

No. 38 November 1993

# Talkabout

The Newsletter of People Living With HIV/AIDS Inc NSW

◆ Where We Speak for Ourselves ◆

**A BURNING ISSUE**



# **HIV** *living*

**November 1993**

## **Clinical Trials & Treatments**

**Wednesday 10th - 6.30pm to 8.30pm**

- \*What is CHATN up to?
- \*What are the Clinics offering?
- \*Where are we now with treatments?

## **Chinese Medicine, Acupuncture**

**Wednesday 17th - 6.30pm to 8.30pm**

- \*Research findings on Chinese medicine and HIV infection
- \*Clinical responses to Chinese herbs
- \*Acupuncture, A treatment for peripheral neuropathy?

## **Overseas Travel Facts for HIV+ travellers**

**Wednesday 24th - 6.30pm to 8.30pm**

- \*What vaccinations do I need?
- \*Countries with restrictive policies on HIV+ travel
- \*How to carry AZT and other necessary medication
- \*What happens if I get sick overseas?

**a free service at**

**AIDS Council Of NSW  
188 Goulburn St Darlinghurst NSW**

For information call  
HIV Strategy and Support Unit  
Ph (02)206 2000 Fax (02)206 2069  
TTY (02) 283-2088



AIDS Council of New South Wales Inc.

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## **This Month's Cover**

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by Jim Chan. Many with HIV face that awful decision: should you give up smoking tobacco? The bad news is that current research indicates smoking is a pretty dangerous habit for HIV positive people. For the full story, see page 18.

## CD26

The Pasteur Institute in France have announced the discovery of the molecule CD26 which they say allows HIV to enter and thus infect human cells. CD26 is located on the surface of certain human cells.

Like the more famous CD4 molecule, it is believed that CD26 is a receptor for HIV. CD26 may be an 'accomplice' to CD4—CD4 makes the first contact with HIV, then passes the HIV to CD26, conveyor belt style, allowing HIV entry into the cells.

While mass media have reported the discovery as a "breakthrough", this information is a breakthrough only for research, not for the treatment of AIDS. The information can be used to develop both vaccines and treatments, but several years are needed to do this, and several more to test whether these vaccines and treatments actually work.

— Lyle Chan

## CLASH

THE LATEST ACRONYM ON THE HIV scene is CLASH. It stands for: Collective Lobby of AIDS Support for Heterosexuals and it's a new group for HIV positive heterosexuals. CLASH, which currently consists of only a few members, has recently received funding from the AIDS Bureau for a phone line and the additional costs of getting established.

CLASH is largely the initiative of HIV positive heterosexual men and is Sydney based, but will eventually be a state wide organisation.

CLASH has a free phone line, and calls are answered every Thursday between 10.00 and 3.00 by David, who is HIV positive and a trained volunteer. At other times, leave a message on the answering machine and someone will call you back. CLASH also meets informally on the fourth Friday evening of every month for drinks, a snack and a chat.

Because the Positive Women group already exists, CLASH is mainly interested in getting in contact with HIV positive straight men, who are often quite isolated. However, HIV positive women are welcome to get in touch, and David hopes that CLASH will soon be able to organise social events like BBQs or picnics for men and women together.

"A lot of heterosexual men out there are just going to a local doctor every now and then and not accessing the services that are available to them", says David. "We should be able to use the same channels as everyone else." He hopes that through CLASH, positive heterosexuals will become more aware of their options as well as gain support through knowing others in the same boat. Data collected from phone calls will be incorporated into a needs analysis for positive heterosexuals, which could lead to a brighter picture for those of you out there who are HIV positive, straight, and wondering just where you fit in.

CLASH can be contacted on (1 800) 81 2404 (free call).

## Ribozymes

A NEW THERAPY, WHICH IS ACTUALLY designed to be an anti-HIV treatment, has been approved for trial in humans by the US National Institute of Health. Most other treatments for HIV have been developed from existing compounds which are tested for anti HIV properties.

Ribozyme therapy entails removing CD4 lymphocyte cells from a positive person, and genetically splicing into them an RNA molecule called a hairpin ribozyme. The cells are then transferred back into the patient's body.

According to Dr Flossie Wong-Staal, of the ribozyme research team at the University of California, the ribozyme is able

to slice up RNA, which HIV uses to reproduce itself inside CD4 cells. If enough CD4 cells carry this altered gene, it could lower the level of HIV infection.

In the test tube, the therapy looks very promising, and the advantages are that it would probably have less side effects and be more effective than existing therapies. The first trial will be testing the safety of the therapy.

Source: *AIDS Weekly* September 20, 1993

## ddC de-approval

AMERICAN AIDS ACTIVISTS HAVE asked the US Government to withdraw approval for ddC. Don't be alarmed, this is not because of any doubts about its effectiveness, but is a political strategy to make ddC more accessible to people in the US, and to compel the manufacturers, Hoffman-La Roche, to do more trials.

Presently, Hoffman La Roche provide the drug free to people with HIV. If it was fully approved, people would have to pay for it, and the company would be under no obligation to continue trials.

In Australia, ddC is relatively cheap and readily available. "The drug has been shown to be effective", said Lyle Chan of the NSW Treatments Project, "and there is no scientific reason to push for de-approval here."

Source: *Capital Q*, #59.

## Badlands

BADLANDS RESIDENTIAL SERVICE has closed temporarily pending a restructuring.

Badlands will be redesigned and 'revamped' to provide the service in a more trouble free way. An evaluation was carried out earlier this year and its recommendations will be taken into account in the new structure. Current staff have been invited to give feedback on the service to the Management

Committee, and this information will be taken into account in the restructuring.

There will be a greater emphasis on providing the residents with living skills, education and assistance with housing issues. The Management Committee will be reviewing all positions at Badlands to ensure they accurately reflect the aims of the service and that staff provide the residents with a high standard of appropriate care, skills and support.

All positions have been made redundant and will be advertised. Any staff previously employed by Badlands are welcome to apply. It is essential that new management and staff have a shared vision for the future of Badlands and the Management Committee will be looking at establishing a second tier committee to provide practical support for the staff and to oversee the planned new activities.

While these changes could possibly have been made over a long period of time, in fairness to staff and to residents it is considered that this is the most appropriate and timely way to proceed.

The Management Committee of Badlands wishes to acknowledge the support of the AIDS Bureau throughout this process. As yet there is no set date for the reopening of the service but it will be done as quickly as practicable.

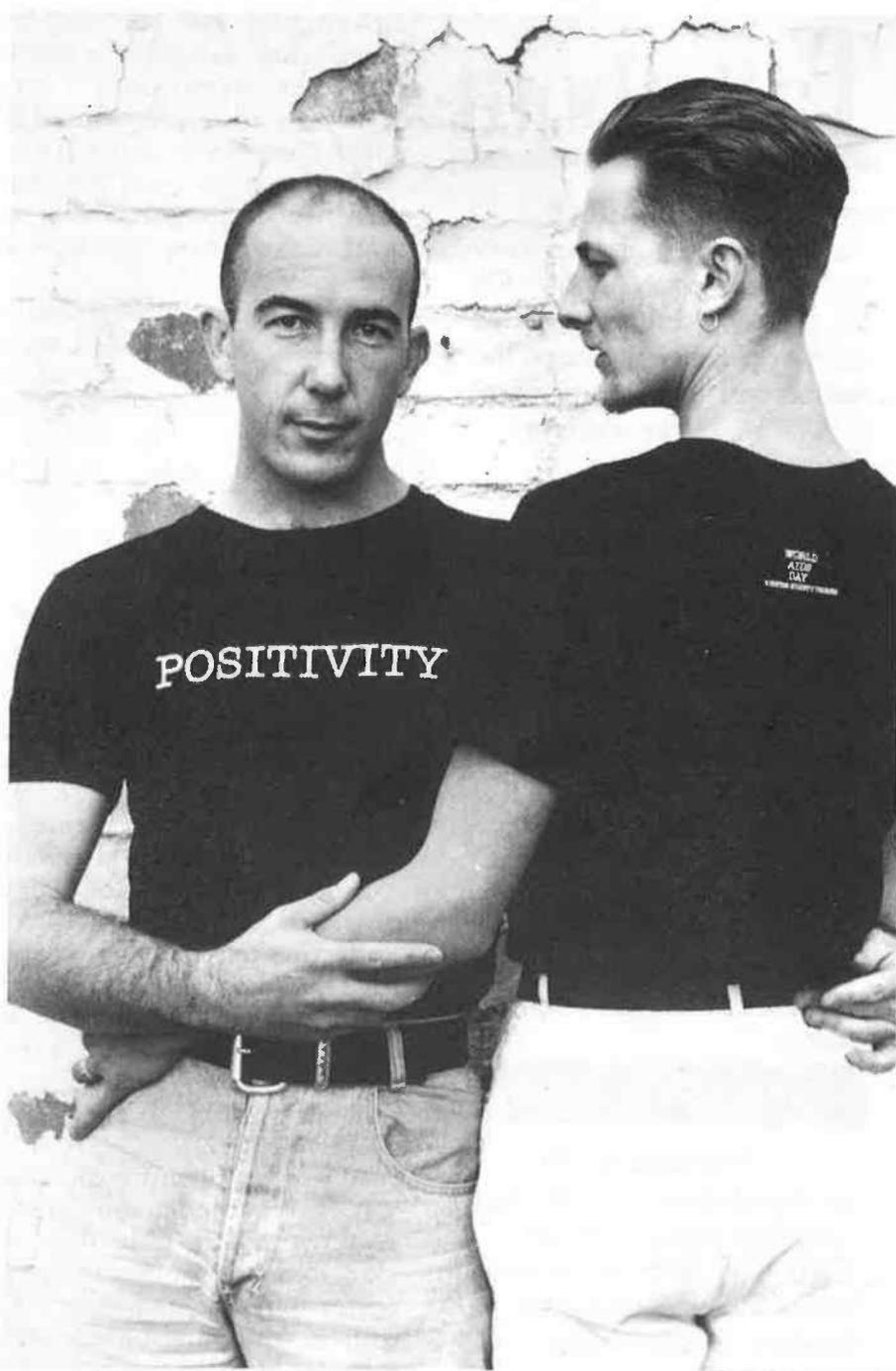
— *Annella Wheatley*

## Home delivery

HIV POSITIVE PEOPLE ON METHADONE in the Central Sydney Area will be able to have their methadone home delivered by Central Sydney Area Health Service from early November. You must already be on methadone to qualify for this perk.

