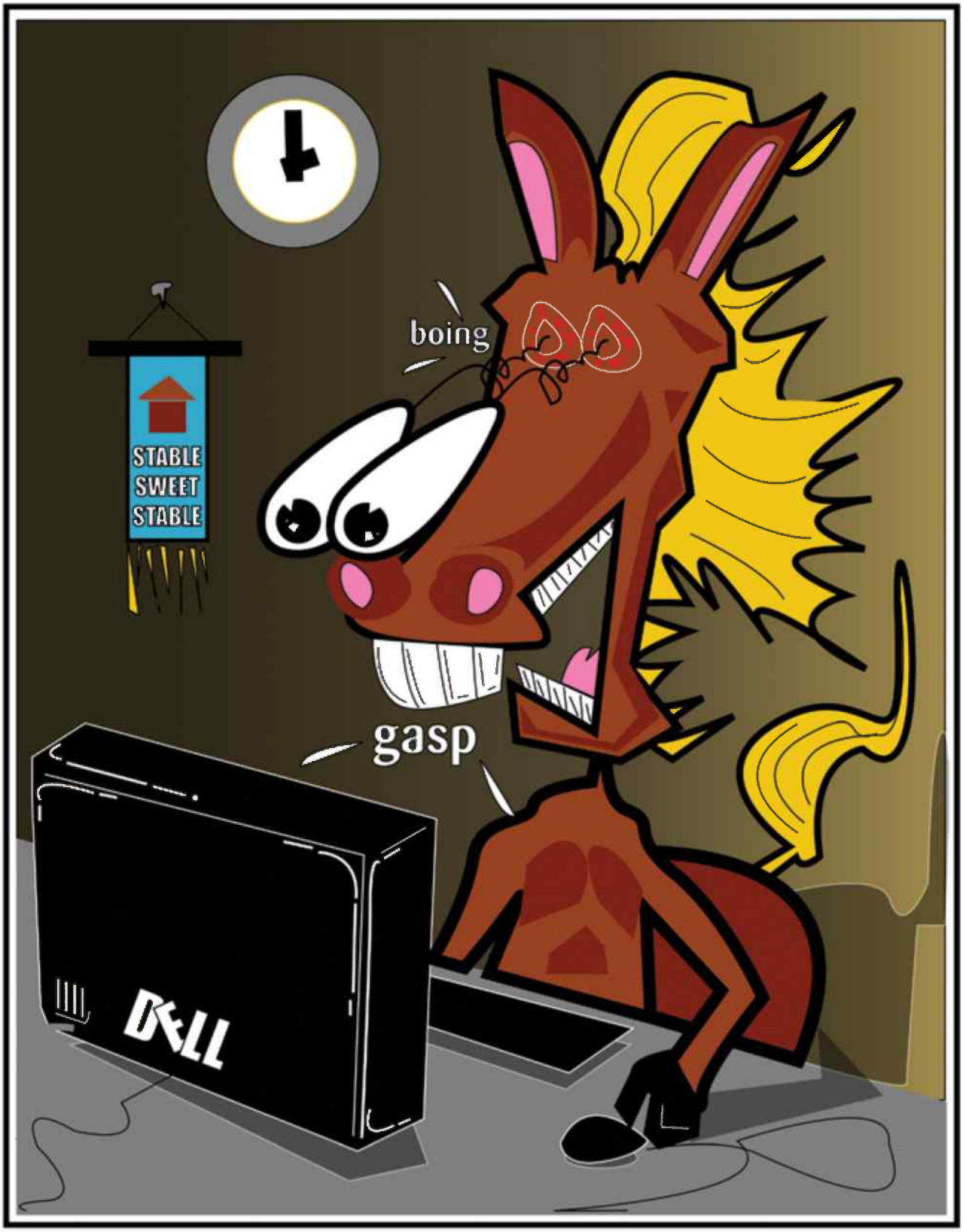
The so-called "travel ban", a product of the Reagan years which imposes restrictions on visas for people with HIV visiting the U.S., has been in place since 1987. The law has always been strongly opposed by advocates and by a number of organisations, including the International AIDS Society.

Because of this law, no international gathering has taken place in the U.S. since the June 1990 Sixth International Conference on AIDS in San Francisco, when over 70 international AIDS, medical and government organisations boycotted the meeting. That boycott has been in place ever since as the IAS position is that people with HIV "should be able to participate fully and without restrictions at HIV conferences."

In July last year, President George Bush finally signed a bill that ended the twenty-two year ban on entry of foreign visitors and immigrants with HIV. But that bill, entangled in bureaucratic processes, depended on the Department of Health and Human Services to lift restrictions against nonimmigrant visas for people with HIV/AIDS. This has just happened, and we are one step closer to the ban being lifted.

Provided that the ban is lifted soon, the IAS intends to return to the U.S., this time to the Nation's Capital. Holding the 2012 conference in Washington DC would be, as IAS President Dr Julio Montaner says: "an opportunity to highlight the longstanding U.S. global leadership in HIV research, prevention, care and treatment, along with the ongoing domestic and international challenges ending the epidemic."

