

177 | June - July 2012

Where we speak
for ourselves

Talkabout

**Sydney's
Candlelight
Memorial**

**'Start the
Conversation'**

**The Opposites
Attract Study**

**NSW HIV
Road Show**

Sero Disco 2

the voice of people
with HIV since 1988

PositiveLifeNSW

SERO DISCO 2

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

**"GOOD SEX IS WHEN YOU KNOW
EACH OTHER'S STATUS AND
YOU'RE OKAY WITH THE OTHER
PERSON BEING HIV POSITIVE
OR NEGATIVE." JASON**

**Looking after each other in pos-neg relationships includes
everything from communication to condoms**

For more info

**Look for our magazine SERO DISCO 2 on the web sd2.positivelife.org.au
or call 9206 2177 or freecall 1800 245 677**

Talkabout

 **Positive Life NSW**
the voice of people with HIV since 1988

Where we speak for ourselves

Contents 

CURRENT BOARD

President
Malcolm Leech
Vice President
Jane Costello
Treasurer
Paul Ellis
Secretary
James Wilson
Directors
Cameron Cowell, David Crawford, Scott McKeown, Brian Rogers, Peter Schlosser
Staff Representative
Lance Feeney
Chief Executive Officer (Ex Officio)
Sonny Williams

CURRENT STAFF

Chief Executive Officer
Sonny Williams
Administration
Harry Richardson
Manager Health Promotion
Kathy Triffitt
Systemic Advocacy
Lance Feeney
Health Promotion - Peer Support & Positive
Speakers Bureau
Hédimo Santana
Communications
Jonathon Street

TALKABOUT

Editor
Jonathon Street
Design
Slade Smith

CONTACTS

Suite 5.2 Level 5
414 Elizabeth St Surry Hills NSW 2010
PO Box 831, Darlinghurst 1300
Phone (02) 9206 2177
Fax (02) 9211 5672
Freecall 1800 245 677
editor@positivelife.org.au
www.positivelife.org.au

Talkabout is published by Positive Life NSW. All views expressed are the opinions of the authors and not necessarily those of Positive Life NSW, its management or members. Copyright for all material resides with the contributor. *Talkabout* is made possible by subscriptions, advertising revenue, donations and a grant under the State/Commonwealth AIDS Program. *Talkabout* thanks those who volunteer their time and skills to the magazine.

Printed by Crackerjack Communications on 50% recycled paper

ISSN 1034 0866

DISCLAIMER

Images of people included in *Talkabout* do not indicate HIV status either positive or negative. 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.



NAPWA Campaign Launch

If you're living with HIV, now might be a good time to 'Start the Conversation'

04

05

A Sydney Retrospective

Chi-Kan Woo reflects on the Sydney gay scene, living with HIV and being gay and Asian.



Remembering Bernard Gibb

Kim Gotlieb remembers his friend.

08

10

Candlelight Memorial

Sydney remembers loved ones lost to HIV.



After the Revolution

James De Vere on positive sex beyond the noughties.

11

12

Poz Het Open House

A chance to discuss the latest science and recent news on treatments.



'A Long and Complicated Story'

Part 2 of an Interview with Ross Duffin, mercurial HIV activist.

13

15

Australian Migration Laws

Positive gains in migration laws were short lived.



Sero Disco 2

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

16

19

Cannabis & Compassion

An update on recent changes to the law.



Will You Still Feed Me?

Tim Alderman confronts what life will be like in old age.

23

25

Mazzi's Musings

Hey Ladies, Drop That Soap!



The Opposites Attract Study

Does HIV Treatment Reduce the Risk of HIV transmission in gay serodiscordant relationships?

27

29

The NSW HIV Roadshow 2012

An opportunity for pos-people to get together and talk, learn and connect.



On the cover

Sydney's Candlelight Memorial photo by Ann-Marie Calihanna



From the editor

Welcome to the June Issue of *Talkabout!*

There is plenty between the covers this issue to keep you warm as the weather takes a wintery turn.

Be sure to take a look at our excerpt from Sero Disco 2, a new resource and campaign from Positive Life NSW with lots of useful information for gay men in serodiscordant relationships (page 18).

Join Chi-Kan Woo as he shares his memories and perspective on the changing face of gay Sydney (page 9) or brush up on changes to the law regarding cannabis

with our article from HALC - the HIV/AIDS Legal Centre (page 23).

Finally, a big thank you to all of the readers who took the time to respond to the *Talkabout* Reader Survey 2012. It was great to read all of your ideas and suggestions. We are busily working through your feedback and you will start to see some of the changes in our next issue, which will be hitting the streets in early September.

Until then...

Jonathon Street



Keeping you informed

A report on the latest goings-on at Positive Life from **Malcolm Leech, President.**

As you probably know Positive Life NSW has relocated to 414 Elizabeth Street, Surry Hills. I would like to take this opportunity to thank Sonny Williams and the staff for the smooth transition and minimal downtime as we were up and running on the first business day after the move.

The Board's year commenced with our first facilitated Governance Workshop which replaces the Board Induction day. The workshop was a great success, with feedback from the day being used to improve future Workshops. Two main areas of work identified on the day were - Board position descriptions and succession planning.

Position descriptions will provide Board members a clear understanding of their duties as directors and will form part of the Board Governance Charter. The position descriptions will be included in the nomination pack for future Board elections. The Board also identified succession planning for the Board, and key staff positions as an issue and will now consider how it approaches this important matter.

The HIV Community Forums have commenced and are planned for Dubbo, Bangalow, Albury, Tamworth, Newcastle and Sydney. The issues to be presented at the forums include HIV and Ageing, Mental Health and Treatments as Prevention. The forums will be promoted in the lead up to each event and I encourage anyone, whether you live in Sydney, regional or rural NSW, to attend as your input is valuable and vital to our ongoing work.

On Saturday May 12th we held the annual Board and Staff planning day to plan the work for the Agency for the 2012 / 13 financial year. It was a productive day for all involved, with some great ideas presented to guide our work over the next 12 months.

On Friday May 4th Jane Costello (Vice President of Positive Life NSW) and I, along with other Board and staff, attended NAPWA's "Start the Conversation" campaign launch. The campaign is aimed at PLHIV who are not currently on treatment and encourages them to start a conversation with their doctor about new scientific advances in treatments, up to date treatment information, the benefits of being on treatment for PLHIV and their partners and when might be a good time to commence treatments. Jane and I also attended the NAPWA Special General Meeting, as the NSW State representatives after the campaign launch.

One of our members Bernard Gibb passed away at the Sacred Heart Hospice at the end of February. Bernard was a great supporter of Positive Life and was particularly active in our health promotion work contributing to campaign development and also writing articles for *Talkabout*. His insights brought a unique perspective to the experience of living with HIV which he generously shared with others. In Bernard's words: "Reflecting on the losses and past memories, I am truly grateful to have gone down this road - to be able to notice my personal journey as a great opportunity. It is wonderful to be able to share life with those going on this journey with me" (August, 2006).

Bernard will be sadly missed by us all.

It has also been a time of comings and goings at Positive Life. Susan Ardill who was the Editor of *Talkabout* left us to seek other employment and so I welcome Jonathon Street, Senior Project Officer - Communications into his new role and to this, his first edition of *Talkabout*.

If you would like any further information about the happenings with the Board please contact me at president@positivelife.org.au

Malcolm Leech
President

NAPWA Campaign Launch

On Friday 4th May, the National Association of People Living with HIV/AIDS (NAPWA) officially launched its national multi-media campaign 'Start the Conversation'.

The campaign urges people living with HIV to get up to date with important new information about the benefits of HIV treatment for themselves and their partners. Many people with HIV are likely to be unaware of these advances.

NAPWA's campaign is the first of its kind in Australia to use mainstream media and public advertising spaces to promote HIV treatment awareness and will appear in print advertisements across the country with billboard posters also being placed in Brisbane, Sydney and Melbourne. NAPWA has taken such a public approach to the advertising because of the significant implications that recent scientific advances have for the health of people with HIV.

In response to these advances, new US HIV treatment guidelines were released in April that now recommend

treatment for ALL people with HIV, whether they are newly infected or have more advanced HIV infection. This reflects the growing opinion of clinical experts that delaying treatment can have negative health outcomes for a person living with HIV, and that current HIV treatments are more effective and better tolerated. Also, being on treatment has the important secondary benefit of reducing the risk of transmitting HIV to others, when used alongside proven methods like correct and consistent condom use.

Professor David Cooper, director of the Kirby Institute at UNSW, Sydney, has welcomed the NAPWA campaign. "It is very important that people with HIV are well informed about the benefits of being on HIV treatment - both the individual benefit for the patient and the secondary benefit that treatment has in helping reduce transmission of HIV to others.

"Even today, with the well tolerated and potent HIV treatments available, we still see people presenting at hospitals with very damaged immune systems and serious HIV related health issues, despite the strong evidence that early treatment is beneficial. Clearly, there are a lot of people out there who aren't up to date with the latest scientific thinking about the advantages of starting HIV treatment earlier rather than later."

Robert Mitchell, NAPWA President emphasised NAPWA's commitment to support every HIV positive person's right to manage their own health decisions, in consultation with their doctor.

"But people need the latest information to make fully informed decisions about managing their health. Unfortunately, many people with HIV are still unaware of recent treatment improvements, new information about living with HIV long term, and the added benefit that being on treatment can have in reducing the risk of HIV transmission", Mitchell said.

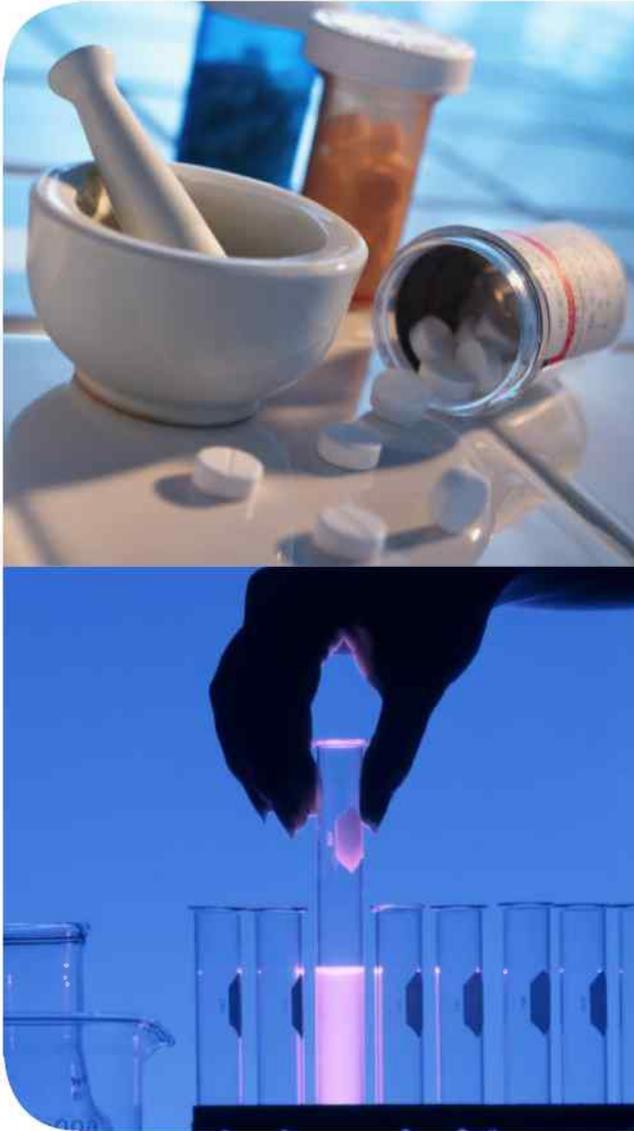
"NAPWA wants to support people to understanding that better treatments are here and it is a really good idea to think about all the potential benefits for our lives, and our friends, partners, and families. This is what NAPWA's campaign is all about."

Clockwise from left: Ita Buttrose; HIV Sector and community members at the launch; Levinia Crooks, Chief Executive Office, ASHM. All photos by John McRae.