Ask your prescribing doctor to call Maggie Tynan at CSAHS on 516 8653, to arrange for delivery.

The Central Sydney Area includes Newtown, Glebe, Abbotsford, Summer Hill and Drummoyne.



This limited edition 'Positivity' T shirt has been designed by Morrisey Edmiston for the AIDS Trust of Australia. It will be on sale from CounterAid counters in DJs, Grace Bros, Virgin, HMV and Gowings on November 27 for \$25. A range of other designs from leading designers will also be available. Photo: Christopher Hemmings

## AFAO move

AT THE RECENT ANNUAL GENERAL Meeting of the Australian Federation of AIDS Organisations (AFAO) it was decided to relo-

cate the AFAO office to Sydney and restructure the organisation.

AFAO will also refocus its activities on policy development, advocacy and lobbying with a cut back to the provision of

# Talkabout

ISSN 1034 0866

Talkabout is published every month by People Living With HIV/AIDS Inc. (NSW). All views expressed are the opinions of the respective authors and not necessarily those of PLWHA, its Management Committee or members.

Talkabout is produced by the Newsletter Working Group of PLWHA (NSW) Inc. and printed by Breakout Printing 389-391 Sussex St Sydney, NSW.

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Talkabout is made possible by subscriptions, donations and a grant under the State/Commonwealth AIDS Program. Talkabout is also grateful for the assistance of the AIDS Council of NSW.

## DEADLINE FOR THE NEXT

November 18

Send contributions to PO Box 1359 Darlinghurst, NSW, 2010. Call Jill for the date and time of the next Newsletter Working Group meeting.

### How to Contact People Living With HIV/AIDS Inc (NSW)

PLWHA Co-ordinator  
Annella Wheatley, 361 6011  
Administrative Assistant  
Claude Fabian, 361 6023  
Talkabout Co-ordinator  
Jill Sergeant, 361 6750  
Suite 5, Level 1, 94 Oxford St.  
Darlinghurst  
Postal Address: PO Box 1359  
Darlinghurst, NSW 2010  
Fax: (02) 360 3504

information and referral. The organisation also plans to take on a greater responsibility than previously for representing HIV positive sex workers and IDU.

These changes mean there have been five staff redundancies and some staff will have to be replaced after the move.

The decision to move to Sydney was taken so that AFAO would be closer to the centre of the epidemic and the majority of its constituency. The move is expected to take place by Christmas with AFAO opening its new doors early next year.

## Flower power

FOR WORLD AIDS DAY 1991, permission was sought by the Blue Mountains PLWA to plant a Commemorative Tree in the Medlow Bath Park. Permission was granted, the tree was planted. It was vandalised shortly afterwards.

A local resident, Rod Tilney, suggested the idea of a Park of Reflection to remember those we have lost through HIV/AIDS.

An Advisory Committee was duly formed and the initial planting of an avenue of 24 flowering cherry trees took place on July 4, 1992.

A further planting of maples was well attended on Sunday, April 4 1993. This day also afforded the community the opportunity to remember Rod Tilney, who passed away earlier this year, with the commencement of the planting of Rod's grove of silver birches.

Twenty six mature rhododendrons were planted on Sunday, July 4 and are looking wonderful in flower.

The rhododendron flowers typify the concept of the park as the Park of Reflection to create, to beautify, to reflect and to remember those we have lost.

On Sunday November 28, our Candlelight Vigil and Naming will be held in the Park from 5.00pm. The Medlow Bath Park Advisory

Committee invites all to attend.

A BYO Twilight Tea will be held in the park and all are welcome.

For further inquiries, please contact Sue Hardwick on (047) 59 1611, or write to PO Box 208, Lawson, 2783.

From: *Network News*,  
November 1993.

## Immunity news

A GROUP OF 25 AFRICAN WOMEN are believed to have a genetic immunity to HIV. The women, part of a study cohort of 1,700 Kenyan prostitutes, are HIV negative despite apparent exposure to the virus, and the high rate of HIV among local sex workers.

The research has been carried out by a Kenyan-Canadian research team. "We've been able to show it's not because they use condoms more frequently. It's not something about sexual behaviour and it's not because HIV cannot be established in their cells — we've been able to do that in the lab. So we're left to speculate it's because they're immune to HIV", said Canadian Dr Frank Plummer, who heads the team.

There have been other reports of people who appear to have a natural immunity elsewhere in the world. If the reasons for this immunity could be identified, it may be very helpful in the development of a vaccine.

Source: *Capital Q* #59.

## WAD AAW

AW, GEE, FABULOUS ACRONYMS! World AIDS Day (WAD) this year has been extended into a whole week — AIDS Awareness Week (AAW), starting from Saturday, November 27.

AAW is planned to be a week of actions and events to raise awareness of and increase commitment to HIV/AIDS issues. It has been adopted in recognition of increased community support for HIV/AIDS education. In

NSW and Victoria, CounterAID, the annual fundraiser for the AIDS Trust, will mark the start of the week. Mark it in your diary as the day to do your Xmas shopping. An event of special interest to people living with HIV is the Declaration of the Rights of PLWHAs, which is being organised by NAPWA.

## CounterAid

COUNTERAID, THE ANNUAL FUNDRAISING SHOPATHON for the AIDS Trust of Australia, takes place this year on November 27. The official launch starts at 9.00am.

A giant marquee next to David Jones will house the Glorious Food Fair, where scores of Sydney's best restaurants, hotels and food and wine companies will offer a delectable array of their specialty dishes for just \$5.00 a plate.

Top line hair and make up artists will donate their time to do makeovers in the DJs and Grace Bros cosmetics areas. A small fee will be donated to the AIDS Trust.

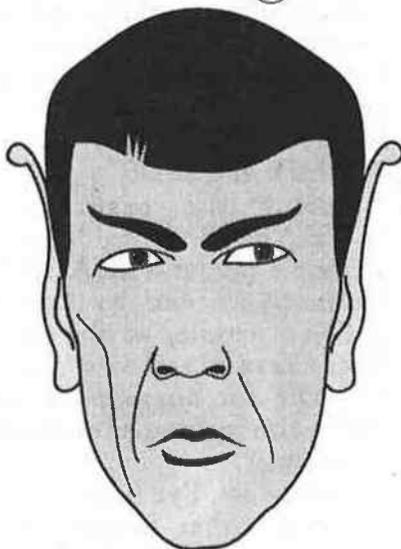
In the Pitt Steet Mall, leading HIV/AIDS organisations will have street stalls distributing educational materials — watch out for the PLWHA stall with our fabulous new T shirts and safe paks.

There will be entertainment throughout the day in the Pitt St Mall and Castlereagh Street, and the Aussie Boys Summer Party will finish off the day at Alexandria Stadium. (Tickets from all Aussie Boys stores and The Bookshop.)

## Free lunch

STARTING FROM MONDAY NOVEMBER 8, a free lunch will be provided for people living with and affected by HIV/AIDS at the Lizard Lounge at the Exchange Hotel in Oxford Street, Darlinghurst. The lunches will start at 12.30 every Monday, doors open at noon. There is a bar service at reasonable prices.

we are  
**DESPERATE**



for young men

Volunteers are needed to help prepare and serve the lunches. If you would like to volunteer, or would like to sponsor the lunches, call Carol Ann King on 389 7477.

## Calling on youth

ACON SYDNEY IS BUSY MOVING on services for young positive men. A new project has been started to design and produce a resource package for positive young men who are gay or bisexual.

The project is also doing a survey to find out what sort of information young men would like to see provided in the resource. For a copy of the survey, or for more information, call Ashleigh or Rodney on 206 2078.

A new support group is about to start at ACON, specifically for young positive men who are gay or bisexual. For more information, contact Rodney on 206 2076.

## STOP PRESS

ON WEDNESDAY, OCTOBER 27, THE National HIV/AIDS Strategy for the next three years was finally released. This document, the result of a long process of evaluation of the previous strategy and consultation with the affected community, sets out the general direction of HIV/AIDS programs in care and education for the next three years as well as the roles and responsibilities of state and Commonwealth governments, health care professionals and community organisations. The Strategy also makes a commitment to a certain level of funding for the next three years.

A full report on the Strategy, and its implications for people with HIV, will appear in the next *Talkabout*.

## REQUESTS

PLANT LOVER/S TO FLAT MIND DEC 12 - Jan 15, Enmore. Large two bedroom unit, above shop. New kitchen, bathroom, car space, close to all amenities, bus out front. \$190 p.w. (negotiable). Required to water lavish outdoor/indoor garden. Call Matthew or Tim, 517 2459.

## Ooops!

IN THE OCTOBER ISSUE *TALKABOUT* publicised buses which would take you past the PWA Day Centre — but got the numbers wrong! The correct numbers are: 322, 324 and 325. Sorry about this typo, I hope no-one ended up in Woop Woop. — ed.

Copies of any articles quoted as source material for news items can be obtained from the PLWHA office. Call Jill on 361 6750.

# PLWHA News



OCTOBER HAS BEEN ANOTHER BUSY month for committee members and staff, even allowing for the brief lull following the Sleaze ball. The Time Out rooms at the Sleaze Ball were a raging success, being well attended all night.

Amazingly, 36 people were able to fill in our surveys on the night (albeit a few with some pretty wild extra artwork). These all indicated a high degree of satisfaction with the rooms, with all 36 saying they'd recommend the rooms to their friends. Congratulations to Claude Fabian and Glen Goldsmith, who did most of the organising work for the room, and also to all those who helped on the night.

Production of T-shirts and safe paks for ACON's AWARE Day on 6 November is underway, though as this will now be held indoors, rather than on the street, they probably won't be seen by as many of you as we would have liked. Oh well, they'll still be available for World AIDS Day (now AIDS Awareness Week). PLWHA is currently involved in organising a positive community event or function to be held on World AIDS Day, while the National Association of People With HIV/AIDS (NAPWA) will be launching an updated version of the "Declaration of the Rights of People With HIV/AIDS" on the day.

The nutrition supplement service is soon to be unleashed on an unsuspecting world, thanks to the heroic efforts of volunteer Vaughan Edwards and staff member Claude Fabian. (See page 24).

PLWHA Co-ordinator Annella Wheatley is back from New

Zealand and is working hard on a volunteer plan, an induction kit for committee members and lobbying to get more and better dental services provided for people with HIV and AIDS.