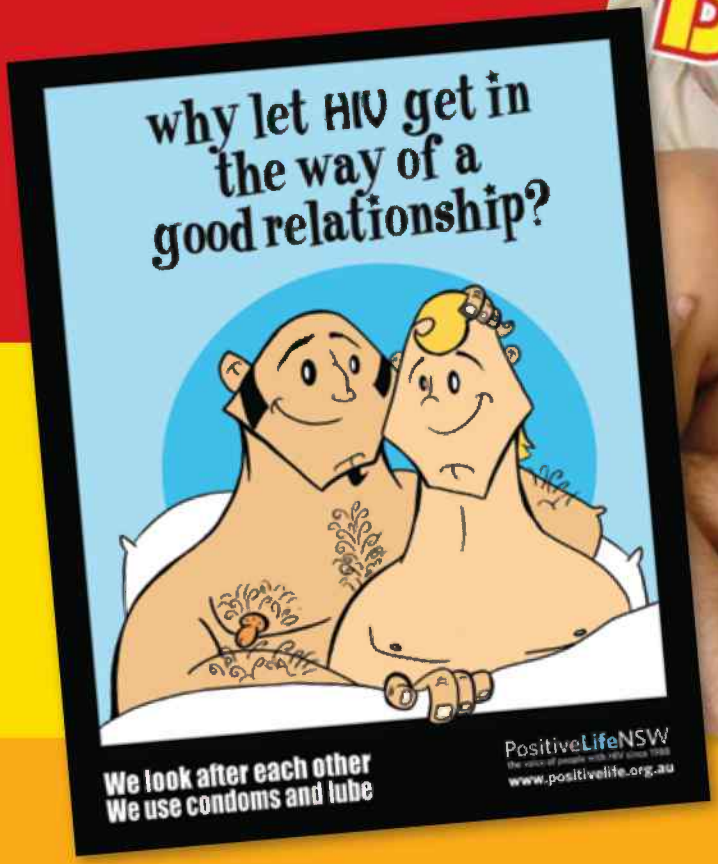
Source:
http://www.aids.org/atn/a-128-03.html
http://positivelife.org.au/talkabout/2008/aug-sep/us-ban-hiv-positive-travelers-be-lifted-not-yet
http://www.iasociety.org/Default.aspx?pageId=345
http://www.iasociety.org/Web/WebContent/File/ias_policy%20paper.pdf



It wasn't till he swapped pics that he realised Bareback chat wasn't his scene...

SERO DISCO

WHY LET HIV GET IN THE WAY OF A GOOD RELATIONSHIP?



Thought about going out with a positive guy, but worried …

In a relationship, but not confident about condoms …

Heard about viral load, but not sure what it means for you …

Thinking about how to tell some one you like that you are positive?

Looking after each other in serodiscordant relationships (where one partner is HIV positive and one partner is HIV negative) includes everything from communication to condoms. In our magazine *Sero Disco (Why let HIV get in the way of a good relationship?)* we try to give you some practical answers to questions you might have asked yourself at some time. Does undetectable mean un-infectious? Is pulling out okay? How safe is oral sex? Articles also cover disclosure and possible rejection, intimacy and keeping it hot as well as ending relationships.

If you would like a free copy of our relationships magazine '*Sero Disco*' call Positive Life NSW on 9361 6011 or freecall 1800 245 677.

Berlin

John Douglas takes *Talkabout* readers on a moving journey through Berlin.

Berlin is the capital city and one of sixteen states of Germany. With a population of 3.4 million within its city limits, it is Germany's largest city. The metropolis is home to world-renowned universities, research institutes, sporting events, orchestras, museums and personalities. The city is recognised for its festivals, diverse architecture, nightlife and contemporary arts.

Berlin has a reputation for tolerance, which stretches as far back as King Frederick the Great in the 18th Century. Berlin's status as a gay Mecca was born in the famously 'hedonistic' times of the 1920s when people like Marlene Dietrich were living the fast life and Christopher Isherwood 'fully indulged his taste for pretty youths'. Needless to say when Hitler rose to power along with the Jews and Gypsies, gay men and lesbians were persecuted by the Nazis.

In his photographs, John Douglas takes us on a moving journey from the 'gay Holocaust Memorial', which houses a video of two men kissing goodbye, to the Jewish Holocaust Memorial and sections of the Berlin wall which remain around Potsdamer Platz. John also captures an incredible range of art created on walls and windows throughout the city.

Gay Holocaust Memorial Interior
The interior of the solitary memorial contains a moving video of two men kissing goodbye.

1 Jewish Holocaust Memorial
Designed by architect Peter Eisenman, the memorial is created by 2,711 grey concrete stelae, each positioned on a grid to form a wave like progression. Visitors progress from the ground level edge into a central area where looking up provides a bare hint of sky between the huge concrete forms.