Open House

For heterosexual men, women, partners & family



Treatment News

An informal discussion

Friday 22 June 6.00 to 8.30 pm

New Scientific Research and What it Means for You

Special Guest:

Adrian Ogier,
Editor, *Positive Living*
Senior Project Officer - Health & Treatments,
NAPWA

Redfern Health Centre
103-105 Redfern Street
Redfern

To RSVP

Freecall 1800 812 404 or
email pozhet@pozhet.org.au



Heterosexual HIV Service (Pozhet)

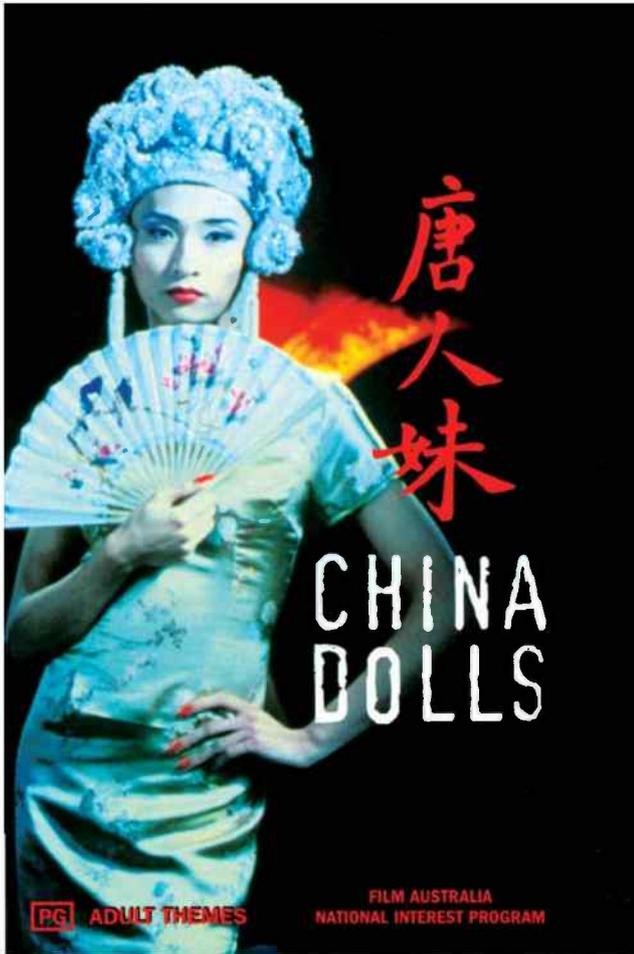
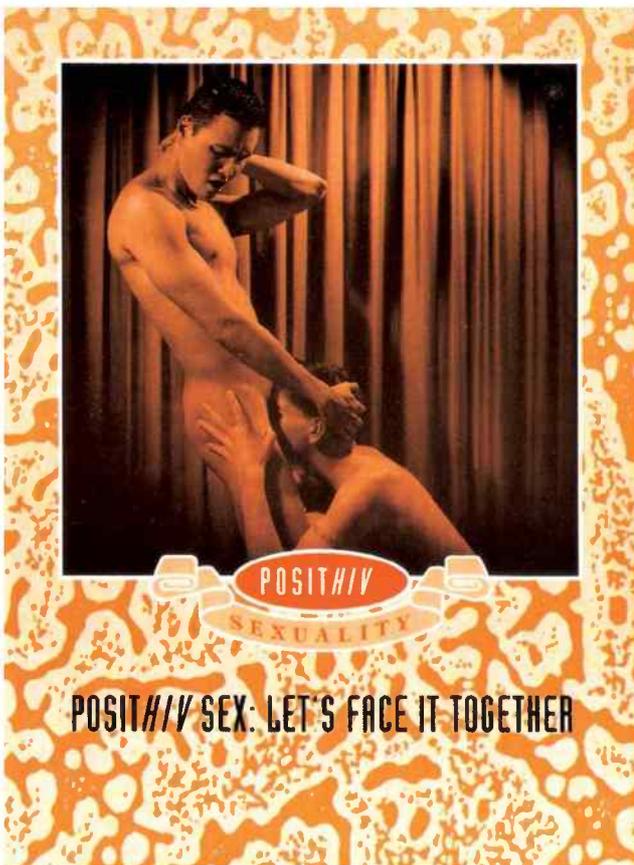


Image Copyright: Tony Ayres



HIV Campaign Poster by ACON and Positive Life NSW, Featuring Chi-Kan, 1994

A Sydney Retrospective

Chi-Kan Woo was featured in the 1997 documentary film “China Dolls” by Tony Ayres, which looked at the lives of Asian gay men in Australia. Now, 15 years later, we had the opportunity to speak to Chi-Kan about his thoughts about the Sydney gay scene, living with HIV and being gay and Asian in Sydney today.

Q: Can you tell us about your experiences living with HIV?

I most probably got infected while I was living in a relationship. In those early days, it was still rather uncertain how one was to practice sex and everyone was frightened and confused. I was then very young, chronically depressed and unassertive. I was not in a monogamous relationship and so cannot say for sure who infected me.

All through the early 90’s, it became a cliché for people to say that becoming HIV+ was “the best thing that ever happened to me”, as if people were trying to take control of their situation. I found myself dabbling in every form of new age healing imaginable, from listening to Louise Hay tapes to rebirthing to trying all types of meditation. I was in a state of denial (which I think helped me) and that if 10% of people did not progress to AIDS, then, I was going to be part of that 10%.

For years, the weekly death notices in the Sydney Star Observer filled 2 whole pages. There was even a book published on how one could “self-deliver” or self-euthanase. Living in Darlinghurst then was like living in a war zone.

I have a theory about why Mardi Gras was so vibrant then – every year, when Mardi Gras came around, people partied like it was for the last time. Everyone got dressed up and marched down the parade in the biggest possible costume as if there was no tomorrow.

I will always remember the opening of one Mardi Gras party where they flashed the pictures of all the people who had died that year, one of whom was another boyfriend of mine. It took almost 20 minutes to get through all the pictures.

...it became a cliché for people to say that becoming HIV+ was "the best thing that ever happened to me"...

In the mid 90s, I fell ill and almost died. My professor at the hospital still jokes that when she first came to see me, I was in the middle of arranging my funeral. I somehow managed to recover and then got on to the combination drug therapies. By 2000, I was able to start back at full time work.

Sometimes I try to imagine what it would have been like if I was not HIV+. For many years, I felt a great sense of the loss of my youth. Now, I still think about HIV and the anti-viral medication I'm taking and how it may be affecting my body, even though I have almost perfect health.

In Sydney, I have never felt any stigma attached to being positive apart from the early days of HIV when it was hard for everyone; Asian or non-Asian. I count myself lucky to be living in Sydney where the response to HIV has been the best in the world.

Q: How did your family respond?

I seroconverted* in the late 80s and told my brothers and sisters about it the year after. They were sad about it but did not react badly. Two of them are in the medical profession and they were all Western educated so it wasn't such a terrible shock to them. I told my parents, I think in a letter 5 years later. I was keen to stress to them that I was perfectly healthy and that I may never get sick.

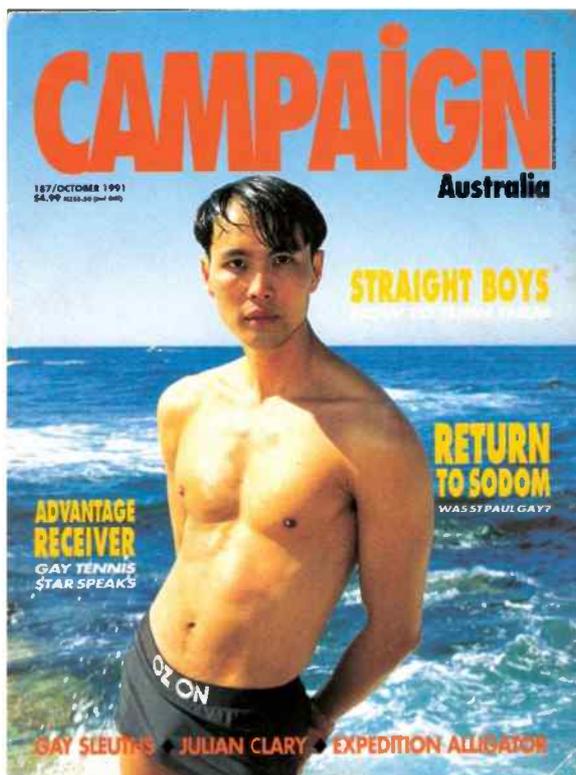
Because it was a letter, I'm not entirely sure and can't remember how they reacted. I think I received a letter back from them saying how sad they were about the news. **Nevertheless, it was like a second coming out which was emotionally worse than the first coming out as gay.**

Q: Tell us more about your coming out experiences.

I have come out to my parents and friends. As for my parents, they are very old (mid 80s) and I believe are unable to accept my gayness. It is considered a shameful thing to them. They have not told anyone in the wider community and have simply stored it somewhere in the recesses of their psyche. This is the best that it can be. Nevertheless, I am happy that they know.

I do urge all gay Asian men to come out to their families wherever it is physically safe to do so and if it doesn't cause too much grief. The more people come out, I believe the more confidence the Asian gay community can have as a common identity and that can only be a good thing. Dare I say it: Coming out, as Harvey Milk** said is the **most effective and political action one can take for personal and social change.**

Cover of 'Campaign Australia' Magazine, featuring Chi-Kan, October 1991



Q: You were on the cover of Campaign magazine in Sydney in 1991. We heard you had an interesting experience regarding that. Can you tell us about it?

I was put on the cover of Campaign magazine in Sydney in October 1991. It was the premier gay magazine in Sydney at the time.

The next month, there was a racist letter to the editor published in the magazine complaining about there being an Asian man on the cover. It apparently turned out that the man who wrote the letter was a new migrant from an Eastern European country.

I had an American ex-flatmate who had lived with me for several years who was very sensitive to the fact that racism was so acceptable in Sydney at that time. He was very angry about the publication of that letter and he went and sprayed graffiti on the offices of the Campaign magazine and was promptly arrested.

There was a proceeding court case of this matter. Meanwhile, a group, Gays and Lesbians Against Racism, or GLAR, got started because of this offending letter. All in all, it was a very interesting few months.

Q: What are your thoughts today about "Rice Queen" and "Potato Queen"?

They seem to be rather old-fashioned and archaic terms nowadays. I don't have a problem with racial sexual preferences because if two people are initially attracted to each other because of race, the ensuing relationship which develops will still be a human one with all its joys and foibles.

Q: How has the Sydney gay scene changed in the past 15 years for gay Asian guys?

The gay scene has changed generally due to the explosion of gay internet dating sites. For gay Asian men, I believe it has made picking up a lot easier. In the bad old pre-internet days, one was confined to who was actually physically in the bars, whereas now, one is exposed to a much larger pool of men. Also, on the internet, it's much easier to approach people and rejections are far easier to take. In the bad old days, it took hours just to work up the courage to physically approach one person.

True, there are always the profiles which say "no Asians". However hurtful that may seem, I always feel a little bit sorry for that person who has to make a statement like that because it shows him to be rather small minded and sad.

It seems too, that the gay scene now is much bigger and more segregated in terms of race and I think that is a good thing because you only need to deal with the people who are interested in you and don't have to put up with people who are not. Also, generally, people have been exposed to Asian guys at a younger age at school and so the "Otherness" of Asian men is not as much of an issue as it used to be.

Q: Can you tell us about getting older as a gay Asian man here?

It is good being an older gay Asian man because I now have younger and older guys hitting on me because I'm the "powerless" gay Asian man. There will always be Sydney White and non-White guys who are prejudiced against Asian men. But as I said before, **the gay scene is now large enough for Asian guys to not have to deal with this. Simply ignore them.**

Q: In *China Dolls*, you mentioned that there is a “sexual hierarchy” in the gay scene, related to race. Do you still believe that?

As long as gay men want to have sex, there will be sexual hierarchies. One unconsciously makes the decision as to whether this person is hotter than that person. Invariably, a large proportion of people within a culture will think the same people are hotter than other people and, as it has been discussed ad nauseam, the media which exists within this culture shapes that. Having said that, this sexual hierarchy in the gay scene, is not a static thing. It changes with time. Who knows?

In 10 years time, what with the astronomic cultural rise of China, gay Asian men may be considered at the top of the sexual hierarchy.

Q: Any parting words for younger gay Asian men who are finding their footing in the world and the scene?

The world is your oyster. If you can't find what you're looking for here in Sydney, then travel and look for it elsewhere. Don't leave it too late.

*Seroconverted – Became HIV positive

** Harvey Milk – The first openly gay man to be elected to public office in California, USA, in the 1970s.

Remembering Bernard Gibb

9/12/60 – 1/3/2012



Image by Jamie Dunbar.

I was Bernard's best friend, and was able to be there for him in the weeks leading up to his death from cancer on March 1, although he had been living with HIV for many years. These words are adapted from the eulogy I gave at the funeral service held at the St Vincent's Garden Chapel on Monday March 5, 2012.

Bernard Gibb was my best friend. In hindsight, I realise we had very different styles. Meeting a diverse range of people across his hospital bed, reminded me how little I knew about this man. He had his finger in many pies; volunteering at Sacred Heart Hospice, massage, assisting with bringing Body Electric courses to Australia, helping at the Charity shop in North Bondi, avidly maintaining his journal as well as being dedicated to his own spiritual path.

Even though we were different we did a lot of things together - walking along Bondi Beach perving at the punks, going to dance parties, where he had a unique dance step, rather like a washing machine, to ensure he had space around him - and I think this said something about his need for space and his deeply private nature.

He was not always easy to get along with his terms could be severe, but he was a willing playmate and I am eternally grateful to him for that. We had a wonderful experience walking the Cradle Mountain Track in Tasmania in December 2011, which I had organised following his early cancer-related surgery.

I think Bernard was a spiritual guru wannabe, but I have realised in his passing, the extent of this spiritual practise - working with the breathe and being in the present, open to each moment. His ability to deal with his gradually declining health, coupled with pain which could not always be managed by drugs, is a testimony to his spiritual practise. His death, like his life, was a process of breathing in and out and surrendering to the moment. Holding his hand and noticing the pulse fade away was a special gift - but the profound sense of peace which followed was almost like he was taking me with him to the etheric realms. If Bernard was experiencing anything like what I felt, he has gone to a glorious peace. Travel well my dear friend, I will miss you.