During the past month, PLWHA has sponsored "Portraits of People Living With AIDS" an interactive video by and for positive people, at the Queer Screen Festival and co-sponsored the rally for homosexual anti-vilification legislation on Sunday 10 October.

Meanwhile, I've been involved (amongst other things) in the almost final deliberations of the NSW Health Minister's HIV/AIDS Legal Working Party, whose report recommending a smorgasbord of legal reforms to support effective HIV/AIDS prevention, care and treatment should be out on World AIDS Day (December 1). There'll be more on this then. I've also been making some progress on developing a 'Standard of Care' for HIV and AIDS. Again, there'll be more of that in the next issue. (Yes, I am writing this on a Saturday night very close to the deadline).

Committee members Greg Palmer and Tony Edwards have both resigned this month, leaving two vacancies on the committee. Thanks to both Greg and Tony for their involvement and a warm welcome to any member who may wish to come along and see what's involved.

Also welcome to Graeme Blair, who recently joined the Committee.

And while we're on the subject of committees, the AIDS Council of NSW will be electing a fresh

committee at its annual general meeting some time in November. It would be good to see more openly positive people on the committee of this very important and active community organisation, so if you've the interest and time for a major but rewarding involvement, perhaps you might like to consider nominating. For more details contact ACON on 206 2000. And if you'd prefer a different but equally rewarding commitment, our number is on page 6. We'd love to hear from you.

— Alan Brotherton  
Convenor

## Current Committee

Alan Brotherton, Convenor  
Robert van Maanen, Secretary  
Graeme Gibb, Treasurer  
Graeme Blair, Ross Duffin, Glen Goldsmith, David Martin, Kosta Matsoukas, Warwick Witt.  
There are two vacancies.

## Sleaze thanks

WELL, THAT'S IT FOR SLEAZE FOR another year. Time to mothball the wigs and tidy away the dancing shoes — at least for a few weeks. PLWHA staffed Time Out rooms for positive people and their friends, and these worked very well, with a lot of people coming along and using them.

These rooms could not have happened, or worked so well, without the help, co-operation and hard work of lots of volunteers on the night, as well as before and after the big event. So a big thanks to all involved, on behalf of the PLWHA Committee and all those who used the facilities.

## Thanks to

The people who helped to make it happen:

Alan, Brandon, Christine, David, Geoff, Glen B., Glen G., Graeme B., Graeme C., Graeme G., Jason, Julie, Ken, Kosta, Mark, Paul, Peter, Robert, Suzanne, Vaughan and Wayne. Thanks also to the volunteer whose name I did not write down, oops, sorry!

The organisations:

ACON, BGF and Mardi Gras.

A big thanks to Glen and Jason for the fabulous feast they prepared in the Dome room.

To those of you who took the time to fill in our questionnaire, thank you for the very useful feedback you gave us. The Committee has the tabulated answers and will incorporate as many of your suggestions as possible and practical in planning the Time Out Rooms for Mardi Gras '94.

Thank you also to those who generously offered your time for the night, but did not get to work on the rooms. Please keep in touch and let us know if you are available for the next event we do.

— *Claude Fabian*

People Living With AIDS  
(Vic) and 3CR present

### **Positively Primed**

in commemoration of World  
AIDS Day & AIDS  
Awareness Week

**Positively Primed** is a magazine  
style radio program featuring:

- a look at the NAPWA Declaration of Rights;
- A national round up of events & issues on the day;
- PLWHAs discussing their experiences including the special needs of people from non-English speaking backgrounds.

**Positively Primed** will go to air nationally during AIDS Awareness Week on more than 58 community radio stations. Contact your local station to find out if and when they are broadcasting.

# Talkback



## More acronyms

ACON  
All Concerned Over Neutrophils  
Are Committees Only Nitwits  
Available Cum Over Now  
ACT UP  
Another Crowd to Usurp Politics  
Asinine Cronies Titivating Us  
Poofsters  
AFAO  
All Fatcats Are Ordinary  
AZT  
Absolutely Zany Tablets  
Another Zero tabloid  
CD4 cells  
Continually Dependent Four  
Counting Every Living Likeable  
Souls  
Could Dorothys Four Contem-  
plate Ever Living Longer Singu-  
larly  
HIV  
Homosexuals Invade Viruses  
Humans Into Viruses  
Homosexual Illegal Vilification  
KS  
Keep Sucking  
CSN  
Couldn't Seriously Nurture  
Creative Sinister Neurotics  
ddC  
Double Doses Cripple  
Don't Delay Considerations  
Dorothy's Dynamic Camouflage  
GAY  
Gay and Yuppie  
Great Another Year  
CHATN  
Could Humans Attune To Nice-  
ness  
Can't Help Any Trannies Now  
CMV  
Can't Manipulate Viruses

— *Mark Bagley*

## Open letter

DEAR PREMIER,

Greetings. On behalf of a good many people living with HIV/AIDS, I would like to express (our) gratitude for being fortunate enough to be living in this state of NSW.

This state does a wonderful job in caring for the afflicted, and can be said to have provided a quality of life which I believe to be second to none. You should be proud!

We should give thanks for all the benefits provided by various governmental agencies, viz. ACON and all that they sponsor, the health department and the Housing Department which now generously allows Special Rental Subsidy for private accommodation. Also, there is an excellent Day Centre which provides food, shelter and a lot of other things. All that too, is free of charge for anyone who can be bothered to stir themselves and go there. I could go on . . .

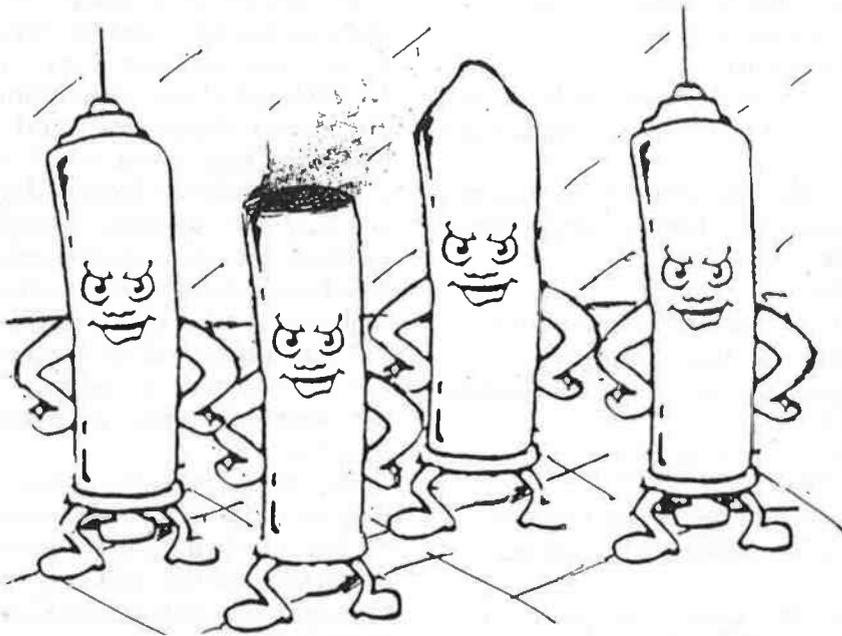
Sure things could be better. But they certainly could be a lot worse. Perhaps we do need to feel safer in the streets, but that will only come through education, not legislation in my opinion.

So before we have our next moan about all the things we have not got, let us pause and reflect upon all that we have in this state, perhaps we might even say: thank you!

*Yours gratefully,  
S.J. Wilms Harvey*

We welcome your letters. Please include your name and ph. no or address and send them to:  
**Talkabout, PO Box 1359  
Darlinghurst, 2010.**

# Positive Users



*After almost two years of trying, a group for HIV positive users finally met for the first time earlier this year. The HAS group (HAS stands for HIV Awareness and Support), with a bit of help from NUAA, has been set up by positive users, for positive users and meets informally once a week.*

*Most of the members are in their early to mid 20s, which they think may be one of the keys to the group's success so far — being in the same age group gives them a lot in common.*

*Jill Sergeant spoke to four members of the group, including the first three members of HAS.*

**Jill:** Could you tell me what you like about HAS?

**Jamie:** It's the only support group that I know of that's in support of HIV+ people with either an IDU history, or who are currently using. The other services that offer support groups are very anti IDU, as we know. The so called stereotype is the middle class gay white male who got it through sex, and they're the only people who really get support and anyone else is out, or not as equal as they are.

The group is open to people with a drug history, because a lot of problems come along with being a drug user and being HIV positive as well — different health issues and definitely a different lifestyle. But no matter what, if you take drugs or not, you're still HIV positive and you should be entitled to emotional and physical support services. Unfortunately that's not the way it is working. Even as a minority, other HIV people are treating other HIV as a minority. I feel the group's of great benefit to people who feel they've been outclassed in their own community, and it's where they can get the support and friends that they need and that they're entitled to.

**You're gay yourself, aren't you?**

**Jamie:** Yeah, and I've had a lot of rejection from all the services in the last couple of years. I don't know why, but I think it's because I'm very open about everything. I've just got nothing to hide.

I was one of the first people to contact Sandra De Marchi at NUAA when the group was advertised. Sandra and John and me spent a couple of months putting together what we thought the group should be about. Luckily we don't have anyone in the group who's against anything that anyone else does. And if there is, they shouldn't be there.

**How do the rest of you feel about HAS?**

**Michelle:** I've only been going to

HAS the last month, since I moved to the area, and it's the only group I've found that I can really fit into, not just as a user, but as a woman. There's no discrimination — there's more acceptance for the person.

**Lloyd:** Not everyone's worried about where their next shot's coming from — people there have a brain and they want to use their brains and they want some of their ideas heard and acted upon. It's actually great seeing things happening.

**Michelle:** The focus isn't on using . . .

**Lloyd:** Nor on your health status. It's what we want to do to make ourselves happy and comfortable, and we're getting around to doing that, and we're running the group the way we want to run it.

**Michelle:** We're all being active in contributing to the group.

**What sort of things does the group do?**

**Michelle:** we have an informal dinner once a week. We don't just sit back and wait for things. I think everyone wants to contribute to the group. That's what makes it so successful.

**Lloyd:** We look after it ourselves, we were big enough to get our own benefit organised, and we're big enough to spend the money the way we want to, which is what we're doing. We organise the dinner, and if we want Pizza Hut we have Pizza Hut, if we want gourmet we'll have gourmet. It's not bikkies and sandwiches because that's what everyone else says we're going to have.