2 Gay Holocaust Memorial Exterior
After the Jewish Holocaust memorial was created, there were protests that many other people also suffered at the hands of the Nazis. Consequently, in 2008 across the street from the Jewish Holocaust Memorial stands a solitary concrete slab - a memorial to the thousands of gay men who died in Nazi concentration camps.

3 Berlin Wall Guard
Tourists can now get their passport stamped with an old East German entry stamp.

4 Keith Haring Sculpture
Many fine examples of public sculpture can be found in the parks and streets.

5 Berlin Wall
The Berlin Wall separated East Germany from West Germany for more than a quarter of a century until it was demolished on 9 November 1989. This is a section of the Wall which remains around Potsdamer Platz.

6 Brandenburg Gate
Built in 1791 by Karl Gotthard Langhans. In his time, it was Hitler's showcase entrance to Berlin, and post-war was once the boundary of East and West Berlin. Around the base nowadays you can buy East German and Soviet souvenirs.

7 Street Art
Street art has a long and ongoing tradition in Berlin. After years of trying to discourage street artists the city now celebrates the incredible range of art created on the walls and in windows throughout the city.

8 Anti Homophobia Poster
Berlin is justifiably famous as one of the most tolerant cities in the world for people of all races and sexualities.

9 Berlin Wall

10 & 11 Gay Museum
Berlin's Schwules (Gay) Museum is a private institution dedicated to preserving and exhibiting homosexual history, art, and culture. Located in the Kreuzberg district, the museum is composed of three main divisions: archives, library, and exhibitions.

The museum is interested in all aspects of homosexual history and culture, but it has a particular concern with the persecution of gay men and lesbians under fascism.

Museum website: http://www.schwulesmuseum.de/
(http://www.schwulesmuseum.de/html/ho_0/ho_0_0_en.htm for the English version of the site)

Ampy and Benji

So Can You Cook? No 36

Dogs & Quick Comfort Foods

Tim Alderman

We fell in love with our first dog Ampy when we first laid eyes on him at 'Monica's' foster dog outlet at Alexandria. We went to 'Pet Barn' (where we discovered Ampy a couple of months ago) to get some kibble. As we came out of the store, I said to David we should have a quick look at the dogs - a hard thing to resist at the best of times.

The foster parents were packing up, but opened one of the carry cages for us. Out jumped this skinny Jack Russell tricolour, with huge paws, turned-down ears and dirty fur. He came straight up to me and crawled right into my lap, then walked his way up my chest and placed his head on my shoulder. As if that wasn't enough, he then got down and rolled onto his back for a belly scratch. Well, that was pretty well it. David and I didn't say anything to one another about it that day, but the next day he asked me if we were ready to get a second dog- as if the question even needed to be asked. I said yes, and we got online to 'Monica's' to find out about the dog we had encountered outside the pet store. It turned out that he was online, and his name was Bungee. Fortunately, he hadn't been abused, but had been neglected. We contacted 'Monica', and later that week we were on our way to Ingleside to meet him again, with Ampy in tow to see how they interacted. It all seemed to go well, so we paid for him and said that we would pick him up the following week.

It was when we got all his papers that we realised just what the poor bugger had been through. He had been literally starved. Anyway, we got him home, gave him a bath to get rid of the kennel smell and he has settled in nicely. His name has been changed to Benji - we figured one dog with an odd name was enough. He is the exact opposite of Ampy, who is a cross-bred Jack Russell, and very laidback and serious. Benji, on the other hand, is a bundle of energy, and is a pure Jack Russell - always looking for trouble. Between the two of them there is not much bed left, and we still have the occasional nightly spat over food, but apart from that they seem to get on well - who really knows with dogs?

Despite our concerns, we really love having the two dogs, and the two contrasting personalities. I can guarantee you that my days are never boring!

Now, some easy to make winter comfort food recipes.

Beef Casserole

This recipe came from a booklet I picked up from the supermarket called 'Bliss'. It is so delicious that we make it every other week, and get two feeds out of it.

1kg casserole beef cut into 2cm dice
1 large onion, chopped
2 large carrots, chopped
3 tablespoons plain flour
Salt and pepper
3 cups beef stock
Big splash Worcestershire Sauce
Big splash soy sauce
3 sprgs thyme
2-3 bay leaves

Preheat oven to 180°C. Brown beef in oil over high heat in a fry pan, in batches. Place into large casserole dish (with lid). Add some more oil to the pan, and place onions and carrots into fry pan and cook for 3-4 minutes until starting to colour. Sprinkle flour over, and stir through. Add stock, thyme, bay leaves, Worcestershire Sauce, soy sauce, salt and pepper and bring to the boil, stirring, until thickened. Pour into the casserole dish, and mix through the meat.

Cover, and cook in oven 2½ hours. It should be thick and meaty.