*And he said
to himself:
Shall the day
of parting
be the day of
gathering?
And shall it
be said that
my eve was
in truth my
dawn?
The Prophet -
Kahlil Gibran*



Bernard Gibb



L to R Bernard Gibb, Concetta Gotlieb and Kim Gotlieb at Cradle Mountain

Postscript

For some time, I had Bernard's funeral service programme on my fridge, with his face shining back at me. His family had come from New Zealand and were keen to sort his flat out. In the end, I was called upon to help with it. I was grateful for the opportunity to take time to sort through his possessions - noticing things which had become synonymous with Bernard - a bowl, a lamp, a piece of music....as well as discovering other things which I knew nothing about, like his vast stash of journals, and his passion for wooden boxes. I became quite alarmed as we cleared the flat out, at how quickly his life was being reduced to a memory. I noticed how some items became treasured mementoes, while so many others became 'stuff' to dispose of, no longer of value. It was an unnerving experience.

Realising Bernard has no partner, and a small circle of acquaintances, it seemed to me that there would soon be little remembered of this man. This hit home for my own passing, whenever that may be. I have certainly been inspired to clear away clutter, but I have also developed a strengthening resolve to appreciate the gifts that 'life' has to offer. It still baffles me that this man, Bernard, was alive, and is now dead. Even in his passing, he poses more questions than answers. Nice work, Bernard.



L to R Kim Gotlieb and Bernard Gibb. All images by this page Kim Gotlieb.



Candlelight Memorial



L to R
Mark Orr; President, ACON
Sonny Williams; Chief Executive Officer, Positive Life NSW
The Honourable Jillian Skinner, MP, NSW Minister for Health and Medical Research
Malcolm Leech; President, Positive Life NSW
Nick Parkhill; Chief Executive Officer, ACON
Image by Ann-Marie Calihanna

The 2012 Sydney Candlelight Memorial took place on Sunday 20th May, at Slide in Darlinghurst.

The event, held annually for over 16 years is now held on the 3rd Sunday in May, time to coincide with other events held around the world to commemorate International Candlelight Memorial Day.

The annual remembrance event for people lost to HIV/AIDS is co-produced by Positive Life NSW, the peak organisation representing people with HIV in NSW and ACON, NSW's largest community-based HIV/AIDS organisation.

The hour long ceremony was attended by the Honourable Jillian Skinner, MP, Minister for Health and Minister for Medical Research, who was guest speaker at the event.

Over 600 names of loved ones were read as part of the ceremony by 15 community members including family, partners and friends young and old. The names read out had been submitted to www.candlelight.org.au in the weeks leading up to the event.



Live in Sydney South West? Need Free general dental care?

Who: People with HIV who hold a health care or pension card and live in the Sydney South West Area Health Service (SSWAHS) catchment area

What: Free general dental services, including dentures

Where: Royal Prince Alfred or Liverpool Hospital dental clinic*

Bookings: Please ask your SSWAHS health care worker to make a booking for you

More information: HIV/AIDS & Related Programs (HARP) Unit on 02 9828 5945 or harpunit@sswahs.nsw.gov.au

*A treatment plan will be developed at your first appointment. You can then make subsequent dental clinic bookings at other dental clinics within SSWAHS if this is more convenient for you.





After The Revolution

Musings from **James DeVere** on positive sex beyond the noughties.

Lucy, Steve's adorable Cavalier, jumped onto my lap and started licking the cappuccino on the table. "Lucy!" Steve interjected; she jumped off and went to him. All in the middle of a crucial point he was making about men.

"Every time I go over to their place, they're on crystal!" he decried. "Last night the guy offered it to me and when I didn't accept, well, that killed it." This was all after Steve had jumped into his car at 11pm and driven to Yagoona from Zetland.

"That's a long way out", I remarked.

"Oh, not really," Steve justified in an odd way. "Once you get onto the M5, you're nearly there."

Yeah, right. Forty-five minutes later - 'nearly there'. All-in-all, it was a sexual washout. I'd be pissed off if I'd had to do it.

Lucy maintained her frolicking around our ankles as we dissected the facts. "And they're all unemployed," he added, although I had heard that from him before.

Crystal? Unemployment? Not a very sexy scenario. Is everyone looking for that ultimate and rare beast, the fully-functioning toyboy of the yuppie class? I'd say not. Some of the horniest nutters around are in fulltime jobs. Besides, they can afford the drugs.

We finished our coffee and kept the banter running.

"They've turned Foreskin Drive [Foreshore Drive best in Botany] into a cycling track!" I blurted, not to be outdone in shock.

"I know," Steve answered. "I was taking Lucy for a walk on the beach there just the other day and this security guard came up to me and told me to put her on a leash."

Foreshore Drive bushland now has a cycle path through it leading to nowhere. At night, solar lighting shines onto oversized signs that lie about "restoring the sea grass", after council dug the whole place up. Goodbye to the last decent strip of natural bush in the east. Goodbye to all the beautiful men who once knew it as sexual Nirvana.

All along the Drive, 'No Stopping' signs bar anyone from parking. A designated parking lot prevents anyone using what once was ours: parking anywhere along the beach to take a stroll. The place today is a shining monument to overarching government, hand-in-glove with big business, policing our sex.

At least, for the time being. Nanny can only summon us to the Naughty Corner for so long. We must find ways around authority and beats, again, one day will shine.

The shine of the Golden Mile seems gone for good, though. The Sexual Revolution – over. The few remaining gay pubs are what is left of the once magnificent gay throng.

"It's just the times, James," Paul commented. "I'm still having great sex."

"Yeah," I gingerly agreed, "You just have to adapt." Deep down I was lying to myself. It's hard forgetting a heyday of sexual permissiveness the likes of which the world had never seen. Today, money is king and our true creativity, dead. Art and sex, empowerment and glory, discovering the gay song and really singing it, has been tied into a little pink box called Nostalgia. The Peter Tullys of this world are long gone; the pink dollar rules.

Last year's Mardi Gras was overtly heterosexual, like the many that now flock to Oxford St on Saturday nights. Clones in chaps sashaying down the street? Gone. Freaks? Gone. In-your-face homosexuality? Gone. Everyone has moved away ... somewhere. Yet, if you think about the times we have seen, they are indeed a great show of gay-resilience. We are adaptable.

Has society beyond the Golden Mile accepted us? Ageing plays her part – we simply might just be getting older and crave quietude: that which nature provides in the hinterland.

Indeed, sex post-noughties might hold some promise still. God, the noughties were decidedly un-naughty! That jagged Bush-era replete with sniffer dogs. Places were raided, people busted for eccies and a sniffer dogs forcibly taking the gloss off the Golden (S)mile. Now those days are gone, I'm not so self-assured.

Finding sex on Oxford Street is still a possibility, with the few gay clubs and backrooms bringing some relief. After 33 years of gay liberation, Oxford Street has morphed into a shadow of herself. Mardi Gras has abandoned the gay and lesbian moniker to be all-inclusive. That's fine, as long as testosterone-fuelled attacks on gays and lesbians end, then we have no qualms about it. Will we feel safe and secure at the new inclusive parade?

Perhaps, as my already-living-in-the-bush friend Dave noted, "it's time for the old guard to step aside and let the young ones have a turn". JamesDeVere.com



Poz Het Open House

Pozhet is holding a special **Treatments Open House event on June 22nd to discuss the recent news about HIV Treatments and some of the latest science.**

Our special guest will be Adrian Ogier, NAPWA's Senior Projects Officer – Health & Treatments and Editor of Positive Living Magazine. Adrian will be leading a discussion about the latest findings and how they can improve your life as a person living with HIV, or as a partner of someone with HIV. It's an informal evening where you can ask questions and contribute to the discussion, and a light meal is provided.

If you're on treatments come along and talk about ways you'd like to simplify your treatment regimen and minimise side effects. There's also an opportunity to

learn about the new research which shows the benefits of early treatment.

If you're not on treatments come and talk about ways of managing your health and recommendations about drug holidays. It's a good idea to keep up to date.

And if you're in a relationship, or you're single and looking for love, come and talk about recent studies which give hope and optimism for couples in sero-different relationships (where one person has HIV and the other doesn't), and how to talk about these things when you disclose.

Pozhet is an information and support service for people living with HIV who identify primarily as heterosexual, and their partners and family members. We hold workshops, retreats and evening events usually around a theme, which provide opportunities for education and information exchange, and valuable social support and connection with others in similar situations.

If you'd like to come to the Treatments Open House on June 22nd please RSVP to Pozhet on 1800 812 404 or email pozhet@pozhet.org.au

Dental



bobby goldsmith foundation
practical emotional financial support



We hold dental funding of up to \$1000 per person for people living with HIV on Centrelink benefits in the SESIAHS area.

This can be used as a stand alone sum or to top up dental treatment received under the Enhanced Primary Care Scheme.

You need to be a client of BGF to access and talk to caseworkers for information

Contact our intake officers Peter Thoms and Gitte Backhausen 9283 8666 or 1800 651 011

A Long and Complicated Story

Part 2 of Susan Ardill's interview with HIV activist Ross Duffin.

Ross: [In my role at ACON] I was quite involved in talking to the doctors. I used to go and see all of the main doctors once every couple of months and talk to them about what was happening and what their issues were.

The particular thing about HIV doctors of my generation is that they came from the same place I did. I mean, they're mostly gay men treating gay men or women treating gay men who are very pro-gay and have good attitudes to how you do medicine and who are advocates for their patients.

It used to be the case, particularly prior to treatments, that people would get an equal amount of information from the HIV community and the HIV doctors. Now ACON has divested itself of doing that sort of HIV information stuff. So doctors have become the main players. There's no independent production of treatments knowledge now, whereas it used to be the case in the early '90s that ACON would see thousands of people seeking information and independent opinions and that process was done collaboratively with the doctors. Often the doctors would refer them: 'If you want a second opinion, go and see Ross at ACON'.

Susan: What sorts of things were they seeking an opinion about?

Should I go on AZT? Is this drug okay? I've run out of options, what's the next choice? ACON was also importing drugs, legally. We were importing d4T, before it got approved – nasty, horrible drug, as it turned out, but anyway... They'd get their script off their doctors and then we could legally import it for them. It was called the Buyer's Club.

That was the horror period, when there were no effective treatments – though there was AZT. What did AZT do – did it really do anything for people?

AZT's effect was about two weeks [laughs]. You'd get resistant after two weeks, on average, if you had a high viral load. With two drugs, it would take about six months, on average, to become resistant, but the good effects of that would still last. With the right three drugs, you wouldn't get resistance at all, providing you complied with taking the drugs all the time.

AZT was initially only given to people who had AIDS [from 1987 on]. Then they were expanding it to people with under 250 T-cells. They had so many people

wanting it they had to do a lottery for places, because they had a limited number of places for this trial in the under-250 group. And we had sick people banging on our desks and oh, it was shocking. We were looking for any port in the storm really, so we demonstrated at NSW Parliament House. We said give us 200 more places and they announced 200 more places that afternoon!

Did you ever get seriously ill?

I got Bell's palsy in 1991, which was not a good prognostic sign. It's a herpes infection of the facial nerve, but it only happened because I was immune-compromised. That was horrible. I was stressed out. A whole lot of friends had died, so, whether it was due to HIV or not ... I had okay T-cells, but it was quite common for people with HIV to get Bell's palsy.

My big illness was in the late '90s when I got peptic acidosis and almost died. That was a treatment side effect from d4T – horrible, horrible drug! I stayed on it way too long, because I was doing okay on it.

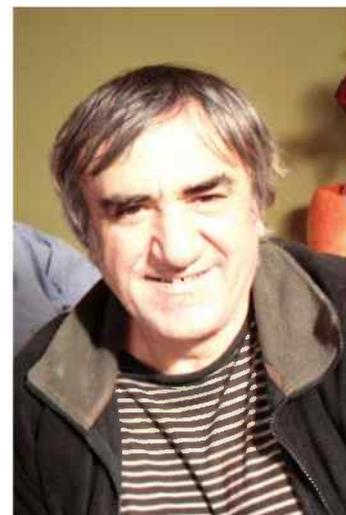
The effective anti-retroviral drugs arrived in mid-1996. Did you have the sense, even in the first few months, that this was changing things dramatically?

With the first generation of drugs there were incredible problems with side effects, so the big question was, okay, these drugs work, but gee, are we going to get all these side effect problems? So the focus switched, from effective treatments to the nagging side effects, like lymphadenopathy.

For those with HIV but who weren't particularly sick at that time, was there a general feeling of, okay, great, let's go on the drugs?

No, it was more like, let's wait and see...

There was a lot of apprehension and, in fact, Positive Life (or PLWA NSW then) had to run support groups for people who just didn't know how to cope with the fact that they weren't going to die. These were people who had spent all their super, who had gone onto DSP. It was, well, what do I do now? All of my life's plan has



"They had so many people wanting it (AZT) they had to do a lottery for places..."