**John:** We talk about things we're going to do, like the Benefit Blast. We have guest speakers come in from the related services, or areas that we feel would be of benefit for the group members. We have an information night occasionally. Also, in the not too distant future we're looking at having a night out somewhere on a weekend.

I think the important thing is, and what's so special to me about

the HAS group, is that it's not a therapy group, it's not a group where people come to have their situation analysed and then be shoved off into some other area like detox or rehab or anything like that. It's a very non-judgemental, non-coercive environment, where people sit around and make informal

**“It's not focussed on HIV status, or whether you're using or not. It's more focussed on acceptance.”**

networks and get phone numbers and all that sort of stuff. It's very social.

We pass on the latest information we can pick up through various information networks from overseas. Recent heroin trials in the UK, of people who were HIV positive showed that people who were on heroin actually lead a more stress free life, it seemed to slow down the virus, which is a very interesting thing. You wouldn't hear that in the newspapers.

We're all in the same peer group more or less, so that really makes life easier. I found years ago when I went to the ACON groups that the men were a lot older than I was and none of them was very open about being IDU, whereas I was, and I just didn't feel part of it. With the HAS group I think the majority of us feel part of it, and I think for most of us it's been a long time coming. There's a real need now to lobby the funding bodies and make it known to them HAS is vital — it fills in the gaps that existed in services for people with HIV.

**Lloyd:** And not everyone's a raging junkie.

**John:** I think that term raging junkie is a common perception in

the community at large, and a group like HAS just shows there are people who get on with their lives, they choose to use the drugs of their choice and that's it. Just as much as someone likes to go down the pub on Friday night and have a beer, it's not that different.

**Michelle:** I think that's the appeal of the HAS group, it's not focussed on HIV status, or whether you're using or not. It's more focussed on acceptance and making the most of the resources we have as a group.

**Michelle,** you and John are a minority in the group aren't you — it's mostly gay men. How do you feel about that?

**Michelle:** It's the only group I can be comfortable with. You don't just sit and discuss what's bringing you down every week or what problems you're having. You just go there, be sociable, talk if you want to talk, don't if you don't want to. That's what I like about it. HAS is the first group I've been able to associate freely with.

**John:** I know initially when the group got off the ground I thought, oh no, here I am again, a minority, but then I saw that we all had the same things in common and sexuality very rarely came up as a big issue, because everyone was out and they were over it and into their sexual life and it wasn't a big problem.

**Any final comments?**

**John:** Since we've moved to a new meeting place in Darlington we're really starting to get our own identity. It's a real safe place for positive users and we want to encourage more pos users to come down, we'd love to see them.

*The HAS Group meets every Wednesday at 7pm at 15 Ice St Darlington. Call Sandra De Marchi on 369 3455. Friends and partners also welcome.*

## Introducing our special quiz:

# How EMPOWERED are YOU?

**1. Your friend is dementing. He's run out of the house naked. You catch up with him at Taylor Square, directing traffic. You get him to come home by:**

- A giving him an ACON cab voucher
- B give him a one way ticket to Taylor Square PRIVATE clinic
- C threaten him that you'll take your clothes off too and make it a duet
- D buy him a police uniform and turn off the traffic lights

**2. You're tied down. An un-sheathed penis comes towards you, its owner growling "Take it like a dog!". You:**

- A bark, and grabbing it like a bone, expertly slip a condom over it with your mouth
- B roll over and play dead
- C tell him to shove it in Pal meaty bites first
- D take it like a dog

**3. Mum and Dad have demanded that you don't talk about Robin's homosexuality at his funeral. At the funeral you:**

- A choose the song 'It's a queer,

queer world after all' to play  
B tell his mother/father it's her/his fault because it's in her/his 'jeans'

C turn up in a gorgeous pink frock Marilyn Monroe look alike, singing Gentlemen Prefer Blonds

D spend the entire time referring to Robin by his girlie name

**4. Muscle Mary, sitting behind you in the seats at the Hordern, casts scathing aspersions about your thin body. You:**

A make a mental note to stock up on Sustagen

B make a mental note to join SMART

C ask him whether you can confirm whether the rumour about steroid use and penis size is true

D turn on your most charming smile and tell him that opposites attract

**5. The media want to do an expose about the fact that you — a person with HIV — live next door to a kindergarten. The '56 Minutes' reporter has just rung and asked you for an interview**



and offered \$5,000. You:

- A blow your 'whistle project' whistle into the phone
- B burst into tears and sob that it was the only kindy that would take your three year old
- C tell him/her its about time you had the chance to tell everyone how hideous it is to have a kindy in the neighbourhood
- D laugh dementedly, and demand a wardrobe fee of at least \$15,000

6. Your dentist has gone mad. He comes towards you with an 'oxygen probe' telling you "oxygen's the cure". You:

- A hold your breath
- B ask him in which end he intends to stick the probe
- C tell him your medical insurance doesn't cover oxygen probes
- D light a match

7. A potential sex partner says to you "You look so well, you can't have AIDS". You:

- A tell him he looks so well, he must have it too!
- B smile sweetly and say "that's the power of positive living"
- C offer to name one of your three remaining T cells after him/her.
- D smile and change the subject to today's weather

8. This person from an organisation called CAT PU tells you, angrily, 'You're not doing enough'. You:

- A invite them to a guilt purge session with Master Lash
- B manically join every AIDS organisation in sight, and start a few new ones
- C book into relaxation classes
- D Go back to reading your *New Idea*

9. You've rung ACON for the 1,001st time and been put on hold, listening to the 'soothing music'. It turns out that everyone you needed to talk to is in meetings. You:

- A dig out your Dick Smith Junior Electronics Kit and rewire the phone lines so they're con-



- ected to an explosive device in the smokers' lounge
- B kidnap the Executive Director and set the ransom at \$1.50
- C try again later
- D take some more valium and go back to bed. (With any luck, you won't wake up)

10. The counter officer at DSS explains to you loudly, in front of 100 people, that you have to have 'category 4 AIDS' to qualify. You:

- A say, that's all right, you're at least category 5 or 6.
- B stammer nervously 'What's AIDS?'
- C tell him that his AIDS are his problem
- D tell him you must have the wrong form

11. You discover Fred Vile (sic) in Bodyline having unsafe sex. You:

- A throw in a used condom
- B put an announcement over the loud speakers to attract many voyeurs

- C take a snapshot
- D join in

12. The new glamorous hot pink *HIV Truth* has arrived. It is 30 pages long. Information overload. You:

- A start your own alternative, called *Sick Perverts Monthly Moan*
- B use it for kitty litter
- C cancel your subscription
- D feel a warm fuzzy glow because it's 'your publication'

13. You want to have a baby. You:

- A abduct your favourite nephew
- B fax Dr Luc Montagnier in Paris for the latest on HIV/sperm separation technology
- C stick pinholes in all your condoms
- D call up that special, understanding, horny friend

14. You suddenly remember you haven't had sex for three months. You:

- A dig around under the bed for the old porn
- B paint the kitchen cupboards
- C begin an immediate course of Ginseng and Essence of Rhinoceros
- D call up that special, understanding, horny friend.

15. Your doctor tells you your treatment options are up—AZT stopped working, you're allergic to ddC, and you can't get it together to take ddI. He says you should be dead in two months. You:

- A book in for an indefinite stay at the Daintree Loft
- B begin an immediate and intensive course of orange juice, bitter melon enemas and angry letter writing.
- C ask your best friend to be your Power of Attorney
- D go shopping

16. Your partner is leaving you—you've become impossible to

live with, s/he says, totally self-ish and obsessed. You:

- A help him/her pack, but insist on keeping the Kylie collection
- B fall to your knees and beg for-giveness etc etc
- C organise a demonstration
- D dump your Ankali

### How to tally your score:

1. (A - 3), (B - 1) (C - 2) (D - 4);
2. (A - 4), (B - 2) (C - 3) (D - 1);
3. (A - 2), (B - 1) (C - 3) (D - 4);
4. (A - 1), (B - 2) (C - 3) (D - 4);
5. (A - 2), (B - 1) (C - 4) (D - 3);
6. (A - 1), (B - 3) (C - 2) (D - 4);
7. (A - 3), (B - 2) (C - 4) (D - 1);
8. (A - 4), (B - 1) (C - 2) (D - 3);
9. (A - 4), (B - 3) (C - 2) (D - 1);
10. (A - 4), (B - 2) (C - 3) (D - 1);
11. (A - 2), (B - 3) (C - 4) (D - 1);
12. (A - 4), (B - 1) (C - 2) (D - 3);
13. (A - 3), (B - 2) (C - 1) (D - 4);
14. (A - 3), (B - 1) (C - 2) (D - 4);
15. (A - 3), (B - 3) (C - 1) (D - 4);
16. (A - 3), (B - 1) (C - 4) (D - 2).



### How you rate on the empowered scale

**16 -29 The WIMP range — We Implore More Power for you OK! Darling, stop apologising! Do you really want to live like you're HIV-negative? You're so timid that you jump at the sight of a mouse, you believe that doctor knows best and that Louise Hay wears nice frocks. Well — get real — mice are friendly, doctors are often wrong and Louise Hay is a frumpy dresser — so there!**

**30-45 You think you're well balanced, don't you? Actually, you're somewhere between NEE and TOTT — and you're proud of that? (NEE — not empowered enough, TOTT — totally over the top). You go to demonstrations, but prefer to watch from a deck chair on the footpath. You're sceptical about doctors sometimes, but still do exactly what they tell you. You think that your local AIDS Council sucks, but you're too polite to say so. You've been sitting on the fence so long that you have a perfect sense of balance.**

**Above 45 You're so empowered that if we don't write nice things here, we're afraid of the consequences. You think anger is good therapy. You notice people rushing out of rooms just before you arrive. You've mastered the art of conversation — you're the only one who speaks — but you still think you're not being listened to — so you say it again and again. You have been to every doctor where you live and have sacked quite a few. But you're also endearing, attractive, contributing, a demo freak and we really do like you, if you could just get the dose right!**

# NATIONAL AIDS BULLETIN

NATIONAL AIDS BULLETIN



getting organised to replace a mainstream gay press ahead of the beginnings of the plane movement national strategy

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Australian Federation of AIDS Organisations Inc.