We eat it with mashed potatoes one night and with rice two nights later. It matures beautifully over a couple of days. You can add things like red wine or a tin of tomatoes to the basic mix - just cut back the stock accordingly. You can also vary the vegetables, or add peas 3-4 minutes before you remove it from the oven. The aroma fills the house and it is a great comfort food.

Quick Self-Saucing Chocolate Pudding

Self-saucing puddings are so winter!

60g butter
½ cup milk
½ teaspoon vanilla extract
¾ cup caster sugar
1 cup self-raising flour
1 tablespoon cocoa powder
¾ cup firmly packed brown sugar
1 tablespoon cocoa powder, extra
2 cups boiling water

Preheat oven to 180°C. Grease 6 cup ovenproof dish.

Melt butter with milk in medium saucepan. Remove from heat. Stir in extract and caster sugar, then sift flour and cocoa. Spread mixture into dish.

Sift brown sugar and extra cocoa over mixture. Gently pour boiling water over mixture.

Bake pudding, uncovered, about 40 minutes or until centre is firm. Stand 5 minutes before serving.

Toasted Reuben Sandwich

This classic and tasty sandwich is quick to make with a sandwich press.

Russian dressing:
2 tablespoons mayonnaise
1 teaspoon tomato sauce
2 teaspoons horseradish cream (Supermarket, where chutneys etc are)
1 teaspoon Worcestershire sauce

Mix all ingredients together and set aside.

8 slices rye bread
16 thin slices Swiss cheese
½ cup firmly packed sauerkraut (squeeze thoroughly to get rid of juice)
250g shaved corn beef

Preheat sandwich press. Top 4 slices of bread with half the cheese, sauerkraut, dressing, beef, remaining cheese. Top with remaining bread.

Cook sandwiches in sandwich press about 5 minutes or until browned lightly.

Barbequed Spinach & Mozarella Pizza

200g English spinach leaves
2 round pita bread
240g fresh ricotta
2 teaspoons finely grated lemon rind
2 teaspoons lemon thyme leaves
6 bocconcini, halved
8 slices pancetta
Rocket leaves, to serve

Place spinach in a medium bowl and cover with boiling water for 2 minutes. Drain. Squeeze out any excess water using absorbent paper, then roughly chop. Spread pita bread with ricotta, and top with spinach leaves, lemon rind, thyme, bocconcini and pancetta. Preheat char-grill pan or barbeque to medium and place the pizza on the cooking surface. Close the lid of the barbeque, or place a lid over the pan and cook for 5 minutes or until the base is golden and the cheese is melted. Top with rocket.

Serves 2

Pork & Sweet Potato red Curry

1 tablespoon vegetable oil
1½ tablespoons Thai red curry paste
1 onion, cut into wedges
2 teaspoons grated ginger
250g kumera, thinly sliced
1 cup coconut milk
1 cup chicken stock
350g pork fillet, sliced thinly
½ cup basil leaves
½ cup coriander leaves

Heat oil in a medium saucepan over medium-high heat. Add curry paste and cook for 1 minute or until fragrant. Add onion and ginger and cook for 2 minutes. Add kumera, coconut milk and stock and simmer for 8 minutes, or until the potato is just soft. Add pork to pan and cook for 4 minutes or until cooked through. Spoon the curry into serving bowls and top with basil and coriander.

Serves 2

Cheat's Sticky Toffee Pudding

100g dates, chopped
⅔ cup boiling water
¼ teaspoon bicarb soda
30g butter, softened
½ cup brown sugar
1 egg
⅔ cup self-raising flour
Thick cream or ice cream, and extra brown sugar to serve

Preheat oven to 180°C. Place dates, boiling water and bicarb soda in a heatproof bowl and set aside for 10 minutes. Process the date mixture until smooth. Add butter, sugar, egg and flour, and process until smooth. Pour mixture into well-greased 1-cup ovenproof bowls or small pudding bowls and place on a baking tray. Bake for 25 minutes or until puddings are cooked when tested with skewer or by finger-press test.

Invert puddings onto serving plates and serve with thick cream, sprinkled with brown sugar.

Serves 4

Health & fitness
Ask Ingrid

New stretches to add to your workout

This is Ingrid's final article. Positive Life would like to thank Ingrid for her health and fitness advice, and also her commitment to our readers over the years. Ingrid says she has really enjoyed her time with *Talkabout*.