"We knew years before the triple combinations were announced that that was the way to go."

been built around the fact that I'm about to die. Have I got a life? I'm completely confused about how to make plans and what it all means...

The other thing that happened was, when people who had lost most of their immune system went on treatments and got their immune systems back, they got this condition called immune reconstitution syndrome. Their body was actually full of disease, but they didn't get any symptoms from that disease because they had no immune system to fight it. They got their immune system back and suddenly started to get sick. You get sick before you feel better.

Reconstitution syndrome could be really serious, people could be really, really sick with it. That was a source of confusion: I'll take these until I get sick! But I thought I was meant to be better!

The docs got to recognise it and would talk to people about what was likely to occur and what to do about it. It's a bit of a mind thing ... I take these pills and I get sick.

When did you first take any drugs?

I took AZT on a trial in 1991 and was basically on drugs from 1991 onwards. I went on mono therapy, then dual therapy and then I was on the triple combination, which I stayed on, but way too long.

I'd had a couple of close friends who'd died, who delayed treatment until it was too late and I had this belief that if the treatment was to be any good, we wanted to do it before your viral load just over-rocketed. I thought, well, it's probably more effective to try and make it a holding pattern earlier. I also knew better treatments were coming, so the whole goal was to keep yourself alive for whenever the treatments came. We knew years before the triple combination was announced that that was the way to go.

My health was fine from the mid-'90s until 2002. Then I got peptic acidosis and almost died and my health never really recovered from that. But the main thing was that I got really major depression and that really psyched me out for a decade – but that's not HIV. It was probably kicked off with a quick withdrawal from steroids. I think it was a biological depression. I saw a psychiatrist for nine months. And when you've absorbed your whole life into HIV, having HIV and fighting HIV, it takes such a large part of your identity. I struggled to find a post-HIV life. I couldn't manage it. The critical shift we had to make was, the virus and our lives were so intertwined, once HIV became treatable, you had to live beside it and not inside it. You only want to tune into it when it's necessary – It's like being a cancer survivor. You want to be able to talk about it when you need to, but it's not your whole life. But having lived for 15 years inside HIV, to have to then go, 'oh, I actually have to not live inside HIV, because it's not healthy any more', it was quite a big thing to work out.

Being an HIV activist had started to be constructed as 'heroic' and we said, "We've just got to get out of this. We don't want this. We actually want ordinary lives." There was an anti-HIV-hero-identity-type thing that was happening [laughing].

Those years were so intense. You couldn't live inside that intensity. It became self-defeating.

Doctors

I think the notion of an independent eye looking in is really important. For example, there used to be a treatments officer in every state and territory and now there's maybe one or two. The only organisation that does treatments now is NAPWA.

There's actually been amazing developments in treatments in the last two years that point towards a probably functional cure. There's no one talking about it. There's no one pushing Australian research to say, you've got to get on board this train. If we're not on board, it will be three or four years later that we get access to the drugs. We should be talking about it and we should be agitating.

There's also the independent eye on existing treatments, like tenofovir, the drug that everyone used to be on. Tenofovir is the drug that's pushed for PREP (pre-exposure prophylaxis). One of tenofovir's problems, that we know about, is that it has a cumulative, deleterious effect on the kidneys, so over time, your kidney function declines. When my last kidney function test was done, before I was taken off it, my kidney function was down to 10 percent, which is not very good! A lot of people, if they stay on it, end up on dialysis.

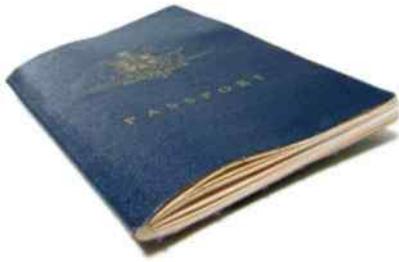
Just from activation from me, I did kidney function tests on everyone, just to see how bad it was, because they were only doing it every couple of years – now, anyone who has been on tenofovir for more than five years, they've taken them off it. That should have been coming from the community and not tired old activists like me! It's that sort of independent look that we're missing.

There should be a much more credible dialogue about PREP and our reliance on it. The key question in PREP is not whether it works or not, but if the benefit is better than the kidney damage and that's not been mentioned. How you could advocate for PREP to happen, without knowing the answer to that question, is beyond me – it's shocking!

The other issue where we need independent voices in Australia is that we're lagging behind in getting access to new technologies, like rapid syphilis testing, rapid HIV testing, rapid viral load... One of the reasons you might want easy-to-access, say, rapid syphilis tests is for sexual communities that have parties, you know? There are opportunities to use those sorts of things, but people are all worried about wrong results and the damage it can do. Provided you've got the protocols that surround it, you're offering people information that's an advantage, not a disadvantage. We actually don't have an independent dialogue with medicine any more and I think it really shows. In order for social research to get their money, they have to toe the line and not be independent, so you see social researchers now running off and doing the research to justify PREP and it's, like, 'Please! It's not what you should be doing!'

HIV has got reinvisibilised. I've got two young HIV-positive friends. They have such a hard time! Before, when we were making those decisions about being upfront, we had HIV support where we could talk, but if they have a bad reaction, they've got no one they could talk to about it, because they're both alone.

It's actually harder getting HIV at 30, in terms of your social life now, than it is to be my age and HIV positive. It's conceptualised as so 'last generation!' So it's gone back to something you live with on your own. HIV has become a thing of shame again. Shocking!



Positive Changes to Australian Migration Laws were Short Lived

You may recall an article in the November edition of *Talkabout* where I was gushing about the small but positive changes to the health criteria which would mean such conditions as HIV would not be a barrier to obtaining a temporary visa. Unfortunately we were a tad premature in this announcement as, no sooner had the ink hit the paper than did the Department of Immigration notice what they term ‘an unintended consequence’¹ of the regulations.

Just to recap from the previous article - all Australian visas are subject to health criteria. Some temporary and all permanent visa applicants have to undergo health checks, which may include an HIV test. Applicants² are assessed against three main points. The first two are that they are not ‘a threat to public health or a danger to the community’ or have ‘a condition that would prejudice access to health care or community services’. Neither of these are ordinarily applicable to people with HIV.

The third point is a cost consideration, which is applicable to people with HIV.

Many temporary applicants and all permanent applicants who test positive for HIV will be deemed Medical Officer of the Commonwealth (MOC) to be a ‘significant cost to the Australian community in terms of health care and community services’ [the costing]³. Being assessed as a ‘significant cost’ means failing the health criteria.

The mid 2011 change essentially meant that ARVs (anti-retrovirals) and medical care and follow up for HIV positive temporary visa applicants would not be included in the costing as they could not be accessed via Medicare. However, this changed at the end of 2011 to (re)include in the costing pharmaceuticals listed under the Pharmaceuticals Benefits Scheme (PBS) that if ceased would be seriously detrimental to the applicant’s life or wellbeing. Accordingly ARVs were written back into the costing consideration.

The rationale behind the ‘retraction’ was because “it is possible that certain temporary visa applicants with diseases or medical conditions could access health care or community services even if they are not eligible for them. This might occur, for example, because a hospital will not refuse to provide medical treatment to people who require

it. As these cases would result in a cost to the Australian community, it is reasonable that these costs should be taken into account by a MOC when assessing the applicant against the health criteria.”⁴

Unfortunately, the net outcome from this reversal in the Regulations is that HIV positive temporary visa applicants continue to face discrimination by the Department even when they cannot access free medical services. Recently HALC assisted clients in two cases which highlight the unfairness of this situation. One was a pregnant HIV positive skilled migrant who because she was not Medicare eligible was turned away from three hospitals before she found one who would deliver her baby without concern over mother to child transmission, despite her paying for all medication herself and her indicating that she could pay in advance of the delivery of the baby. Another was an HIV positive student from Zimbabwe who was encouraged to return home after diagnosis because he wasn’t Medicare eligible, despite his paying to import his ARVs from abroad.

In 2011 I wrote about how from HALC’s experience HIV positive applicants are more often than not of benefit to the Australian community and can easily offset any costs to the Australian community. However, this revision of the Migration Regulations means that HIV positive applicants will continue to be discriminated against when endeavouring to study, work or visit Australia without regards to whether or not they can or will access medical care or consideration of their benefit to the Australian community. **Alexandra Stratigos, HIV/AIDS Legal Centre**

The information contained in this document is current as at 12 June 2012, and should not be used as a substitute for legal advice. If you have any questions about positive migration, contact HALC on (02) 9206 2060.

“no sooner had the ink hit the paper did the Department of Immigration notice ‘an unintended consequence’ of the regulations”

1 Explanatory Statement to the Migration Legislation Amendment Regulations 2011 (No.6) (Cth)

2 Applies to all applicants with the exception of Medical Treatment Visas, where the applicant is seeking medical treatment (as opposed to a support person), and Protection Visas (on-shore refugees), in these circumstances an altered health criteria is applied.

3 sub sub-paragraph (1)(c)(ii)(A) of Sch4005/4006/4007 of the Migration Regulations 1994 (Cth)

4 Explanatory Statement to the Migration Legislation Amendment Regulations 2011 (No.6) (Cth)

SERO DISCO 2

WHY LET HIV GET
THE WAY OF A GOOD
RELATIONSHIP

www.positivelife.org.au

 **Positive Life NSW**
the voice of people with HIV since 1988

LE
POS-NEG RELAT



ET IN
GOOD
SHIP?

SERO DISCO 2

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

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. Of the HIV positive people in Australia who are in relationships 59.2% are in pos-neg relationships.

In this campaign we try to give you some practical answers to questions you might have asked yourself at some time. Can I still pass on HIV if my last viral load test is 'undetectable'? How safe is oral sex? Is pulling out okay? Can I stay negative in a serodiscordant relationship? How do I talk to my BF about changes in our relationship?

The campaign revisits topics like disclosure and handling "no" and the changing dynamics of relationships and sex. It also covers intimacy, romance and keeping your relationship hot. Nurse Pam and Vanessa Wagner are back to answer your questions and share some of their wisdom on keeping your relationship strong and healthy.

There is new and emerging research¹ which places this work at the crossroads in HIV prevention. The idea of 'treatment as prevention' has been a hot topic since research has shown that treating people who have HIV reduces viral load and decreases the likelihood of passing on HIV. This has changed the way that some guys think about condoms and manage risk.

It's important to understand the risks involved and where possible how to reduce them. A lot of attitudes to sex and relationships are based on individual preferences. That is why most of the articles in the magazine draw on personal stories. You be the judge of what works for you.

Being in a relationship can bring some vulnerabilities with it like the need to trust, the playing out of relationship dynamics (one person may be more assertive), the break down or change in relationship agreements and what you want from sex and so on. SERO DISCO 2 will give you some ideas on how to deal with some of the challenges.

SERO DISCO 2 highlights that many pos-neg guys are already in or starting relationships. What's more, lots of couples have intimate and great sex lives. At the end of the day love (and great sex) is less about HIV status and more about the connection between two people. So "Why let HIV get in the way of a good relationship?"

1 See www.avac.org/HPTN_052_Trial_Confirms_ARV_Treatment_is_a_Powerful_Prevention_Tool and also, Cohen MS et al. Prevention of HIV-1 infection with early antiretroviral therapy. *New Eng J Med* 2011; 365(6): 49

LET'S TALK
RELATIONSHIPS

For more information visit sd2.positivelife.org.au

For copies of the magazine call 02 9206 2177 or freecall 1800 245 677

ALL RELATIONSHIPS HAVE THEIR UPS & DOWNS



Lots of positive and negative men are in relationships together – over half of positive men are in relationships with negative guys. They argue and they make up but their status usually isn't the issue – unlike the toothpaste or the snoring!

www.FEARLESSLIVEMORE.org.au

Produced by the Australian Federation of AIDS Organisations and the National Association of People Living with HIV/AIDS





Cannabis & Compassion

Is it Really So Hard?

Last year the Western Australian Government chose to toughen laws on possession of cannabis.

Under the new laws, someone caught with more than 10 grams of cannabis, rather than the 30g under the previous law, will face a penalty of \$2000 or two years in jail, or both.¹

This 'low hanging fruit' approach to legislation disregards worldwide research, international legislative reform, pressure from peak health bodies, public opinion and basic concern for the suffering of citizens living with chronic ill-health. It flies in the face of evidence that recognises the medicinal benefits of cannabis for the relief of a number of health conditions including HIV/AIDS. Moreover it ignores the growing pharmacological science that recognises natural production in the body of cannabinoids to counteract and to protect the body from pain. In early studies natural production appears to result from vigorous exercise – and there lies a conundrum. People living with chronic health conditions, unable to gain relief by vigorous exercise, are forced to break the law to get theirs. So, says a recent researcher –

...medical users of cannabis are left with the choice of either breaking the law by using marijuana to treat their pain or upholding the law and living with their unresolved pain as a result of not using marijuana.²

The UN and numerous overseas jurisdictions approach this dilemma by drawing a clear distinction between

medicinal and recreational uses of cannabis. Following the lead of reports commissioned by US and UK governments, NSW came close to legislating such a distinction when Bob Carr had the opportunity to enact reform following a comprehensive report in this state in 2000.