By subscribing to Australia's leading AIDS specific publication you will be kept up-to-date with the latest news and information on AIDS from Australia and overseas.

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# Home Front



## Support — a team effort

*Home Front is not a new column, but an old one revived. It's a place where you can write about your experiences and decision making about health issues — both your physical and emotional health. If you have something you'd like to share with others about, for example, deciding to stop AZT, the wonders of homeopathy, the benefits of meditation or the support you get from your spiritual beliefs, Home Front is the place to do it. Send in your stories to Talkabout at the address on page 6. Vaughan Edwards kicks off the new series with musings on support.*

I AM A RECENTLY DIAGNOSED HIV+ man and this revelation has had profound effects upon my life. I know that I am not alone in this fact. Nor in many of the other realisations I've experienced.

One of the most important aspects of the so called self confrontation and awareness I've touched, is the idea of support. What is it, do I need it, do I get it, where from and from whom? Is it charity or love? How do I tap into it and how do I bring myself to ask for and accept it when it comes selflessly?

My initial reaction was to rely on the existing friendships I had and then on my family. In both of these cases I am very fortunate in the love and understanding I received. I have looked deeply into

these relationships and have realised it is the common bond of love built up over the years that has created this situation. Yet even with such benefits I've had to struggle with the fact of asking these sources for support. Always having been the one they had turned to, now knowing I either kept all this inside or I shared and asked for help.

In my case I had no fear of rejection from family and close friends and only minimal fear of it in my workplace. So being an openly HIV+ man was not the social burden some experience. However even so, I decided to try and access every one of the support avenues that was/is available.

I decided to do this so that I could release the unnecessary pressure — the overload I was experiencing due to life in general and my recent news. Many questions arose and continue to do so in regards to my personal journey through life. I have had to sit back and sort through and reprioritise my life.

Because of this process I felt that I would be wise to access firstly the medical supports that I would need. I channelled all of my healing processes into the Albion Street Centre, consolidating all information and treatments of an allopathic nature into one team. I've found that the genuine caring relationship we've been able to build has been very beneficial. Trust in allopathic

medicine is something that needed to be built and fostered in me. Not having used it for healing and not having a need for extensive treatments before, I had previously turned to homeo/naturo methods.

I expect honesty from the doctors that treat me and I tell them what I want and feel based on an open sharing of information and feelings. My physical and emotional well being depend on this dual sharing. I see my doctors, counsellors and nursing staff as a team on my side (of this). As well as the allopathy, I have taken to using homeo/naturo healing arts by visits to a homeopath. I have told my doctors this and have asked them to work together with the same free flow of energy and information. I've found that the honesty and openness set up early on has fostered a reciprocal respect by each practitioner, not distrust.

From here came my emotional support base and I started counselling, not that I'm any more or less disturbed by my situation than the rest of you. I felt it a necessity to have a professional to utilise for my mental well being.

When I was first diagnosed everyone said "de-stress" so I've found that having someone to talk to and work things out with has been a good way of doing this. Learning to open up even more to see the alternatives has been a great pressure release. With my counsellor, exploring meditative

techniques and directions as life changes for me is a good thing.

There are many organisations for this type of support, Albion Street centre and ACON being only two. Also I've tuned in to Ankali, an organisation of carers who really do care. initially I had a bit of a hard time dealing with the idea of someone trying to be my friend on the basis that one of us has HIV, but eventually I have gotten over that and have come to realise that is exactly what I need. Someone who will not be bored by me going on and on about myself and how this disease changed and is changing my life. There are times when you just don't feel you can ring your friends and family to dump on again, and this is where the support of my Ankali friend comes in. Also I've seen how my story also enriches the life of my friend and we have gone on to be mutually important to each other.

Apart from the emotional and physical aspects we must as people faced with somewhat uncertain and in some cases shaky futures in the work force, look to the other organisations for support. These organisations are mostly general public bodies such as the DSS. Utilise them! you are a valid member of society, paid your taxes and deserve the support of social services. Pensions, health benefits, travel concessions, housing allowances, carer's benefits, child support and so on are all available to those of us who need or want it. Do not be afraid to access these benefits, it is not charity.

I feel that the one big thing to remember is that a positive HIV status is not an ending to life as we know it, it is a change. Life goes on as we all know and accessing the support networks that are in place alleviates the pressures and complications as they arise. With these challenges lessened, we then have the spare time to offer back to others our own unique type of support.

## OPEN FORUM



# SUPPORT OF POSITIVE YOUTH

20th Nov - Youth Forum

21st Nov - SOPY AGM

If you are young and HIV+  
OR

if you are interested in youth issues  
SOPY

is holding an open forum  
to allow you to voice  
your opinion

Enjoy a free lunch  
and

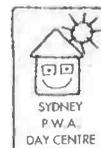
have your say about new services  
being formed

HOPE TO SEE YOU THERE!

For further information, and so we can  
send you some written material via  
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contact Glen or Jason on (02) 318 2023  
donations welcomed and thankfully  
received.

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# Fair Treatment



## Dry mouth

By Peter Foltyn

I AM FREQUENTLY TOLD BY PEOPLE with HIV infection that they suffer from varying degrees of dry mouth, sometimes first thing in the morning only or, for others, right through the day, making chewing and swallowing extremely difficult. The correct term for dry mouth is 'xerostomia', and it has for many years been identified as one of the many oral manifestations of HIV.

Dry mouth may occur for any number of reasons. It may be caused by the action of the virus on salivary glands, which reduces salivary flow, or by any of the many drugs that a person with HIV may be taking.

Saliva is extremely important as it enables you to better swallow food as well as keeping your mouth lubricated and generally feeling good. Without saliva you may get a build up of food debris and other muck around your teeth. This clings to root surfaces and fillings and may eventually lead to very rapid decay and breakdown of teeth.

Every time you eat you produce food acids. With normal salivary flow it takes about two hours for the acid level in your mouth to return to normal. Should you have reduced salivary flow it may take longer after eating for the acid level in your mouth to return to normal; however you may now be due for lunch or an afternoon snack, which will again raise the acid level of your mouth. In fact, for someone with a dry mouth,



three meals a day plus the occasional snack may mean that there is a high level of acid in their mouth through the entire day. This is comparable to what happens to people on methadone maintenance therapy. The methadone that they take is 50% sugar. Very few of these people would return home, brush their teeth and have a good rinse. Most

people on methadone experience significant dental decay similar to what may occur in a dry mouth.

The good news is that you can minimise the harmful effects that a dry mouth may cause by rinsing frequently and using a fluoride toothpaste and either a concentrated fluoride gel or rinse nightly. You can also obtain artificial saliva from the chemist, which you can spray in your mouth to help with swallowing and speaking.

Chewing gum also helps stimulate salivary flow and can be used successfully to quickly return the acid level of your mouth to normal.

It is important that you maintain a healthy and sensible diet and minimise snacking between meals. Try to carry a toothbrush with you at all times and if possible sneak away for a quick brush after eating. If this is not possible, have a good swish and swallow, forcing whatever you are drinking between your teeth to try and get rid of any accumulated debris.



### POSITIONS VACANT VOLUNTEER

Sydney PWA Day Centre is looking for adventurous, outgoing & talented people to help in the development of activities in the Centre.

If you have a couple of hours free to offer to the community every so often we would be delighted to hear from you.

Please call Damien at the Day Centre on 357 3011 during business hours.

# Smoking: what you don't want to know

By Lyle Chan

JUST WHEN YOU THOUGHT YOU'D heard all the dirt from Berlin ... Papers on tobacco smoking presented at this last International AIDS Conference prompted me to do a review of the literature. So far, grim data point to quitting as soon as you can.

## Effect on CD4 cells and CD4 count

- *A smoker's CD4 count during early stage disease tends to be higher than that of a nonsmoker.*

This conclusion is valid for both HIV positive and HIV negative people.

The San Francisco Men's Health Study showed that both HIV positive and HIV negative smokers had higher CD4 counts compared to nonsmokers. This difference was more pronounced in HIV negative people. In their subset of 586 HIV positive men, analysis showed that even though smokers had a higher *initial* CD4 count, the *rate of decline* of the CD4 count was faster. This means that smokers ended up with a lower CD4 count quicker than nonsmokers.

A study of HIV negative women and heterosexual men performed by Middlesex Hospital (London, UK) also found that smokers had a "significantly higher" CD4 count.

On the surface, a higher CD4 count caused by smoking tobacco may seem to be a good thing. A closer look, however, reveals differently: the higher CD4 count simply reflects an increase in the number of cells infected by HIV.



These additional CD4 cells are dysfunctional or less functional. The reasons for this are quite complicated, as demonstrated by test-tube studies conducted by the US Food and Drug Administration (FDA). NNK (a derivative of nicotine) and BP (another component of cigarette smoke) can cause factors naturally present in human cells (such as NF-KB, PK-C and TNF) to do two things: dramatically increase the amount of HIV manufactured by infected CD4 cells, and cause more CD4 cells to be made. The new HIV particles infect the newly-produced CD4 cells, hence the increased number of dysfunctional cells.

## Effect on disease progression

- *Smokers progress faster to PCP, cryptococcal meningitis, oral thrush, cervical cancer and perhaps anal cancer.*

### Pneumocystis carinii pneumonia

St. Mary's Hospital's examination of 84 people (London, UK) found that HIV positive people who smoke progress to AIDS more rapidly and have a higher incidence of PCP. However, when PCP was factored out, there was no difference in the two groups for progression to AIDS. This means that the faster disease progression in this study could be attributed entirely to PCP, which, not surprisingly, is a disease that affects the lungs.

A separate study performed by the Centers for Disease Control (Atlanta, USA) showed that heavy smokers developed PCP three times as quickly as light smokers. In contrast, however, two earlier studies had not shown an association between smoking and PCP. A retrospective study of 202 gay men showed that while smoking led to elevated CD4 counts and Beta-2 microglobulin, this did not translate into faster progression to AIDS generally or PCP particularly. Another study of 249 men also failed to show that smoking could quicken progression to AIDS (PCP was not analysed separately). These earlier studies have been criticised for not taking into account various levels of smoking, and hence not been able to differentiate between the associations of heavy smoking

and light smoking with PCP.