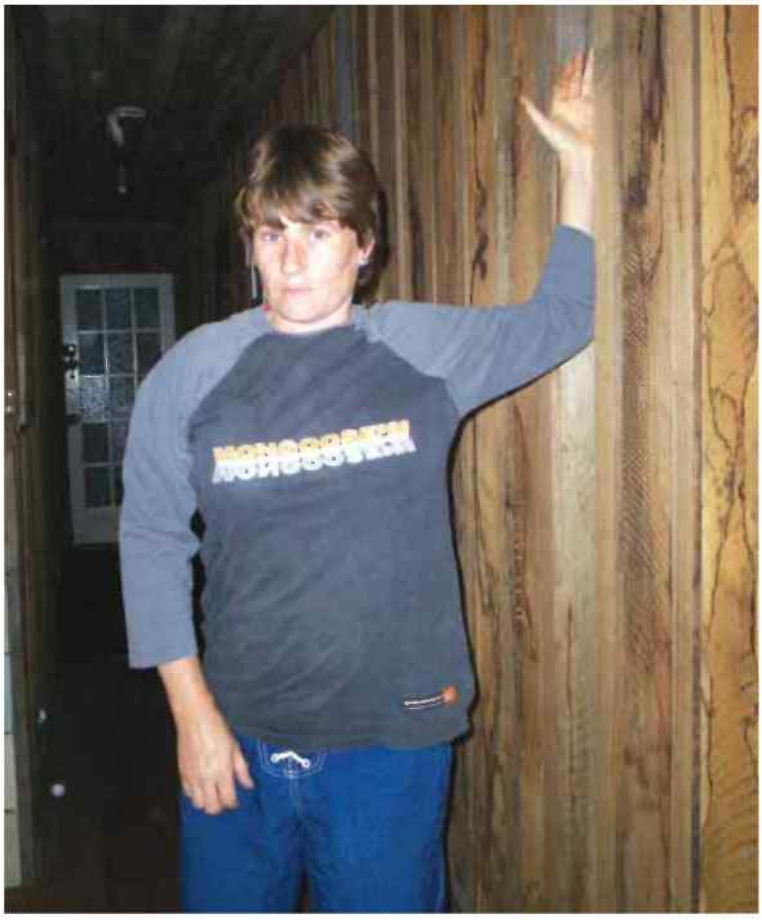
Here are some new stretches to add to your workouts at home or in the gym. Remember to relax into each stretch and breathe deeply as you hold each position for at least thirty seconds then repeat on the opposite side. You need to warm up for stretching or do it at the end of your work-out.

As you know muscles work in pairs and if one-half of the pair is tighter than the other your joints come under pressure and things just do not work as well as they should.

Typically, most people have tighter chest muscles than the opposite muscle groups the upper back, so I have included a couple of chest stretches. Keeping the pecks flexible helps the shoulder joint work efficiently. It also helps avoid getting that round shouldered look that comes from poor posture as you get older or from training the chest muscles more than the back muscles.

I have also included a bum and lower back stretch because these muscles are often tight from having to work hard to keep our spine in correct alignment.

The calf stretch is included because if these muscles are tight our bodies are not as good at absorbing impact from walking and running on hard surfaces. The triceps and back stretch is a good all round stretch because it stretches the triceps that are often tighter than the biceps as well as all the side muscles that tend to be forgotten.



Stretch 1 ↑

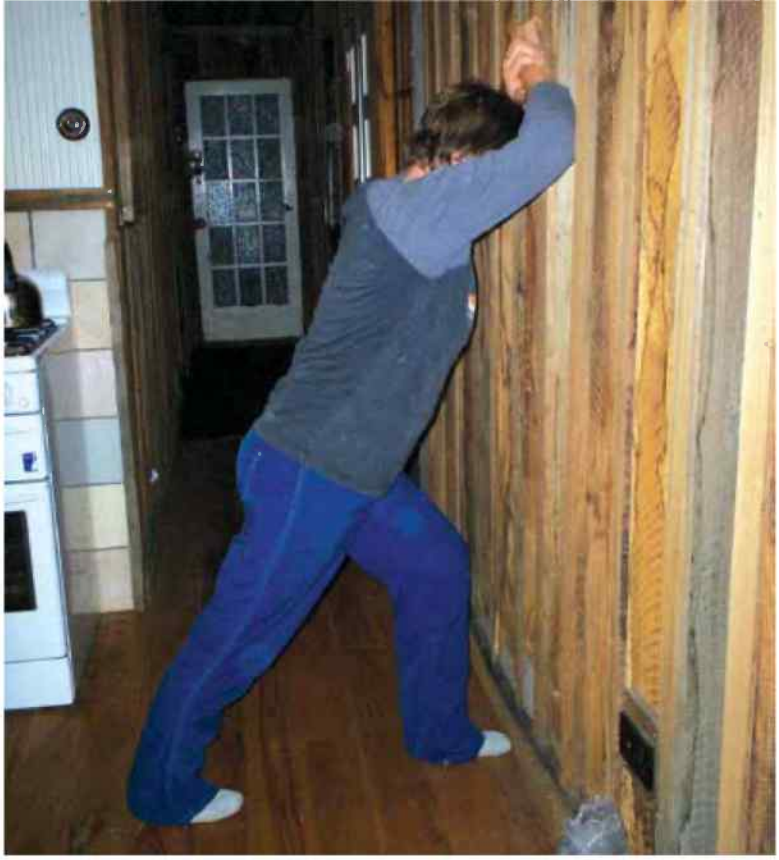
Standing bent and straight arm chest stretch

Stand next to and forward of a wall or door way or any thing that you can support your hand on at around shoulder height. Don't worry if your hand is a little lower or higher. Push against the wall or object as you turn away from your hand. Push back on your hand as you expand your chest. You will feel a stretch where your arm and shoulder muscles connect to your chest. Try this stretch with your arm almost straight first, then repeat with your arm bent at right angles and your forearm against the wall or object. You should notice that the stretch will move into the centre of your chest more when you do the bent arm version.