Let's hope WA will not lead NSW reform. Now is the time for the NSW government to choose an alternate direction: the path of compassion and rationality by taking health issues out of the courts.

Three recent cases run by HIV/AIDS Legal Centre (HALC)³ have involved possession of small amounts of cannabis leaf. HALC argued that these clients use this substance therapeutically and outlined the international scene showing how out of touch NSW laws are. Magistrates dismissed the charges in each case.

The most recent case involved the discovery by NSW Police drug sniffer dogs of the scent of cannabis leaf when the dogs and their trainers entered the gaming area of a local pub at 10pm. The owner of the 0.9g of cannabis immediately pulled the tiny amount from his pocket and told them it helped him manage his HIV. In a very busy court he pleaded guilty to the charge of possession. The court was told of the abundant evidence available to support the case that symptoms of HIV can be alleviated by use of cannabis and that this evidence has been available for more than ten years and is recognised in numerous countries overseas. The magistrate concluded by reminding the court that possession of any amount of cannabis remains illegal in NSW then dismissed the charge.

What a waste of taxpayer money and precious public resources. Anyone on the street would wonder why, with all the pressing demands for limited taxpayer dollars, that

"The magistrate concluded by reminding the court that possession of any amount of cannabis remains illegal in NSW then dismissed the charge."

the police are forced to waste public money on pursuing, charging, prosecuting; the courts have to waste money and time on processing, hearing, recording; lawyers – frequently legal aid – on defending; doctors prevented from prescribing for risk of prosecution and users forced to suffer the anxiety of purchasing on a black market or the pain and suffering of abstaining when all the while the evidence is in - and globally recognised - that people with certain chronic illnesses benefit therapeutically from cannabis.

HIV and Cannabis

Worldwide, marijuana is being used to decrease drug-induced nausea, vomiting and peripheral neuropathy cause by toxic cancer and HIV/AIDS medications, stimulate appetite in cancer-and HIV/AIDS-related anorexia...⁴

In 2000, the Carr government report of the Working Party on the Use of Cannabis for Medical Purposes, said it agreed with US and British reports on this subject. The Carr Working Party said –

that the medical conditions for which cannabis may be of medical benefit are:

- HIV-related wasting and cancer-related wasting
- pain unrelieved by conventional treatments
- neurological disorders including (but not limited to) multiple sclerosis, Tourette's syndrome, and motor neurone disease
- nausea and vomiting which, in cancer patients undergoing chemotherapy, does not respond to conventional treatments...

...it remains the list of candidate conditions for further research and for possible compassionate provision.⁵

All three reports identified delta-9 tetrahydrocannabinol (THC) as the most likely agent in the cannabis plant for providing this relief.

The NSW Working Party included representatives from the NSW Cancer Council, the AIDS Council of NSW, the Law Society of NSW, the Australian Medical Association, the Royal Australian College of General Practitioners and Government agencies including NSW Police and NSW Health. They wanted the NSW government to:

- fund clinical trials
- license supply
- introduce a “compassionate regime” to help people suffering a range of illnesses to benefit and to take away criminal sanctions
- create a way to accredit and train doctors
- certify patients for possession and use of a “small amount” of cannabis and the right to grow a small amount at home
- set up safeguards for accredited doctors.⁶

In 2003 the government announced it intended to start a four year trial that would allow medical users to get their cannabis dose from a new Office of Medicinal Cannabis within the NSW Department of Health. But it never happened.

Peak health bodies like The Cancer Council of NSW argue –

there is general agreement in many jurisdictions that there is sufficient evidence to justify more extensive clinical trials.



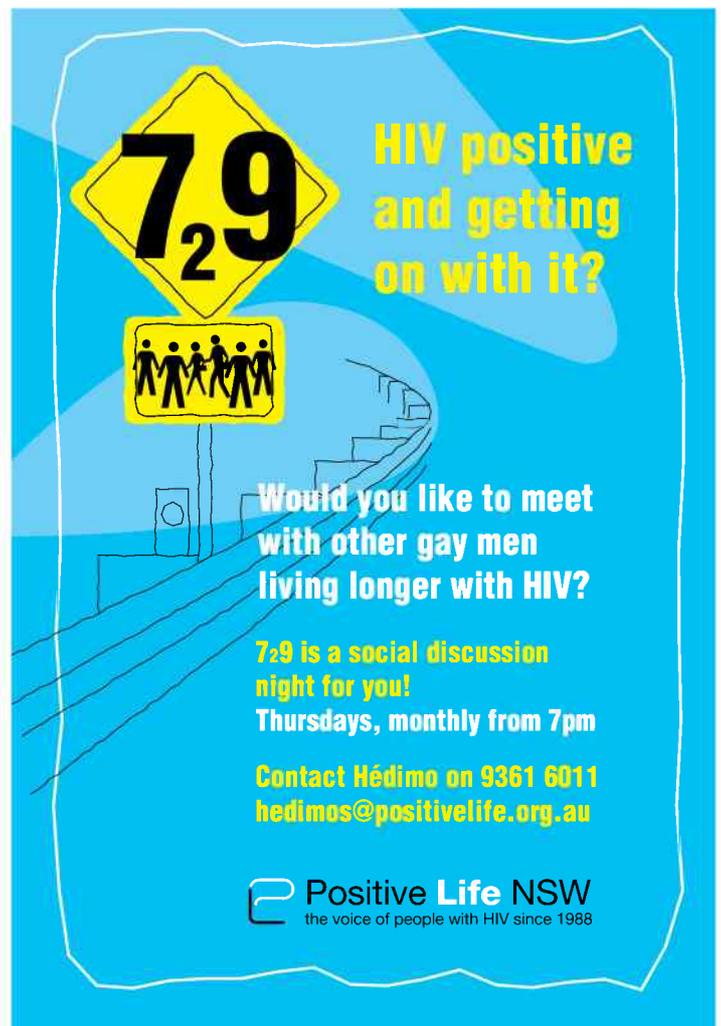
Positive Living ACT is Canberra and surrounds' only peer-based HIV organisation. Whether you're a local or new in town, we offer a range of support and services.

- We can help you find an S100 prescriber and HIV-friendly healthcare
- Social events and information forums
- Access to treatment advice, latest resources, vitamin service
- Counselling, quarterly dietitian clinic
- Free financial and legal advice

Contact us Monday-Friday 10am-3pm

T (02) 62574985

E positiveliving.act@aidsaction.org.au



HIV positive and getting on with it?

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

7&9 is a social discussion night for you!
Thursdays, monthly from 7pm

Contact Hédimos on 9361 6011
hedimos@positivelife.org.au

Positive Life NSW
the voice of people with HIV since 1988

To conduct trials of safe ways to administer cannabis however, researchers have to be protected from criminal sanctions.

The International Picture

Urging legislative action on this subject in NSW Parliament in 2008 Lee Rhiannon, Greens MLC said, –

The International Narcotics Control Board makes it clear that signatory governments that wish to allow their citizens the use of medical cannabis may do so without breaching the provisions of the relevant treaties.⁷

Australia is a signatory to the United Nations *Single Convention on Narcotic Drugs* (1961). Although its primary purpose is to tackle the global trade in illicit substances, the convention clearly distinguishes the trade for recreational use from that in aid of scientific and medical use of cannabis, both purposes are acknowledged to be of value.

Medicinal and scientific use of cannabis is allowable to varying degrees in the US, UK, Germany, Netherlands, Spain, Portugal and Canada. The Netherlands has an Office of Medicinal Cannabis perhaps similar to the one advocated for NSW.⁸ Clinical trials are underway in a number of countries and various compounds are being developed that allow access to the cannabinoids without the harm of smoking.⁹

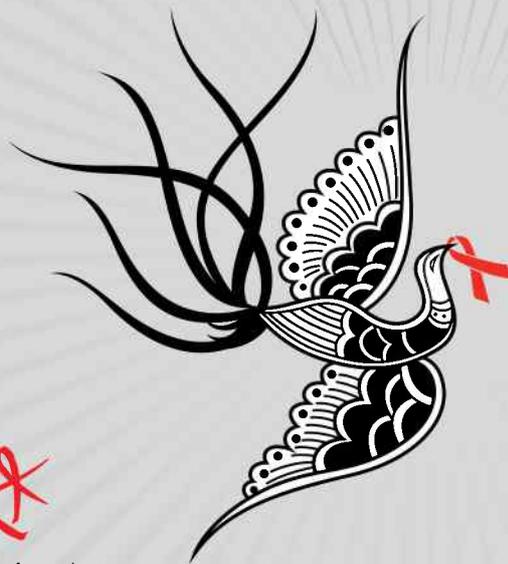
American research indicated in 2010 –

Whereas many types of pain are caused by stimulation of specialized pain receptors on nerve endings, due to injury of tissues, neuropathic pain is produced either by direct damage to the central (brain, spinal cord) or peripheral nervous system itself, or by abnormal functioning of these systems.

Infections, diabetes, physical trauma, strokes, and many other diseases can injure the nervous system, with resulting pain, which persists even though pain receptors themselves are not directly activated. It is therefore not surprising that neuropathic pain is widespread, affecting 5-10% of the US population. Only a few classes of medications are approved for use as analgesics in these conditions (opioids, anticonvulsants, antidepressants), and many patients obtain only partial relief, even when using combinations of all available therapies. Among the most difficult to treat neuropathic pain conditions are those secondary to HIV, diabetes, and to physical trauma to the nervous system.¹⁰

"A blanket ban on cannabis use had been declared to breach the human rights of medical users but many had no choice but to rely on the black market to source medicinal supply"

Dynamic workshops in Inner Sydney for people living with HIV



bobby goldsmith foundation
practical emotional financial support

Art Phoenix Drawing & Watercolour Painting

An eight-week program in basic art techniques.

Commencing Wed 25 July

Phoenix Resilience

Six practical workshops in building the confidence to manage life's challenges.

Commencing Thurs 19 July

Phoenix Directions

Five workshops for people wanting to return to work or study or to find alternatives to paid work.

Commencing Thurs 20 September

For more information, contact Kit on (02) 9283 8666 • email phoenix@bgf.org.au • www.bgf.org.au



Internationally, the beacon legal case remains that of the Ontario Appeal Court when it considered a Canadian constitutional question under the *Canadian Charter of Rights and Freedoms*. A blanket ban of cannabis use had been declared to breach the human rights of medical users but many had no choice but to rely on the black market to source medicinal supply. This situation was deemed unconstitutional. A judgment described as “court-ordered compassion” required the establishment of an Office of Cannabis Medical Access so that not only medicinal use but also supply could be legitimized and managed.¹¹

Australia

Our national surveys leave no doubt as to public opinion. The 2007 National Drug Strategy Household Survey 68% of Australians showed support for the legalisation of marijuana for medicinal use and almost three-quarters (73.6%) supported ‘A clinical trial for people to use marijuana to treat medical conditions.’¹²

In 2010 the same survey showed,

About two-thirds of people aged 14 years or older supported the use of cannabis for medicinal purposes (68.8%), or did not think possession of cannabis should be a criminal offence (66.0%).¹³

Some ask the question, might a bill of rights make a difference to the decriminalisation of medicinal use of cannabis? In the ACT and Victoria¹⁴ where all local laws “must be interpreted in a way that is compatible with human rights” it may be possible for courts to refer to the Canadian judgment if they are ever asked to consider whether criminal drug laws infringe the rights of medical users of cannabis.¹⁵ One writer suggests that the Australian blanket ban of cannabis might be able to be challenged by medical users in the ACT and Victoria as infringements of the following rights:

- recognition and equality before the law;
- right to life;
- protection from torture and cruel, inhuman or

- degrading treatment; and
- privacy and reputation.¹⁶
- The common law defence of necessity raised in both US and English courts may offer promise in grave situations.

So where to?

Back in 2008, Lee Rhiannon told the Upper House of the NSW Parliament,

While the Government drags the chain it needs to realize that tens of thousands of patients either suffer or are forced to use cannabis illegally.¹⁷

The 2011 doctoral thesis by Graham Irvine of Southern Cross University gives comprehensive coverage to the legal status of medicinal cannabis over time and across the world. He concludes by offering his own draft Bill to assist the NSW parliament to take action as soon as possible.¹⁸

Outside NSW Parliament House in August 2011 a rally called for medicinal marijuana to be legalized. *SX News* quoted a rally participant describing a medical certificate that was worded, “If legally permitted to do so, I would consider prescribing cannabis to this patient for this condition”. A spokesperson told reporters also of an imminent application from northern NSW to the Director General of Health for an exemption from the *Drug Misuse and Trafficking Act* in order to produce a cannabis tincture.¹⁹

Dr Alex Wodak, Director of Drug and Alcohol Service at St Vincents Hospital and tireless advocate for drug law reform, continues to prosecute the case for decriminalisation in countless forums:

Cannabis is easier to buy than pizza so why not legalise it and tax it...We could have warning labels on packets, we could have age restrictions - we could also have help-seeking information if you're trying to cut down or stop²⁰

Meanwhile, the NSW Local Court magistrates are faced with a daily dilemma, occasionally administering a dose of “court-ordered compassion”.