Based on the above information, when considering PCP prophylaxis I would take into account the fact that your lungs aren't functioning their best due to tobacco use. While this does not mean starting prophylaxis at a higher CD4 count (because there is no evidence that PCP strikes smokers with CD4 count greater than, say 250, more frequently than nonsmokers), it does mean that when a smoker's CD4 count drops to 250, it's vital that you start prophylaxis; for non-smokers prophylaxis is a very good idea, but if you really wanted to you could wait till your CD4 count is 200 without an appreciably increased risk.

#### Other illnesses

A retrospective study of people with AIDS showed that cryptococcal meningitis was four times more likely in those who had smoked within the last 30 days. (A hypothesis says that damaged lungs may allow entry of the infecting organism.) There is also evidence that smokers have increased incidence of oral thrush, but decreased incidence of oral ulcers and possibly oral Kaposi's Sarcoma.

Cancer studies in HIV negative people have shown that smoking can lead to cervical cancer in women with initially benign cervical lesions. The cancer is suspected to be caused by Human Papilloma Virus (HPV), whose effects are aggravated by tobacco.

If this is true, then it may yet be proved that smoking increases incidence of anal cancer, which is also linked to HPV.

So far, I have come across no information on smoking and tuberculosis.

#### Quitting

The Berlin conference was extremely uncomfortable for me: as a nonsmoker, I could not tolerate the European indifference to the hazards of smoking, which translated into there being no designated non-smoking areas at the conference site.

In fact, the two most heavily tobacco-polluted rooms were the PWA lounge and the journalists' workroom—which probably says a lot about who were the most stressed people at the conference. In fact, thirty percent of the general population smoke, but a higher percentage of people with HIV, perhaps around fifty percent, smoke.

If smoking is a way of dealing with psychological stress, then a blanket recommendation to quit is insensitive and unhelpful. Maybe quitting is not unequivocally beneficial. I'll be crude: if you feel your life expectancy is a matter of months, why bother quitting when it gives you so much pleasure? But if your life expectancy is a matter of years, it's probably worth forsaking the pleasure for some better health and longer life.

### Facts about tobacco

- Tobacco smoke contains 43 different cancer-causing chemicals
- Swallowing three drops of pure nicotine is fatal
- 18,500 people in Australia die from smoking-related causes annually
- Smoking can cause hardening of blood vessels, heart attacks, chronic lung disease, cancers of the lungs, mouth, larynx, oesophagus, bladder, pancreas, kidney, and cervix.
- Passive smoking causes cancer in nonsmokers
- At the rate of one pack a day, a smoker spends \$1,300 annually on cigarettes.

(from Tobacco, published by NSW Centre for Education and Information on Drugs and Alcohol)

Research references are available for this article. Contact Lyle on 206 2015.

You read *Talkabout*  
How about writing for *Talkabout*?  
*Talkabout* needs more writers.  
If you'd like to write, call Jill on 361 6750

# On Trial

## **Name of therapy: Havrix (Hepatitis A vaccine)**

*Condition being treated:  
Prevention of Hepatitis A in HIV positive men*

**Type of trial:** Phase III efficacy study

### **Trial description**

*HIV negative men*  
all receive vaccine at day one and one month

### *HIV positive men*

arm 1: receive vaccine at day one and one month later  
arm 2: receive vaccine at day one and six months later

**Duration:** 6 months

**Major inclusion criteria:** male

**Major exclusion criteria:** chronic liver disease, hepatitis A antigen positive

**Sites:** Sydney Sexual Health Clinic and Taylor Square Clinic: Drs. Neil Bodsworth, Graham Neilsen 223 1771/331 6057.

## **Famciclovir (BRL 42810)**

*Treatment of recurrent herpes simplex in HIV positive people*

Protocol 083  
Safety and efficacy trial

arm 1: Famciclovir 500mg twice daily  
arm 2: Famciclovir 1000mg twice daily  
arm 3: Acyclovir 400mg five times daily

**Duration:** 7 days

**Inclusion:** recurrent herpes sore for less than 48 hours

**Exclusion:** had herpes within last 2 weeks, taken Acyclovir within last 2 weeks

Sydney Sexual Health Clinic and Taylor Square Clinic: Clare Delaney, Vickie Night, Neil Bodsworth 223 1771/331 6057 or page on 228 2111.

## **882C87**

*Treatment of shingles in immunocompromised people*

Safety and efficacy trial  
arm 1: 882C87 200mg twice daily  
arm 2: Acyclovir 800mg five times daily

**Duration:** six and a half months

**Inclusion:** having an episode of shingles  
**Exclusion:** non specified

Taylor Square Clinic: Neil Bodsworth 331 6057.

## **Ateviridine**

*AIDS Dementia Complex (early stage)*

Safety and efficacy trial

All will receive Ateviridine 600mg three times daily

**Duration:** 12 weeks

**Inclusion:** early stage dementia, CD4 > 500, male

**Exclusion:** taking chemotherapy for cancer, have serious peripheral neuropathy

**Other:** lumbar puncture done every four weeks

St Vincent's Hospital: Dr Bruce Brew 332 4648.

## **U90152S**

*HIV infection*

Pilot safety/efficacy study

arm 1: U90152S 200mg three times daily and AZT (with or without ddC)

arm 2: U90152S 400mg three times daily and AZT (with or without ddC)

arm 3: placebo and AZT (with or without ddC)

**Duration:** 12 weeks

**Inclusion:** 50 < CD4 < 350, tolerating AZT or AZT and ddC

**Exclusion:** previously used ddl

St Vincent's Hospital: Michael Rawlinson 332 4648

*On Trial will be a regular feature from now on. It will list currently recruiting trials for treatments. A useful booklet for anyone thinking about joining a trial is "A Guide to Participating in Clinical trials", by Ian McKnight, published by the AFAO National Treatments Project and available from ACON or PLWHA. If you are trialling a complementary or alternative therapy and would like to advertise it here, call Jill on 361 6750.*

# Gloria's Food



## Clarity among confusion: More on vitamins and minerals

Marijka Batterham\*

ARE YOU CONFUSED ABOUT VITAMINS and minerals? Well you're not alone! Researchers are still hotly debating the role of vitamins and mineral supplements for people with HIV/AIDS. No one really knows if taking large amounts of any or all of the vitamins and minerals will affect the progression of HIV. What we do know is that many of these vitamins and minerals can be harmful in excess.

Most studies on the effects of vitamins and minerals have been done on animals or people with other diseases (eg. cancer).

These results have then been applied to HIV. The research is continuing and at present this is what the researchers are saying:

### Vitamin A

Vitamin A is the name given to both retinol (from animals) and B-carotene (from plants). Vitamin A is important for growth, proper functioning of the retina in the eye, and epithelial tissue (eg. skin) development. Studies investigating if vitamin A has anti-cancer properties have so far been inconclusive.

Researchers have found low vitamin A levels in some people

\* *Marijka is a final year dietetics student who did her masters project at the Albion Street Centre.*

with HIV, particularly people with ARC and AIDS. It has been suggested that when people are sick or fighting off infections the body may use more vitamin A. For this reason an intake of vitamin A above the Recommended Daily Intake (RDI) may be necessary.

Retinol is toxic in excess amounts. It can cause nausea, vomiting, peeling of the skin, headaches, and enlargement of the liver. Some studies have found amounts as low as 14000 ug/day for long periods of time can have toxic effects. Excess B-carotene is not considered to be toxic. The excess amounts are not converted to retinol. Instead it is stored in the fat under the skin. If you take too much B-carotene you simply turn orange!

The results of one study on people with HIV/AIDS have been promising. B-carotene supplementation was shown to increase white blood cell count, CD4 count, and CD4/CD8 ratio. It is difficult to determine if the effects of B-carotene on the immune system are because it is converted to vitamin A or if it has some separate action, possibly as an antioxidant. More research on the effects of B-carotene is needed.

A group of researchers in the USA headed by Dr Richard Beach produced recommendations for several of the vitamins for people with HIV/AIDS last year. For

vitamin A the intake they recommend is 33,000IU/day, this is equivalent to 9,900ug (9.9mg) of retinol or retinol equivalent per day. If substituting B-carotene, 1ug of retinol is equal to 6ug of B-carotene, therefore the amount required must be multiplied by six. B-carotene is converted more slowly and less efficiently to vitamin A and therefore larger amounts are required.

Recently another US researcher, Dr Neil Graham, spoke in Sydney about a study his group had done on the effects of vitamin A and zinc supplements in a large group of HIV positive subjects. The results of his study suggest that taking vitamin A in excess of 20,000IU (6,000ug) a day may actually speed up the progression of the disease. This group recommended a more conservative dose between 9,000 (2,700ug) and 20,000IU per day.

### Vitamin E

Vitamin E (a-Tocopherol) is important for its antioxidant function. Antioxidants help protect cells from damage by mopping up substances that may do harm to body tissues. Vitamin E may have a role in preventing or slowing cancer through this effect.

Vitamin E deficiency is thought to lower resistance to infection. Studies in elderly people suggest that vitamin E supplementation



may improve the immune response. Studies on people with HIV/AIDS have found a number of people with low vitamin E levels. As with vitamin A this is more evident in those with ARC and AIDS than those who are asymptomatic.

The Beach group recommend a daily intake of 60mg. Vitamin E is also toxic in large doses, however toxic effects are not common.

#### **Pyridoxine (vitamin B6)**

Pyridoxine is important for protein metabolism. A deficiency of pyridoxine may affect neurological function. Research on people with HIV/AIDS has shown that those with low levels of vitamin B6 had slower reaction times and poorer performance in short term memory tests. They also found people with low levels of B6 were more tense, anxious, and depressed. The recommended intake of vitamin B6 is 20mg/day (Beach group).

#### **Riboflavin (vitamin B2)**

This vitamin is important for chemical reactions in cells. Deficiency may result in skin damage, hair loss, conjunctivitis, the appearance of capillaries in the cornea of the eye, and possibly may affect reproductive ability.

One group of researchers found a small percentage of HIV positive

people were deficient in riboflavin (ironically they found a larger percentage of their control group to be deficient in riboflavin!). Another researcher found that while none of their subjects had low riboflavin levels some had high riboflavin levels.

The recommendation for riboflavin is 9.6mg/day (Beach group) or 6.4mg/day (Graham).

#### **Thiamin (vitamin B1)**

Thiamin is important for carbohydrate metabolism and many other reactions in the body. Deficiency of this vitamin is common in alcoholics and in countries where white rice is the staple food. Deficiency causes changes in the brain and in nerves.