Stretch 2

Standing straight and bent leg calf stretch

This stretch can be done almost any where: leaning against a wall, a sign post even on a table. Keep your back straight and take one foot forward and the other back. Slowly push the heel of the back foot towards the floor until you feel a stretch in your calf muscle. To increase the stretch lean into the wall more or take the heel back further. Try this stretch first with the knee almost straight then bend the back leg and you should feel the stretch move down towards the ankle.



Stretch 3

Standing side triceps and back stretch

Reach up and behind you neck with one hand then grab that elbow with the opposite hand as you reach over your head. Slowly pull on the elbow as you stretch to the side. You should feel this stretch in the upper arm and back. Stand with your feet well apart and knees bent.

Stretch 4

Standing back and bum stretch

Standing next to a chair or table for balance lean forward with a straight back and place the ankle of one foot on the opposite thigh. Sit back into the movement slightly and push your bum back as you push your knee out and down towards the floor .You should feel this stretch in the outer glut and the edge of the lower back. To increase the stretch sit back into the movement more or push the knee out and down further.

Hope these stretches give your next exercise session a bit of a lift and remember vary your body position slightly until you really feel the muscles you are targeting.

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**

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**

Country guy, 43, poz, 183 cm, 73 kg, slim build, hairy chest, non scene and working. Interests are country life, animals, gardening and markets to name a few. Seeking someone special and LTR. Might be sincere, passive, no time wasters. Prefer someone over 30 and NS. You never know until you have a go. **Reply 190408**

Nice guy 43 HIV+ eastern European bottom like to meet nice guy with good shape for LTR for good times, quiet nights and to be happy together. **Reply 090508**

Locked up and lonely! 31 yr old HIV+ guy in jail, looking for mates and more. 6ft 3, brown hair and eyes, ok looking. I'm DTE with GSOH. Into music, movies. Open minded and fun to be with. Want a pen pal and whatever else happens. **Reply 150508**

46, HIV pos guy SW Sydney would like to meet pos guys to 55 for fun times and with a view to a relationship. **Reply 100708**

31YO Kiwi guy living in Rooty Hill, NSW. I'm affectionate, passionate, good looks. HIV+ 5 years. Looking for a guy(s) to share good times with and life. Into honesty, easy going, sensual and sexually uninhibited people. Age, nationality and beliefs no barrier. I'm very open, strong and happy. ALA. **Reply 150708**

Newcastle, early 40s HIV+ seeking friends, relationship, partner with similar to 45. I have many interests: music, some sports GSOH. Live Alone. Genuine and versatile. **Reply 261008**

Sydney/Wollongong – Slim, good looking bottom guy, 50YO, 6ft tall, short hair, clean shaven, fully waxed body, affectionate, good kisser. Seeking top guy, clean shaven, slim to medium built, 45-65YO. Like a few drinks and a smoker. VTPR. ALA. GSOH. **Reply 081008**

Gay guy 40 from Queensland looking to relocate to Sydney, searching for new horizons, including a genuine source of friendship leading to life commitment. I am quiet, trustworthy, reliable, dependable – daring to be different from your typical gay male. **Reply 101008**

51YO, HIV+ 22years, 173cm, ACTIVE/versatile, FF top, tattoos & piercings. I am not just looking for play but for that 1-1 connection with mind & body. Sydney. **Reply 031108**

Central Coast, attractive healthy young 34yo, HIV+ 10 years, undetectable VL. My interests include gay tantra, yoga, transpersonal psychology. Looking for friends, relationship, and a partner under 40 with GSOH. ALA. **Reply 041108**

Kiwi male 38 HIV+ GSOH DTE living inner west, working, in great health, 198 cm blue eyes, black hair, average looks. Looking for friends/buddies/partner. Open to suggestions. If you want to know more, why not take a chance and drop me a line, nothing to lose, a great friend to gain, maybe more… **Reply 201208**

33 year old newly diagnosed looking for mates (maybe more?) under 50 yrs. I'm into healthy living, yoga, swimming, gym and love getting into nature. Like socially conscious guys with warm hearts and compassionate souls who embrace life. **Reply 231208**

+ve W'gong 30YO. Smart, good looking, loves nature, professional bttm ISO similar for whatever works (good times or LTR). Work in Sydney but prefer quiet life, would suit someone tired of things sceney and shallow. Nationality not important, chemistry is. **Reply 50108**

35YO Aussie guy in jail till 2010. Lonely, wants penpals, maybe more later. Genuine guy, healthy DTE, loves country living and loves animals. **Reply 290108**