"cannabis is easier to buy than pizza so why not legalise it and tax it"

1 Jones, Lloyd, *Tough new cannabis laws for WA* in smh.com.au
 2 Bogdanoski, T. (2009) 33 *Criminal Law Journal* 251 at p.252 citing Irvine, G. "Medicinal Cannabis Use and the Criminal Defence of Necessity" (2006) 10 *Southern Cross University Law Review*
 3 HIV/AIDS Legal Centre is based in Sydney as one of the network of Community Legal Centres. The Centre provides advocacy nationally, to the limit of its resource base, as the only centre of its kind in Australia.
 4 Bogdanoski, T. p.251
 5 Executive Summary, Volume 1, page 24. The detailed justification for these findings is in Volume 2.
 6 Volume 1 pages 38-42
 7 Hansard, NSW Legislative Council *Adjournment Debate*, (26 February 2008) p.5406
 8 <http://www.cannabisbureau.nl/en/> last viewed 6/9/2011
 9 http://www.druginfo.nsw.gov.au/medicinal_use_of_cannabis last viewed 6/9/2011
 10 *Report to the Legislature and Governor of the State of California*, Center for Medicinal Cannabis Research, prepared February 11, 2010, University of California, www.cmcr.ucsd.edu
 11 *Hitzig v Canada* 171 CCC 3d 18 (2003)
 12 <http://www.aihw.gov.au/publication-detail/?id=6442468084> last viewed 6/9/2011
 13 <http://www.aihw.gov.au/publication-detail/?id=32212254712&tab=2> last viewed 7/9/2011
 14 *Human Rights Act 2004* (ACT) s 30; *Charter of Human Rights and Responsibilities Act 2006* (Vic.) s 32(1)
 15 Bogdanoski, T. (2009) p. 259
 16 ACT ss 8, 9, 10, 12 and Vic. Ss 8, 9, 10, 13
 17 above at v
 18 Draft Medicinal Cannabis Act in 2011, 'Legalisation of medicinal cannabis in NSW' PhD thesis pp.246-249 <http://epubs.scu.edu.au/cgi/viewcontent.cgi?article=1191&context=theses&sei-redir=1#search=%22medicinal%20cannabis%20nsw%22> last viewed 9/9/2011
 19 Ozturk, S. 'Calls for medicinal marijuana' in *SX News*, September, p. 2
 20 <http://www.news.com.au/breaking-news/cannabis-easier-to-buy-than-pizza-drug-expert-dr-alex-wodak-says/story-e6frfk00-1225831844834#ixzz1ujoTqwvg>



Image by Morgan Carpenter.

Will You Still Feed Me...?

No one wants to think about what life will be like in old age, but **Tim Alderman** confronts the possibilities.

I have an idealised image of growing old with my partner and drifting out of this life in my sleep. In this ideal world of ageing, there is no pain, nor any unpleasantness. Occasionally, though, reality creeps into my thoughts, causing me to wonder just what will happen as the years speed by. The fact that I'm the older partner in the relationship doesn't necessarily mean I'll be first to die. Nor does it mean that any of life's unpleasantnesses are not going to overtake one or the other of us in the guise of cancer, dementia or other illnesses.

The most frightening scenario is one where I'm left suddenly on my own and have to find new ways to cope. It's difficult enough to adapt to new life situations when you're young, let alone when you're set in your ways. The prospect of ending up in a nursing home is something most of us don't want to contemplate. A quick bit of research indicates that a lot of HIV+ guys perceive that they are ageing at a faster rate than most people the same age and fear the early onset of cancer, dementia and diabetes. But what about those of us who are hale and hearty and making lifestyle choices to try to ease the way into a healthy old age? I guess we'll find out all about it when we get there.

At 58, and having now lived with HIV for 30 years, I'm trying my best to take a positive approach to ageing. To my way of thinking, my brush with AIDS in the mid-'90s was about as scary as it could get. Having survived and retained my sense of self (and humour), I fail to see how anything could scare me again.

Dirty old man

I decided a long time ago that I was going to become a Dirty Old Man (DOM) in my old age and to that end I'm already working. As a DOM I can wink, make innuendos, pinch bums, eye up and down and generally make a fool of myself in the presence of any handsome guys and get

away with it because, well, I'm a DOM and it's expected. I'm going to derive a great deal of pleasure out of this and brag about every creepy thing I do to other DOM friends, who will be numerous. This behaviour will, of course, come with me into the nursing home.

Now, let's talk about my concept of the nursing home I will be in. It will have all mod-cons; from Foxtel to the latest in computer, phone and tablet connectivity.

There will be no jelly and ice cream in our gourmet dining room, and the 24/7 gym will be staffed by the hunkiest of personal trainers, who will put up with our erratic behaviour. Likewise the male nurses will be tanned and hunky and dressed in the skimpiest clothes available. The nightclub and bar will be frequented by the best DJs and the dancefloor will be zimmerframe and wheelchair accessible. All our pets will be catered for in equal luxury.

Now, with many of the patients in this imaginary nursing home having read my fitness and healthy eating columns, muscle-bound, slim and over-active elders will be the order of the day and day trips to the latest hip cafes will be a weekly experience. Life will be a dream and we will all depart this life with smiles from ear to ear.

The reality

I fear the reality may be quite different. According to NAPWA (National Association of People with AIDS), there are about 19,000 people in Australia living with HIV and of those, about 30 percent are over 49. At this rate there is going to be a rush for the retirement home doors. If you happen to be gay and HIV+, you don't, at this time, have a lot of options. Considering that a lot of available aged care is run by religious organisations, identifying appropriate aged care is a bit scary. Unless the gay community start to invest in their old age by

"It's difficult enough to adapt to new life situations when you're young, let alone when you're set in your ways."



putting money into gay nursing homes, I fear you and I will end up in a home that will be inadequate to our needs and certainly won't allow us to be ourselves in the company of like-minded individuals. If we have HIV, I dare say there will be little in the way of experienced medical care and nursing.

In Australia things seem to be moving a lot slower than in the US, where gay and lesbian retirement homes are already up and running. In our own backyard, GRAI (Gay, Lesbian, Bisexual, Trans & Intersex Retirement

Association, Incorporated) at GRAI.org.au is a WA-based volunteer group whose mission is to 'create a responsive and inclusive mature-age environment that promotes and supports a quality of life for older and ageing people of diverse sexualities and gender identities'. In July 2010 they launched a report in conjunction with Curtin University entitled *We Don't Have Any of Those People Here*. Though the research is WA-oriented, it would hold for any state in Australia. They point out that baby-boomer retirees are likely to be the first generation to be openly out as they age (which will also apply to HIV people, especially long-termers), which means that service providers, agencies and Government

will need to approach GLBT/HIV people very differently to any other group of retirees in years to come.

In 2008, the gay press mooted the building of the first GLBT retirement village in Victoria, called Linton Estate. A check of the website doesn't show any info past that date, though a 2011 report in the *Star Observer* indicates that retirement apartments are for sale from the plan. According to one report [in outdownunder.com] there are to be 120 units, with a heated spa, bar, cafe, library, croquet lawn (just how old do they think these people are?), tennis courts and much more. Construction is

now expected to start in 2012. There are some things about this process that make me nervous, like buying off the plan for something that doesn't as yet exist. Also, is it going to be affordable (or elitist), considering that many of us will be surviving on the pension. I have always laughed at the notion of the pink dollar (whereby we are assumed to have limitless amounts of money to live lives of luxury) when the reality is that most of us struggle to get by. I certainly won't be getting any inheritance and most other baby boomers are rushing to spend their money before they get too old to enjoy it. Let's hear it for reality checks!

Just a dream

Fantatising about a gay retirement village is all very nice, but I fear most of us are going to find the dream of a gay retirement in diverse and HIV-knowledgeable environments just that ... a dream. We also have to look at our unhealthy lifestyles, as we continue to get obese, drink too much and continue smoking (still a big problem in the HIV community), added to the problems of social isolation, lack of interests, a drop in exercise due to laziness (let's not bullshit here) and as you can see, there is a plethora of problems facing us as an ageing community. These things need to be addressed – and fast!

For some, one of the potential outcomes of limited choice is a return to the closet as a way of ensuring security, in conjunction with a move to the outer suburbs and away from the GLBT/HIV community due to the lack of affordable accommodation in the inner city and suburbs.

As a 58-year-old gay HIV+ man in a long-term relationship, I need to start assessing the future realities of life, as pleasant or unpleasant as they may be. I don't want to be left on my own to deal with my old age, nor do I want my partner to be. In all likelihood we will be together as we run into this stage of our lives (unless one or the other of us runs into a particularly hot 70-year-old – with lots of money, naturally), so sooner or later one of us is going to die and the other will have to continue life on their own. It would be cathartic to think that either of us could get accommodation that was both supportive, suitable and met all the social and medical needs of both gay and HIV people. Somebody will decide to do something about this eventually, though in all likelihood 50 reports will have been written on the subject and many dozens of older HIV+ people will have passed out of this life in undignified circumstances before action will be taken. The suicide rate amongst older GLBT and HIV+ people would be interesting to know, especially considering that our coping mechanisms added to problems of discrimination and isolation decline as we enter extreme old age.

This is food for thought for all of us, young and old. Anyone who thinks they will never be old lives in Never Never Land and anyone who thinks it's someone else's problem needs to get a life. Let's give our elderly the respect and acknowledgement that is due to them. *Tim Alderman*

"I have always laughed at the notion of the pink dollar... when the reality is that most of us struggle to get by."



Mazzi's Musings

Hey Ladies drop the soap!

I went to a Pos Women's day recently and heard a sexual health nurse talking about ways to stay healthy and sexy. She said women shouldn't wash their vaginas with soap, and she could tell the ones who did from the ones who didn't! Apparently the vagina cleans itself and all you need is warm water. Some of the girls were pretty surprised but when she explained more it all made sense.

Soap is very harsh on delicate tissues and creates dryness and redness...not what we want down there. Washing with warm water is all you need for your little lady to be smooth, healthy and fresh. And don't believe the nonsense about vaginal douches and other products that claim to freshen your fanny - they can cause irritation and are made from chemicals. So be gentle with yourself and enjoy your femininity.

Mazzi is a woman who has been living with HIV for 16 years. She lives, works and plays in Sydney.

the voice of people
with HIV since 1988

PositiveLifeNSW

- S** Suite 5.2, Level 5, 414 Elizabeth St Surry Hills NSW 2010
- P** PO Box 831 Darlinghurst NSW 1300
- T** 02 9206 2177 SWITCH 1800 245 677 FREECALL
- E** admin@positivelife.org.au **F** 02 9211 5672

Genesis
Advocacy
Fact Sheets
Peer Education
Planet Positive Social
Positive Speakers Bureau
Health Promotion
Campaigns
Referrals
Events
7 2 9

www.positivelife.org.au



Picking up your HIV meds has just become easier

The EMA is a new scheme that allows you to have your HIV medications delivered to your home, work, or a pharmacy of your choice.

The EMA is operating in both inner-city, outer metropolitan and regional areas of NSW.

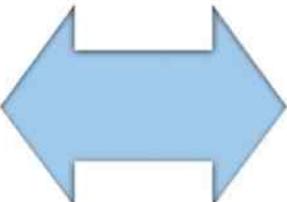
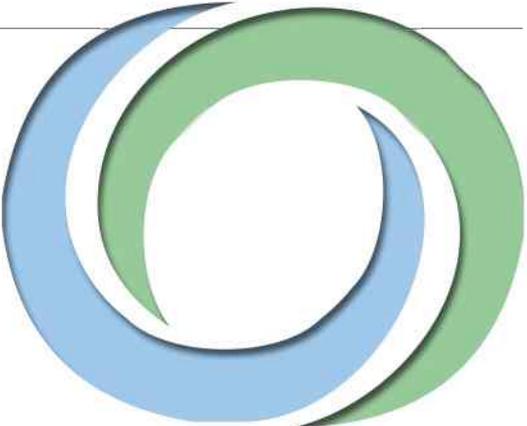
To enrol in the scheme talk to your HIV prescribing doctor.

For more information, visit:

<http://www.positivelife.org.au/new-hiv-medication-access-scheme-nsw>



OPPOSITES ATTRACT



The Opposites Attract Study: Does HIV treatment reduce the risk of HIV transmission in gay serodiscordant relationships?

Over the last few years, emerging evidence in heterosexual serodiscordant couples (where one partner is HIV-negative and the other is HIV-positive) has suggested that when the HIV-positive partner is on effective HIV treatments (antiretroviral therapy) and has undetectable viral load, the risk of passing on HIV to the HIV-negative partner is reduced. This evidence led to the publication of the “Swiss Statement” in 2008, in which doctors from the Swiss Federal Commission for HIV/AIDS stated that under certain conditions, HIV could not be transmitted if the HIV-positive partner had undetectable viral load. Last year, this suspicion was confirmed in a large, multi-country randomised clinical trial. The trial, known as HTPN052, found that the risk of HIV transmission was reduced by 96% in the couples when the HIV-positive partner was on treatment. This extraordinary finding has led to a strong international push for “treatment as prevention” as a new HIV prevention strategy.