The two studies on thiamin levels in people with HIV/AIDS found no deficiency or only a small percentage of deficiency. The Beach group have given no recommendation for thiamin above the US Recommended Daily Intake of 1.5mg/day. Dr Graham has recommended an intake four times this amount (6mg/day)

#### **Niacin (vitamin B3)**

Niacin is important for respiratory reactions. Deficiency results in a disease called Pellagra.

There has been very little research on niacin levels in HIV/AIDS. One group did find that a

small percentage of people with HIV/AIDS had a level below the normal range, and a percentage were above the normal range.

Graham found niacin to be significantly related to a decreased progression rate to AIDS. He recommends an intake four times the RDI of 15-20mg/day (that is 60-80mg/day).

#### **Folate**

This vitamin is important for DNA synthesis. Studies on this vitamin in people with HIV/AIDS have had very different results. These range from one quarter being deficient, through to normal and even elevated levels of folate. This variety of results has meant there is no recommendation above the RDI of 200ug/day for this vitamin. Also, folate supplementation can mask a deficiency of vitamin B12.

#### **Cyanocobalamin (vitamin B12)**

This vitamin is required by cells in the body which divide rapidly, in particular red blood cells. Deficiency results in a type of anaemia.

Studies on people with HIV/AIDS have suggested that deficiency of vitamin B12 may result in psychological changes (eg. mood changes, forgetfulness, irritability, paranoia). These changes are corrected by B12

therapy. Research on this vitamin has focussed a great deal on how to measure the level of this vitamin in the body, as different methods of measurement give very different results.

Most studies on people with HIV/AIDS have found a percentage of them to be deficient in vitamin B12. Deficiency rarely exists in control groups as stores of this vitamin in the body can last for years. It would appear that people with HIV/AIDS either absorb less and/or use more of this vitamin.

The recommendation for vitamin B12 is 50ug/day (by the Beach group), although another group suggest all AIDS patients may need B12 injected in order to bypass the oral route, especially if they have HIV enteropathy.

### Zinc

Zinc is an essential part of many enzymes (proteins which speed up chemical reactions). Zinc deficiency is associated with increased risk of infection, and impairment of cell-mediated immunity.

Zinc, in blood, is found mostly attached to albumin. The problem with studying deficiencies of zinc in HIV/AIDS is that the albumin levels are often low because of infections, illness, and poor diet. Therefore, apparently low levels of zinc may be due to low albumin levels while the actual amount of zinc in the body tissues is normal. Many studies do not account for this. Studies have found that some people with HIV/AIDS have levels below, and others above, the normal range.

The recommendation for zinc is 75mg/day (Beach group). Dr Graham found that increasing supplementation of zinc was directly related to increased progression rate of AIDS. He was very hesitant in recommending supplementation above the RDI of 15mg/day. He did suggest a multivitamin at two to three times the RDI would be acceptable.

Vitamin/mineral	RDI	Graham	Beach
vit A (Retinol)	3,300IU 990ug	9,000- 20,000IU	33,000IU
(B-carotene)	5,940ug	2,700- 6,000ug 16,200- 36,000ug	9,900ug 59,400ug
vit E α-Tocopherol	10mg		60mg
vit B6 Pyridoxine	2.2mg		20mg
vit B2 Riboflavin	1.6mg	6.4mg	9.6mg
vit B3 Niacin	15 - 20mg	60 - 80mg	
Folate	200ug		200ug
vit B12 Cyanocobalamin	2.0ug		50ug
Zinc	15mg	30 - 45mg	75mg
Iron	10mg		
Selenium	40 - 70ug		
vit C Ascorbic acid	50 - 60mg	600	360

### Iron

Iron deficiency results in anaemia. Iron therapy has been shown in people with HIV/AIDS to improve oral candida infection and Herpes Simplex.

If a person is in a malnourished state then the benefits of iron therapy are questionable. This is because the body will have less proteins available for the iron to bind to: the iron will then be free for bacteria to use. It would be better in these circumstances to improve the overall nutrition of the person rather than to give them iron therapy.

The RDI for iron is 10mg, there is no additional recommendation for people with HIV/AIDS.

### Selenium

Selenium is part of an enzyme known as glutathione peroxidase. It is thought this enzyme is an antioxidant particularly for hydrogen peroxide. Selenium appears to work best in conjunction with vitamin E. It is possible low levels of selenium are responsible for anaemia, heart problems, muscle problems, and an increased risk of cancer.

Studies investigating the level of selenium in people with HIV/AIDS suggest that the levels are low. This may be associated with low total lymphocyte count. The selenium level seems to decrease as HIV disease progresses.

Currently there are no recommendations about selenium intake for people with HIV/AIDS

above the RDI of 70ug/day. The amount of selenium available from food depends on the amount in the soil in the area. Australian soil is generally adequate in selenium for the average population.

### Ascorbic acid (vitamin C)

Vitamin C is crucial for proper formation and functioning of collagen. Vitamin C may also be important in reducing the symptoms of the common cold. There is a suggestion that vitamin C may improve survival in cancer patients, however, these results are controversial.

Deficiency results in scurvy. Megadoses may cause a reduced ability to resist bacterial infection, gastrointestinal disturbances, increased cholesterol levels, and may destroy vitamin B12.

Research on people with HIV/AIDS has found that up to a quarter of subjects were below the normal range and approximately a fifth were above the normal range.

The recommendation for vitamin C is 360mg/day (Beach group). Dr Graham's group recommends 600mg/day.

### Other vitamins and minerals

It has also been suggested that copper, magnesium and calcium levels may be altered in HIV/AIDS although the mechanisms and recommendations have not been explored.

### Who's right?

At present no one is really sure what effects these vitamins and minerals have on HIV/AIDS. Most people agree that megadosing is potentially harmful and that some supplementation is potentially beneficial. Most researchers do agree that taking a general multivitamin supplement should do no harm and may be of benefit. For the moment this is the best advice we have.

*Next month Gloria will tell you the best food sources of vitamins & minerals.*

# The Supplement Centre

HELLO FRIENDS,

I am taking this opportunity to let you all know that the PLWHA Nutritional Supplement Centre will be opening its doors for business on November 18.

The Centre is being set up with the support of Hilda High a nutritionist at the Albion Street Centre. We will be supplying you with the recommended nutritional products at a more affordable price and with greater choice than is currently offered.

The centre will stock nutritional supplements only; for your vitamins you can continue to use the ACON vitamin club. (See *Talkabout* August issue for an article on the kinds of supplements you might need to take). See below for a list of products we will be stocking. As new products and flavours become available, we will have tastings of them at the centre.

The Centre is to be a dispensary only, functioning in a similar way to the ACON vitamin service, ie., you get a script from your medical practitioner or dietitian, and bring it along. Script forms are available from hospitals, clinics, dietitians or nutritionists at all major treatment centres.

The Centre will be open from 11.00am to 3.00pm daily and will

be staffed by volunteers.

This brings up another point — if you would like to do some volunteer work with us on this project, (or anything else at PLWHA) please contact either Claude or myself on 361 6023 during office hours.

Don't forget that TOPLOKs are still available for \$30 from the PLWHA office — \$10 from each sale goes towards financing the Supplement Centre

Looking forward to working together in making this a success,

yours,  
Vaughan Edwards,  
Supplement Centre Co-ordinator

## Supplements available:

Maxijul, Endura Opti, Promod, Ensure powder and Ensure Plus, Sustacal puddings in vanilla, chocolate and butterscotch, Fortisip in banana, strawberry and vanilla, Nutrical, Lipisorb, Criticare, Digestelact and MCT Elemental Feed 028 Extra.

## St Vincent's Hospital Pharmacy

will be closed on the following days and as a result outpatient prescriptions cannot be dispensed on these days.

### 1993

Friday November 5  
Friday November 10  
Monday December 27  
Tuesday December 28  
Friday December 31

### 1994

Monday January 3  
Friday January 7  
Tuesday January 25  
Wednesday January 26  
Friday February 11

The pharmacy is also closed on Saturdays and Sundays

# SERVICE UPDATE

## NSW Treatments Project

A COUPLE OF YEARS AGO, LYLE Chan was engaged in smuggling contraband. Well, not quite. Before ddC was approved for use in Australia last year, Lyle was managing the ACON Buyer's Club, which was set up mainly so that people who wanted to could have access to ddC without having to import it by themselves. And the US suppliers were, shall we say, not entirely above board.

These days, Lyle is quite respectable — he's the NSW Treatments Project officer at ACON where he dispenses treatments information and advice with an even hand. (Don't confuse this project with the National Treatments Project, which is funded by AFAO and publishes the *HIV Herald*).

Essentially, Lyle is an information officer. His main role is to provide treatments information to HIV positive people, so that you can make your own decisions about your treatments. GPs often don't have time to sit and talk over the pros and cons of a particular pill, but Lyle is available to do exactly that, either over the phone or face to face.

Lyle also occasionally lectures at ACON HIV Information Nights, or to seminars for service providers such as CEIDA or the Prison AIDS Project. He provides ongoing treatments information to ACON workers and volunteers with projects that provide a service to clients, such as the Rural project, Fun and Esteem and HIV Support.

Lyle also writes of course, as regular readers of *Talkabout* will have noticed, not only for this publication but also for the *HIV Herald*, ACON Project news-

letters and the gay press. In fact he's been a great adviser to me, on what should go in *Talkabout*, or how we should approach certain treatment issues.

The latest thing we've cooked up between us is the easy guide to clinical trials, which starts this month on page 20.

Another aspect of Lyle's job is to provide policy advice on treatments to the Executive Director of ACON — for example, he's researching information on TB so that ACON can develop a response.

And after all that, he still has time to chat to drug company reps and do a bit of lobbying on behalf of people with HIV/AIDS. At the moment he's working with a company on getting a marijuana based drug, used as an appetite stimulant for PLWHAs, into the country. (What was that I said about he *used* to be a contraband

smuggler?)

There is a chink in the apparently faultless armour of this treatments crusader — he can't give much advice on alternative therapies. This, Lyle acknowledges, is because he doesn't have the background, his area of expertise is laboratory research. However, he does have a list of alternative therapists he can refer you to, and Alan Strum, currently working with the National Treatments Project, has more knowledge in this area. You can also contact the Complementary Therapies Collective, who publish *With Complements* and act as a clearing house for information on complementary and alternative therapies (call David on 358 1318).

If you have any questions about treatments, Lyle can be contacted on 206 2015.