Friendly, passionate Greek/Aussie 164/79, 66 years old but well preserved and younger looking. Completely healthy A1 condition. Looking for mature guy – looks unimportant but good character and disposition a must. Still employed and planning a good and optimistic future (LTR). Loves kissing, hugging and close intimate sexual encounters. Broad interests and curious about most things. Good conversation and well-read a necessity. **Reply 160209**

Single 35 YO active/versatile. Slim athletic body. HIV+ healthy ISO 18 – 35YO slim, skinny bottom/versatile. Looking for friends, relationship. I'm mild to wild in bed. WLTM adventurous guys with few limits. Pen pals into kink welcome. **Reply 180209**

Mature HIV+ man living in Northern Rivers. I'm affectionate, caring & looking to share my life & experiences. 76kg, slim built, fit & versatile. Age, nationality & beliefs no barrier. ALA. **Reply 070409**

I'm a totally active guy, well presented, and I would like to meet a quiet, easygoing, home-loving passive guy for a long-term 1:1 relationship. Looks & build are not important. You must be 100% totally passive, enjoy lovemaking often and be under 40 years. **Reply 220409**

35YO Aussie in gaol to 2010, looking for pen pals maybe more. I'm genuine, honest & caring. Love hairy guys & into leather. Very lonely. I'm 5'10" slim, 70KG healthy dude. Love country living and animals. ALA. **Reply 40509**

Nude yoga master needed CBD or nearby. Mowhawked muscled PA pierced mature guy who enjoys the art of Ashtanga yoga seeks nude yoga with 1 to 1 gay teacher. **Reply 200509**

Tall and dark and handsome, late thirties, fit masc caring DTE genuine fun non-scene passionate top Aussie guy. WLTM other masc genuine poz guys for friendship, fun or LTR depending on chemistry. **Reply 250509**

Mid North Coast - 55YO HIV+ average buid/looks, versatile, honest, DTE, GSOH, NS. ISO regular buddy for friendship and good times together. Age and nationality not important, but honesty, GSOH and discretion are. ALA. **Reply 290509**

Melbourne, Victoria – 48YO HIV+ guy, 5'10" short dark hair, blue eyes, goatee, muscular build (85-90kg) passionate & versatile. ISO F/Bs (or more) who are aged 40-50, are passionate & versatile, DTE + GOSH. **Reply 020609**

Country NSW - 35YO good looking masculine build (92kg) and Caucasian. Likes keeping fit and spending time with friends and family. Poz for three years and in great health. Seeking other poz guys up to 45yr with view to becoming friends and maybe more. **Reply 280609**

Newcastle – Mature guy, HIV+ for 20 years. Seeking genuine one-to-one friendship to LTR. I am caring, affectionate, versatile and well presented. ISO similar partner. 5'10 34" waist 69kg. Prefers mature age and stability. Appearance/area no barrier. Just be yourself. **Reply 290609**

Greek 32 years, very fit, attractive HIV + male, accounting finance student (Parramatta area) ISO specifically to make friends and have LTR with other guys. Must be very honest, healthy and hygienic. I am very straight acting and DTE. **Reply 160608**

Men Seeking Women

Seeking free spirited, loving soul mate. I am a youthful male in his 40s, from Melbourne, who would like to spend some quality time with a lady who accepts my HIV positive status. I travel interstate occasionally. I do not consider that I am compromised by this status. **Reply 190808**

HIV+ undetectable and well, young looking, 48 looking for a woman under 40, healthy like me, non-smoker, non- drinker, for company and sharing experiences. Sydney. **Reply 210808**

Mid North Coast NSW. Straight young 48yo 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 150409**

Carpe Diem. 40 years young and attractive Sydney male. I'm kind, considerate, new-age spirited, intelligent and artistic. I want to meet a lady to adore, worship and share life forever. Hopefully I've made you smile! Seize the day! **Reply 160709**

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.

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

Resources Order Form

PositiveLifeNSW
the voice of people with HIV since 1988

Ordering organisation's name

Contact in organisation

Postal address

State

Ph

Fax

Email

Date ordered

Quantity Item

Health Promotion Fact Sheets

1 Efavirenz Managing Side Effects

2 Boosting your energy

3 Getting Started on Combination Therapy

4 I want to return to work

5 Living with body shape change

6 Positive Pregnancy – ***Available on the website only***

7 Clinical Trials

8 A Night with Tina (Methamphetamine and HIV) – ***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 – Lving 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

18 Disclosing to your child

Quantity Item

Social Marketing Campaigns

10 reasons to test for STIs encourages regular testing for sexually active positive gay men. – ***Available on the website only***

Positive or Negative HIV is in Our lives

– **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**
– ***Available on the website only***

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.

KNOW THE FACTS SEX AND HEP C (booklet) updates sexually adventurous HIV positive gay men on hep C transmission, testing and strategies to prevent them from getting or passing it on to their partners.