However, whether these large reductions in risk apply in gay male serodiscordant relationships is uncertain. Most studies have been based entirely on heterosexuals, and there was a total of only 37 gay male couples in HTPN052, or about 2% of the couples in the study. Answering this question is particularly important for countries like Australia, where HIV infection predominantly occurs in gay men. Additionally, in Australia it has been estimated that approximately 20-30% of infections each year occur in the context of ongoing gay male serodiscordant relationships.

There are a few reasons why the dramatic reduction in risk found in HTPN052 may not apply to gay men to the same degree as in heterosexuals. First, it is well-known that anal sex is about 10-15 times riskier for HIV transmission than vaginal sex. Second, research has shown that although more gay men are on treatments than ever before, the incidence of HIV among gay men has been increasing over the past decade in many countries, including Australia. Research has also shown that the risk of acquiring HIV per act of anal sex has not decreased in the past decade. Third, viral load in semen is not always the same as viral load in blood. This is especially important in gay men as it has been found that urethral STIs can lead to increases in semen viral load even when blood viral load remains undetectable. More evidence for “treatment as prevention” in gay men is required.

Currently, there are two observational studies in the world that are designed to look at whether HIV treatment prevents HIV transmission in gay men. The PARTNER Study in Europe is currently enrolling both heterosexual and gay serodiscordant couples, and at present, one-third of the couples in the study are gay. In Australia, a brand new study has just started enrolling gay men in ongoing serodiscordant sexual relationships – the Opposites Attract Study.

The Opposites Attract Study is being coordinated by the Kirby Institute for Infection and Immunity in Society (formerly known as the National Centre in HIV Epidemiology and Clinical Research) at the University of New South Wales, and is recruiting men in sexual health and GP clinics in Melbourne, Sydney, Adelaide and Brisbane.

Along with the main question of whether HIV treatments and undetectable viral load will prevent HIV transmission, Opposites Attract will also explore important questions relating to HIV risk within serodiscordant sexual relationships. For example: Is the HIV viral load in semen the same as in blood? Do gay men in serodiscordant relationships talk about viral load with each other, and do they use viral load results to make decisions about their sexual behaviour? And what impact do sexually transmissible infections (such as gonorrhoea, chlamydia and syphilis) have on viral load and HIV risk?

This study will recruit pairs of men who are currently in a serodiscordant sexual relationship. The men in the pair can be boyfriends, life partners, or “husbands”; or they could just be fuckbuddies or “friends with benefits”. The sexual relationship may have been going on for years, or possibly only a few weeks. The important things are that they have the opposite HIV status to each other and are in a sexual relationship with each other where they have anal sex (at least once a month on average). The pair can enroll in the study if they believe they will still be having sex with each other in the next 3 to 6 months.

After enrolment in the study, the men will have regular sexual health and HIV testing at a clinic, and will complete a short online questionnaire immediately after each visit to their clinic. They will also give some extra blood samples that will be put into storage. For HIV-positive men in Sydney, there will be the opportunity to participate in a sub-study looking at viral load in semen.

Understandably, some HIV-positive men may have some concerns about the legal implications of participating in a study like Opposites Attract. A lot of effort has gone into ensuring that the legal risks are minimised, and there are important safeguards in place. For example: it will be documented that both partners have a very good knowledge of how HIV is transmitted in the specific context of serodiscordant anal sex; the HIV-negative partner will sign a declaration that he knows his partner is HIV-positive; and details about sexual behaviours such as unprotected anal sex will only be asked of the HIV-negative partner and never the HIV-positive partner. The study team has received detailed legal advice on these issues.

The Opposites Attract Study is now recruiting serodiscordant couples and pairs of gay men in serodiscordant sexual relationships.

For more information about the Opposites Attract Study:

Phone: 1800 129 073 (freecall)

Email: OppositesAttract@unsw.edu.au

Web: www.OppositesAttract.net.au

Participating Clinics in Sydney:

- Dr Doong’s Surgery, Burwood
- East Sydney Doctors, Darlinghurst
- Holdsworth House, Darlinghurst
- IBAC at St Vincent’s Hospital, Darlinghurst
- Sydney Sexual Health Centre, Sydney
- Taylor Square Private Clinic, Darlinghurst

Article by:

Ben Bavinton (Project Leader, Opposites Attract Study) and Prof. **Andrew Grulich** (Head, HIV Epidemiology & Prevention Program)

Kirby Institute, University of New South Wales





The NSW HIV Road Show 2012

An opportunity for pos-people to get together to talk, learn and connect.

Positive Life NSW asserts itself as 'the voice of people with HIV'. During our Strategic Planning consultations, some rural and regional participants reported that Positive Life NSW needed to be more inclusive of people in rural and regional areas of the state. The Board accepted that if the organisation was to effectively represent the diverse interests and needs of people with HIV, a process that enabled a dialogue with people in rural and regional areas was of crucial importance.

And so the idea of an *HIV Road Show* was born to provide participants with up-to-date information on health, treatment and social issues; identify gaps in health and support services; and provide a forum where emerging issues could be raised and discussed. In consultation with service providers across NSW, a day-long forum format was devised to be staged in key locations across the state: Dubbo, Bangalow, Tamworth, Newcastle, Albury, and Sydney.

The forum program has been developed to include the latest information on:

- ageing, HIV, other health conditions and risk factors
- mental health and resilience
- developments in treatment and prevention
- a new scheme to improve access to HIV medication
- HIV and human rights
- rural and regional issues

In addition to informing planning activities, the forums provide the ideal avenue to highlight emerging research indicating the health benefits of antiretroviral

treatment - not only to prevent disease progression, but also in reducing onward transmission of HIV. The publication of a series of new studies within Australia and internationally, have also helped us to better understand the relationship between HIV and ageing and the risk factors that contribute to the development of other health conditions such as cardiovascular disease, bone density conditions, cancers and cognitive impairment.

In 2011, Australia became a leading advocate and signatory of the United Nations Declaration on HIV/AIDS. The Declaration set ambitious new targets to reduce the impact of HIV both internationally, and within Australia.

Given the changes in the HIV sphere, the HIV Road Show is timely. We now have an increase in knowledge that has the potential to reduce illness and death from HIV and drive down infection rates to a level previously not thought possible. We also have a better understanding about the relationship between HIV and ageing and how to reduce the risk of developing other serious health conditions that undermine our wellbeing and independence. In this environment, staying up-to date with the latest information and knowing what's available is more important than ever.

We look forward to hearing your contribution at the HIV Road Show near you.

For more information contact Lance Feeny at Positive Life NSW at lancef@positivelife.org.au

"The NSW HIV Roadshows... provide a forum where emerging issues could be raised and discussed."



Life.mail is the e-newsletter for Positive Life NSW. From July 2012, it will be delivered to your inbox every month.

It's your easy and convenient way to keep informed about news, events and opportunities to connect with you local positive community.

To subscribe visit www.positivelife.org.au/life.mail or email editor@positivelife.org.au



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

(02) 9515 5030



131 450 Translating and Interpreting Service

www.multiculturalhivhepc.net.au



Multicultural HIV/AIDS and Hepatitis C Service

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.

AKAN

Ye betumi aboa wo na yen akyerekyere wo HIV/AIDS yaree mu. Bisa saa yaree yi ho nkrataa ewo aha. Biribiara a ye be ye amawo no yen mma obiara nte, afei nso yen nge wo hwee.

ARABIC

نستطيع أن نقدم لك الدعم والتفهم بالنسبة لفيروس HIV أو الايدز. اسأل في هذه العيادة عن منشورات بلغتك. جميع الخدمات تتم في سرية وبدون مقابل.

BURMESE

အိပ်ချ် အိုင်ဗွီအေအိုင်ဒီအက်စ် အကြောင်းသိရှိနားလည်စေရန်နှင့်လိုအပ်သည့် အထောက်အကူကိုပံ့ပိုးနိုင်ပါသည်။ ဆေးခန်း၌မြန်မာဘာသာဖြင့်ပညာပေးစာစောင်ရယူနိုင်ပါသည်။ ဆေးကုသရန်ကုန်ကျစရိတ် ပေးရန်မလိုသည့်အပြင် ကုသမှုကို မပေါက်ကြားအောင် လျှို့ဝှက်ထားပါသည်။

CROATIAN

Mi vam možemo pružiti pomoć i razumijevanje u svezi HIV/AIDS-a. Zatražite u ovoj klinici brošuru na vašem jeziku. Sve usluge su povjerljive i besplatne.

DINKA

Yin alëuku buk kony ku cök ku yin adet HIV/AIDS yic apuoth. Thiëc awereh cii göt në thondu panakiim ëtën. Kä riëëc ëbën ye ke looi aaci ye ke luëë bic ku aaci yenë ke koc thiëc wëu.

GREEK

Μπορούμε να σας προσφέρουμε συμπαράσταση και κατανόηση για το HIV/AIDS. Ρωτήστε σε αυτή την κλινική για φυλλάδιο στην γλώσσα σας. Όλες οι υπηρεσίες παρέχονται εμπιστευτικά και δωρεάν.

INDONESIAN

Kami dapat memberikan dukungan dan pemahaman mengenai HIV/AIDS. Mintalah brosur dalam bahasa Indonesia di klinik in. Semua pelayanan adalah gratis dan rahasia.

KHMER

យើងអាចផ្តល់ការគាំទ្រដល់លោកអ្នកនិងជួយលំអិតចុះទៅទីកន្លែងដែលបង្កើតជោគជ័យមេរោគ HIV និងជំងឺអេដស៍។ សូមលោកអ្នកសួររកក្រដាសព័ត៌មាននេះដែលមានជាភាសាខ្មែរនៅតាមមន្ទីរពិគ្រោះជំងឺ។ កិច្ចបម្រើទាំងនេះរក្សាការសម្ងាត់ផ្ទាល់ខ្លួនរបស់លោកអ្នកនិងមិនគិតលុយទេ។

MACEDONIAN

Обезбедуваме поддршка и нудиме објаснување за вирусот кој предизвикува неотпорност на телото и за самото заболување СИДА (HIV/AIDS). Во оваа клиника можете да побарате брошура на вашиот јазик. Сите услуги се доверливи и бесплатни.

KOREAN

본 진료소에서는 에이즈바이러스(HIV)와 에이즈(AIDS)에 대해 지원 및 지식을 제공합니다. 본 진료소에서 한국어로 된 팸플릿을 요청하십시오. 모든 서비스는 비밀이 보장되며 무료로 제공됩니다.

SOMALI

Waxaad naga heli kartaa gargaar iyo garasho ku saabsan cudurka HIV/AIDS. Weydiiso xaruntaan caafimaadka aqbaar ku qoran luuqadaada. Dhamaan howlaha aan qabano waa qarsoodi qof kalena ma ogaanayo aan ka aheyn qofka ay quseyso, waana lacag la'aan.

SPANISH

Nosotros podemos ofrecerte ayuda y comprensión acerca del VIH/SIDA. Pregunte en esta clínica por un folleto en su idioma. Todos los servicios son confidenciales y gratuitos.

Positive Life NSW membership

Membership of Positive Life NSW is **FREE** and is open to any person in NSW living with or affected by HIV.

Members receive a **free subscription to *Talkabout***, the Annual Report and occasional email updates.

For more information, visit www.positivelife.org.au/about/membership

Full member (I am a NSW resident with HIV)
As a person with HIV, you are entitled to full voting rights. You must tick the Personal/Health Information Statement at the bottom of the page.

Associate member (I am a NSW resident affected by HIV, ie, a partner, family member, carer, healthcare worker)

Note: Applications for membership must be approved by the Positive Life NSW Board of Directors. Our Rules of Association are available online at www.positivelife.org.au/rules

Privacy / Health Information Statement

Positive Life NSW collects your personal information in accordance with our Privacy Policy (www.positivelife.org.au/about/privacy). Your details are strictly confidential and only used to add you to our membership database. We will send you information about Positive Life NSW and our magazine and email updates. You can unsubscribe to email updates following the instructions in the email.

We store your personal information in hardcopy or electronically or both. Access to your information is strictly limited to Positive Life staff members and will not be passed on to any other organisation or individual.

You can access and correct your personal/health information by contacting us on 02 9206 2177 or 1800 245 677 or admin@positivelife.org.au.

I have read the Privacy / Health Information Statement and consent to my information being collected and stored.

Name

Address

State Postcode

Email

Please return the completed form to:

Positive Life NSW
Reply Paid 831
Darlinghurst NSW 1300
No stamp is necessary.

Fax
02 9211 5672

Talkabout subscription only

Non-members can receive *Talkabout* as a paid subscriber. We produce five copies of *Talkabout* each calendar year and a subscription is valid from 1 July to 30 June.

Individuals

- I am an NSW resident receiving benefits (Please enclose a copy of your current healthcare card) **\$5**
- I am an NSW resident not receiving benefits **\$20**
- I live outside NSW **\$33**
- I live outside Australia **\$77**

Organisations

- Full (Business, government, university, hospital and schools either for-profit or government-funded) **\$88**
- Concession (PLHIV groups and self-funded community organisations) **\$44**
- Overseas **\$132**

Fees and donations

Membership to Positive Life NSW is free. If you are subscribing to *Talkabout*, please refer to the subscription rates above.

Talkabout subscription

Donations

I would like to make a donation of
(Donations over \$2 are tax deductible. You will be provided with a receipt for tax purposes.)

Total payment

Cheque/money order
(Cheques should be made payable to Positive Life NSW.)

Please charge my VISA MasterCard
((\$10 minimum for credit card payments.)

Card number

Name on card

Expiry date

Signature

Positive Life NSW • ABN 42 907 908 942

Suite 5.2, Level 5, 414 Elizabeth Street, Surry Hills, NSW 2010

PO Box 831, Darlinghurst NSW 1300 • Email: admin@positivelife.org.au

Tel: 02 9206 2177 • Freecall: 1800 245 677 • Fax: 02 9211 5672

Resources Order Form

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 9211 5672 Ph: 02 9206 2177
Email: healthpromotion@positivelife.org.au
Website: www.positivelife.org.au

Health Promotion Fact Sheets

| Quantity | Item |
|--------------------------|---|
| <input type="checkbox"/> | 2 Boosting your energy |
| <input type="checkbox"/> | 3 Getting Started on Combination Therapy |
| <input type="checkbox"/> | 4 I want to return to work |
| <input type="checkbox"/> | 5 Living with body shape change |
| <input type="checkbox"/> | 6 Positive Pregnancy – Available on the website only |
| <input type="checkbox"/> | 7 Clinical Trials |
| <input type="checkbox"/> | 8 A Night with Tina (Methamphetamine and HIV) – Available on the website only |
| <input type="checkbox"/> | 9 HIV and your mouth (a pamphlet is also available) |
| <input type="checkbox"/> | 10 The Dynamics of Disclosure – Available on the website only |
| <input type="checkbox"/> | 12 Changing Horizons – Living with HIV in Rural NSW |
| <input type="checkbox"/> | 14 Growing Older – Living Longer with HIV |
| <input type="checkbox"/> | 15. 10 reasons to test for STIs – Available on the website only |
| <input type="checkbox"/> | 16 Relationship Agreements Between Gay Men |
| <input type="checkbox"/> | 17 Dealing with diarrhoea |
| <input type="checkbox"/> | 18 Disclosing to your child |
| <input type="checkbox"/> | 19 Living with HIV and hep C |
| <input type="checkbox"/> | 20 Balancing act: HIV and cancer |

The content of our fact sheets was checked for accuracy and all references to programs and contacts were accurate at the time of publication. Please note that some facts are no longer available for distribution, but can still be found on our website where we will include links to more recent or relevant information.

Social Marketing Campaigns

- | Quantity | Item |
|--------------------------|---|
| <input type="checkbox"/> | 10 reasons to test for STIs encourages regular testing for sexually active positive gay men. – Available on the website only |
| <input type="checkbox"/> | 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 |
| <input type="checkbox"/> | Getting On With It Again <i>Living longer with HIV</i> (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. |
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | 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. |
| <input type="checkbox"/> | 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 and 4 postcards with key campaign messages. |

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.

Organisation

Name

Address

State

Postcode

Ph

Email

Date ordered

Olga's personals

Men seeking men

Rugged, Euro/Aussie man late 50s, medium build, totally passive, long-term HIV, healthy and fit. WLTM easygoing, younger TOP for LTR. To share good times and fun depending on chemistry. See you soon. **Reply 040510**

Bankstown area 56YO ISO good friend to be close to. I work part time. I am caring, affectionate, versatile and well presented. Prefer mature age and stability, 55 to 60. **Reply 120710**

Professional 43YO young-looking, good-looking, well-endowed, HIV positive GWM, 71kg, slim, 5'9" tall, brown hair, [sexually] passive, live good healthy lifestyle, work full-time. WLTM attractive, very masculine and straight-acting, healthy-living, interesting, good, non-scene, non-addictive, passionate, cool top for LTR. Hung, even better. **Reply 200710**

Greek 33YO very fit, attractive HIV+ male, fitness/exercise physiology 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: 300710**

Genuine 40YO Aussie guy, 5ft7, 73kg with brown hair, caring, affectionate, with GSOH and varied interests. ISO friendship, relationship, fun with slim to medium guys, any nationality to 45yo. **ALA. Reply 240810**

Leura 44yo poz man who recently moved to the area ISO friends and/or partner aged 30-40 for LTR. My interests include music, house renovating, cars, cooking and movies. **Reply 151110**

Mid North Coast well-presented younger-looking 44yo, 5'10, blue eyes, cropped hair. Slim-medium build, 70kg, versatile poz guy. Honest, healthy and hygienic with GSOH and varied interests. Love animals and laidback country/coastal living. WLTM similar guys for friendship or more, depending on chemistry. **Reply 040110**

Gosford tradie 47yo, 6ft1, 78kg, black hair, blue eyes, 3 tats. Being over one-night-stands, I'd ultimately like to find that one special man to share life's journey. Seeking other poz guys up to 50yo to date with a view to LTR if the chemistry is there. **ALA. Reply 040111**

Surry Hills 47yo blonde poz GWM, 5ft7, 56kg, clean shaven, smooth skinned, toned bottom with average looks. Friendly and caring. ISO totally active passionate top for adventurous fun times. 30-50s, skinny to medium-built guys a plus. I enjoy yoga and long, imaginative and enthusiastic love making. **ALA. Reply 020211**

South Coast masculine 49yo outdoors type, healthy poz guy. I'm 5'7", 77kg versatile, attractive and straight acting. I work full time, enjoy country lifestyle healthy living. Looking for mates, lover, LTR. **Reply 280311**

Parramatta region athletic 46yo tall, DTE guy looking for same. Interested in

keeping fit and dining in, friendships and LTR. I have a slight walking impairment and hope this does not turn you away from the real loving and caring me. Genuine replies only please! **Reply 180511**

East Coast NSW 20something, very healthy poz guy, 5'11, attractive, athletic build, uncut and well endowed. Can be shy but enjoy a thrashing in bed! ISO rough trade, active F/B up to 60yo who is also well endowed. Please try and reply with recent photo. **Reply 010611**

Mid 40s reasonably good-looking bottom guy, medium built, seeking 35-55. Preferably an adventurous city/country cowboy kind of guy with good health and reasonably fit body as well as attractive inside/out. Tall 5.10 + welcome any nationality for friendship and more. Genuine replies only. **Reply 230711**

Western NSW early 40s, good-looking, fit and healthy (5'11, 78kg) guy in Dubbo area. Into exercise, bushwalking, meditation and quiet nights. WLTM other poz guys for friendship/relationship. **ALA. Reply 280711**

Mature guy 77yo, HIV+ for 18 years, totally passive. WLTM active guy who likes older men for friendship, sex, maybe more. My interests include travel, historic houses and architecture, gardening, classical music, concert-going. Share accommodation available for the right guy. **Reply 020911**

South Coast NSW 50yo poz guy, 5'10", 79kg, MO, goatee, hair body, GSOH, loves life. ISO friend, partner in surrounding area for LTR. Like quiet nights at home. Been single for 6 years so it's time to find that special person. Genuine guys only. No Internet please. **ALA. Reply 111111**

Darlinghurst 30yo, young-looking, slim, dark olive skin, attractive, 5'8", 61kg, keep fit, versatile... a bit tired of one-night stands and casual sex. WLTM a versatile guy younger than 40 and who keeps fit to build a more meaningful life with. I like the outdoors, spirituality, wildlife, partying occasionally and cosy nights at home. I'm genuine and apparently DTE. Get in touch if you think we'd hit it off. I'm a nice guy. **Reply 180112**

Western Sydney - 66yo gay man looking for Mr Right. I'm a DTE person who loves country music & gardening. WLTM someone age 40-60 to share my life with. **Reply 180512**

Men seeking women

Sydney 56YO genuine, fit, active poz guy seeking a secure independent lady to enjoy the fun things in life with. I have a wide circle of friends and interests. So let's make contact and see what happens. **ALA. Reply 150810**

Sydney poz 38yo Aussie male, secure and enjoying good health. ISO Asian female of similar age to enjoy mutual interests and possibility of LTR. **Reply 221010**

Poz guy late 40s, 6ft, Caucasian ISO lovely girl to form a sincere, trusting and supportive LTR. I have an enquiring mind and I look to those things which enrich my

life, interspersed with fun-loving interests. Like-hearted souls to respond. **Reply 081110**

Sydney to Newcastle trim, well groomed, youthful 50YO poz guy. Genuine, DTE and caring, WLTM a lady to care for and to share some laughs, friendship and happiness. Age, nationality are no barrier. **Reply 200611**

Hunter Valley young 66yo guy average build and looks, versatile, honest and caring. GSOH non-smoker WLTM a nice lady who accepts my HIV status and is happy to spend her time with me and enjoy some TLC together. **ALA. Reply 010811**

Professional 41yo HIV+ gay man looking for an HIV positive female who is exploring the possibility of having a baby. If this is something you are interested in, please get in touch. **Reply 080911**

Sydney/Country NSW - 38YO white male, good health, slim built, WLTM a fun loving female of any race around same age or younger. I enjoy the outdoors, good food, music & a GSOH. I'm DTE & hard working. So, if you are ready for an adventure in love & life, let's get things started. **ALA. Reply 280512**

Women seeking men

Share love and life with a woman positively in love. Today was a beautiful day in Sydney, I had time and spirit to share. I stretched my hand but there was no one there. Hi Mr Awesome what are you waiting for? Do not die with your song within you! **Reply 170110**

Spicy and very attractive dark skin girl seeks a special, secure and independent guy to share the journey of life with. I am caring, honest, DTE person. I love to laugh and I do believe in love. **Reply 210110**

Attractive, faithful, humble, God-fearing positive white female, mid-30s, seeks responsible African-Australian male for marriage aged 36-49, fully committed to Christ, who does not touch cigarettes or alcohol at all and is gainfully employed. WLTM a nice, calm, gentle person with GSOH and optimistic outlook. Looking for a family-oriented, reliable and faithful man who above all loves God. **Reply 220210**

Mid North Coast NSW affectionate caring 38yo single mum ready to meet someone special to love and adore, hopefully for the rest of my life. I love and appreciate everything in nature and I believe in healthy life and mind. I'm an outgoing, fun, open-minded thoughtful lady who humbles herself to please someone she cares about. Genuine reply only please. **Reply 220211**

Western Sydney genuine, sincere, working African woman. I'm a loving, understanding person tired of being on my own. WLTM a loving, interesting and honest single soul. Prefer LTR. **Reply 190611**

Placing personals

Write an ad of up to 50 words describing yourself and what you are looking for. You can be creative, but it pays to be realistic to avoid disappointment. Please include your location if you are outside the Sydney metro area.

Olga encourages you to be polite. Claims about blood test results will not be published. Olga's is a safe space for people to declare their HIV-positive status. Any ads that refer to illegal activity or include homophobic, racist, sexist or abusive language will not be published.

You can send your personal ad to Olga, including your name and postal address for replies, to editor@positivelife.org.au or by post to: **Olga's Personals, PO Box 831, Darlinghurst NSW 1300**
Ads will remain in Olga's personals for 5 issues or a period of 12 months. We encourage you to submit a new ad if your circumstances change or your ad has expired.

Common acronyms

| | |
|------|------------------------|
| ALA | All letters answered |
| DTE | Down to earth |
| GAM | Gay Asian male |
| GSOH | Good sense of humour |
| GWM | Gay white male |
| ISO | Looking for |
| LTR | Long-term relationship |
| NS | Non smoker |
| TLC | Tender loving care |
| WLTM | Would like to meet |

Answering personals

If you want to reply to an ad, think carefully about your response. Olga suggests that you not give you out work or home address or telephone number until you can trust the person. As Olga's personals are anonymous, you should establish trust first. You may want to give out your email address as a first step and take it from there.

Place your response in a sealed, stamped (55c) envelope. Write the reply number in pencil on the outside and place this inside a separate envelope and send it to:

Olga's Personals, PO Box 831, Darlinghurst NSW 1300

Olga then forwards your response to its intended recipient.

Meeting someone

Olga wants you to have fun, but asks you to take some simple precautions when you agree to meet in person.

It might be best to meet in a public place so that you can confirm the person is who they say they are. You can always go someplace private later if you really hit it off!

If you are going somewhere unfamiliar, let a friend know the details or ask them to call you to make sure you are alright.

Use commonsense and remember the basic rules of personal safety. Maintain a healthy degree of suspicion: if anything seems odd, be careful and leave if you feel uncomfortable.

Finally, have reasonable expectations. It can be exciting to meet someone new but the person may be different from what you expected. Keep this in mind and have fun!

Protecting your privacy

Your personal details remain strictly confidential. Olga keeps your personal details on file in accordance with our Privacy Policy, available at www.positivelife.org.au/about/privacy. If you have questions about your privacy, please contact Positive Life NSW at editor@positivelife.org.au or 02 9361 6011 or 1800 245 677.

Have you have found love through Olga's? Wanna tell us about it?



If you're living with HIV then talk to your doctor. Early treatment can have important health benefits and can protect your partners. Don't put off treatment any longer and learn about the latest developments.

napwa.org.au

napwa national association of
people living with HIV/AIDS

START THE CONVERSATION TODAY