SERO DISCO Why let HIV get in the way of a good relationships? gives gay men some practical ideas on how to look after each other in a serodiscordant relationship (where one partner is HIV positive and one partner is HIV negative). This can include everything from starting a relationship, disclosure, condoms and intimacy, relationship agreements, communication strategies, testing for HIV and STI awareness.

One-off lifestyle magazine, 4 postcards with key campaign messages and t-shirt (one design, black or white)

Workshop Resource

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

Simple Pleasures (Workshop Guide) builds on material presented in our booklet **GETTING ON WITH IT AGAIN Living longer with HIV**. The workshop is designed to be used with HIV positive peer support groups or in HIV support groups facilitated by healthcare workers.

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

Do you have a Social Security problem?
Need help with Centrelink?

Free advice and advocacy

Welfare Rights Centre

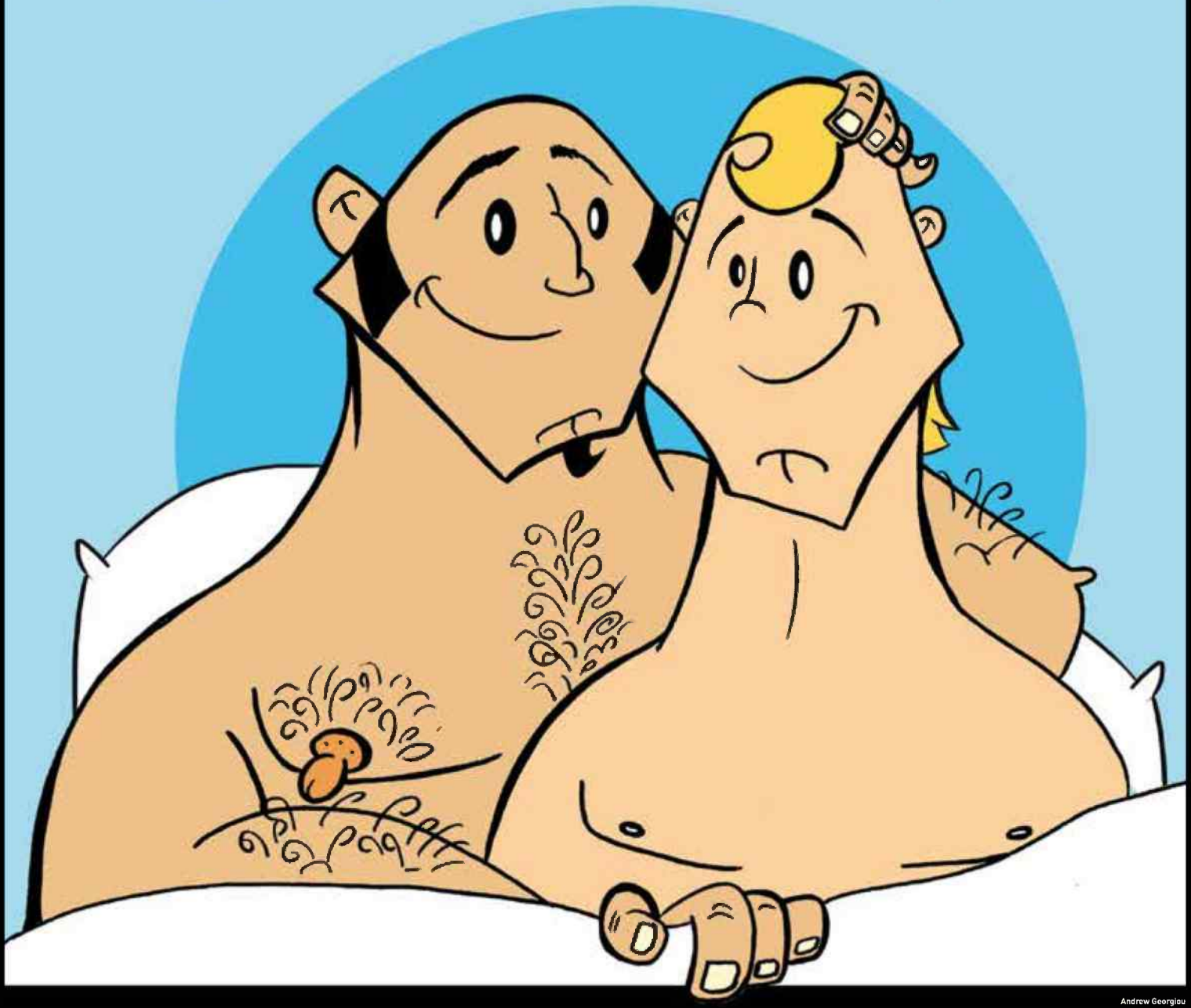
Welfare Rights CENTRE

For information or advice:

Phone: (02) 9211 5300
Toll Free: 1800 226 028

TTY: (02) 9211 0238 or visit
www.welfarerights.org.au

why let HIV get in the way of a good relationship?



Andrew Georgiou

We look after each other
We use condoms and lube

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www.positivelife.org.au