— Jill Sergeant

HIV/AIDS  
SERVICES  
IN  
ST. GEORGE ??

In-patient,  
out-patient,  
Day-only  
treatment  
and counselling  
phone 3502955  
HIV/STD screening  
and treatment,  
counselling, information  
and referral: phone 350 2742  
Hospice/respite care phone 587 8333

Clean fits,  
condoms, lube,  
information  
and referral:  
phone 018 479 201  
Home Nursing,  
clean linen,  
equipment loan:  
phone 350 2955  
Drug and alcohol  
counselling: phone 350 2944

You don't have to travel to the city for HIV/AIDS care. Call us.

# What's Goin' On



## Heterosexual and HIV? **CLASH**

We are a confidential group of HIV+ heterosexuals who support each other by taking away some of the hardship of being alone

Drop into a good thing  
phone the CLASH support line (free call)

**1 800 812 404**

ACON's HIV Support project  
presents another

### **ANTIBODY PARTY**

this will be a positive space party for  
positive people and their friends

Sunday, December 5

Venue to be announced

Watch the gay press or give us a call on  
206 2000 for details

**See you there**

## **Women living with HIV/ AIDS**

### **HAVE YOUR SAY**

Are you concerned about: • health • welfare  
• housing • discrimination • information • children  
• anything else?

The National Centre for HIV Social Research has initiated a research project to document the experiences of women living with HIV/AIDS. This project will hopefully influence policy decisions and service provision. We wish to contact as many women as possible. All contact is confidential.

If you are interested call Sonia on 319 7515. If the answering machine is on please leave a message.

## **Carer's group**

For parents, partners, friends and relatives of PLWHAs who live in the area covered by Royal Prince Alfred Hospital.

19 Audley St. Petersham (just near Eversleigh Hospital)  
every second Tuesday 2.00 - 3.30pm.

(Catch 428 Bus)

Call Stuart Pullen on 516 6111 page 6599 or Danielle Chedel on 560 3866.

## **Drop in support group**

For PLWHAs who would like to meet others in the same situation and gain support.

First and third Tuesday of each month,  
3.00 - 4.30pm at Glebe Town Hall.

Entry through the back door in Mt Vernon St, Glebe  
(Catch 470 Bus).

Call Claire on 516 6111 page 6437,  
or Pedro on 660 5455.

## **Benji's Dog Grooming**

in your home, at a reduced rate for PWAs.

\$5 for small dogs

\$10 for large dogs

Call Ben on 550 6553 (w)

or 319 1829 (h)

## **HIV Community Strategy Working Group**

A working group of  
the ACON Committee  
of Council

Meets second Tuesday of the month,  
6.30pm

ACON Oxford Street

Inquiries: Call Gerald Lawrence 331 6360

## **INVITATION FREE LUNCH**

(for people living with and  
affected by HIV/AIDS)  
Starting Monday November 8th  
and every Monday thereafter

### **THE LIZARD LOUNGE EXCHANGE HOTEL**

Doors open at noon  
Lunch served at 12.30  
Bar service at reasonable prices

## **Daintree Loft**

### **Cow Bay, Queensland**

A retreat for the AIDS Network ...  
Dedicated to cure AIDS.

Sponsored by  
the AIDS Network Relief Foundation  
Sydney: (02) 360 5913,  
Cairns: (070) 98 9104

### **HUNTER AREA**

#### **HIV Support/Action group**

6.30pm on the 4th Wednesday  
of every month at:

**ACON, Level One, 6 Bolton St, Newcastle**  
For more information call ACON on (049)29 3464

### **Western Sydney AIDS Prevention & Outreach Service**

- Open 7 days. Free & confidential
- Needle exchange • Condom
  - HIV & Hep B testing • Education
  - Counselling • Outreach
  - Support services

**Parramatta:** 26 Kendall St, Harris Park 2150  
Tel. 893 9522 Mobile 018 25 1888 Fax. 891 2087  
**Blacktown:** Unit 7, Marcel Cr. Blacktown 2148  
Tel:831 4037 Mobile: 018 25 6034

## **ACON MEDITATION GROUP**

*Instead of meeting on a regular basis each week, we will be holding special instruction sessions of about one to two hours either in the evening or on the weekend.*

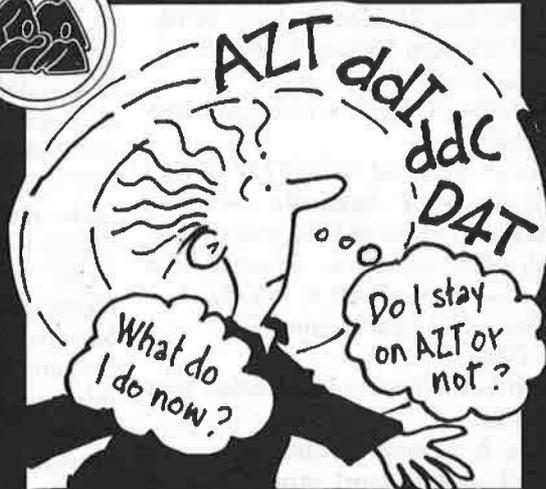
*The meetings take place whenever there are enough people to warrant it.*

**IF YOU OR YOUR FRIENDS ARE INTERESTED,  
PLEASE CALL DAVID ON (02) 358 1318 TO  
REGISTER, AND INDICATE A SUITABLE TIME.  
(MESSAGES CAN BE LEFT ON THE MACHINE).**

### **Western AIDS**

#### **Fundraiser dance**

First Saturday every month at  
Golfview Hotel,  
Rawson Road, Guildford



**For clear, up-to-date  
HIV treatment  
information contact:  
The South Western  
Sydney HIV  
Outpatients Clinic on  
02 600 3584**

# Contact List



## GENERAL

**AIDS Coalition to Unleash Power (ACT UP)** A diverse, non-partisan group united in anger and committed to direct action to end the AIDS crisis.

Phone the Info Line 281 0362. PO Box A1242, Sydney South 2000.

**AIDS Council of NSW (ACON)** Services in education, welfare, support and advocacy in relation to HIV/AIDS to the gay and general community. AIDS Resource Centre, 188 Goulburn St, Darlinghurst.

206 2000, fax: 206 2069.

(For Branches, see **Outside Sydney**).

**ACON's Rural Project** Provides info on HIV health services, gay networks/advocacy and encourages the adoption & maintenance of safe sex practices in the country.

Call Nik or Nigel 008 80 2612 (free call). PO Box 350 Darlinghurst 2010.

**ACON Western Sydney** 21 Kildor Rd. Blacktown. 831 1899.

**ACT PLWHA** GPO Box 229, Canberra ACT 2601.

Call Phil or David on (06)257 4985.

**AIDS Trust of Australia** A non-government national fundraising body which raises money for research, care and education related to HIV/AIDS.

PO Box 1272, Darlinghurst 2010.

211 2044.

**Albion Street Centre Information Line** 332 4000.

**Asians & Friends Sydney** A social, cultural and support group for gay Asians and their friends, meets every Friday from 7.30pm to 10pm. Call Gus or Jim (02) 558 0061 a/h or write to PO Box 238, Darlinghurst, NSW, 2010.

**Australian Federation of AIDS Organisations (AFAO)** Umbrella organisation for Australian state and territory AIDS Councils. (06) 285 4464.

**Civil Rehabilitation Committee** Family Support Centre. HIV education and support to families of ex-prisoners and ex-offenders.

Call Pam Simpson 289 2670..

**Fun and Esteem Workshops and**

drop-in groups for gay or bisexual men under the age of 26. Meets in Darlinghurst and Parramatta. The groups are a chance to talk about everything from safe sex to coming out. Social and fun. For more information call Aldo or Brent 206 2077.

**Kids With AIDS (KWAIDS)** and Parents of KWAIDS. Inquiries c/- Paediatric AIDS Unit, 39 2772. Donations c/- AIDS Trust, 211 2044.

**Hands On Project** Community based HIV/AIDS training program for youth workers. Call 267 6387.

**Innerskill** Needle & syringe exchange, information & referral, also a range of free services for unemployed people. 754 Darling St Rozelle. Call 810 1122.

**Latin AIDS Project** Support, counselling and information for the Spanish speaking community. PO Box 120, Kings Cross, 2010. 315 7589.

**Mark Fitzpatrick Trust** Financial assistance for people with medically acquired HIV. Also administers the NSW Medically Acquired HIV Trust. PO Box 3299 Weston ACT 2611.

(06) 287 1215 or (008) 802 511.

**Metropolitan Community Church (MCC)** International gay church. 638 3298.

**Multicultural HIV/AIDS Education and Support Project** Workers in 15 languages who provide HIV/AIDS information and pre & post test counselling and emotional support. Also provides cultural information, training & consultancy.

Call Peter Todaro 516 6395

**National AIDS/HIV Counsellors Association** Support and Communication for HIV/AIDS counsellors. NSW contact Keith Marshall 206 2000.

**National Audio Visual Archive of PLWA** NAVA (PLWA). People telling their stories on video. Call Royce 319 1887 (after 1pm)

**National Centre in HIV Epidemiology & Clinical Research** Federal research centre conducting trials for AIDS treatments and other AIDS related research. 332 4648.

**National Centre for HIV Social Research** (Macquarie Unit). 805 8046.

**National Association of People Living With AIDS (NAPWA)** GPO Box 8440, Perth, 6849.

Call Mark Boyd on (09) 444 1357.

**NSW Anti-Discrimination Board** Takes complaints of AIDS related discrimination. Sydney 318 5400. Newcastle (049) 26 4300. Wollongong (042) 26 8190.

**NSW Users and AIDS Association (NUAA)** Community/peer based organisation providing advocacy, support and referral for injecting drug users and their friends. Needle exchange services. Information nights 3rd Monday each month at 6pm. 369 3455.

**Positive Asian Mens Project** at ACON. Looks at the needs of all HIV positive Asian men and those who care for them. Call Michael Camit 206 2036 or 206 2090.

**Positive Users** HIV Awareness and Support is a group for HIV + users, their friends, partners etc. Meets every Wednesday 7pm at 15 Ice St, East Sydney. Call Sandra or John, 369 3455.

**Quilt Project** Memorial project for those who have died of AIDS, consisting of fabric panels completed by friends, lovers & family of those to be remembered. 360 9422.

**Sex Workers' Outreach Project (SWOP)** 391 Riley St, Surry Hills. 212 2600.

**Silk Road** Social and support group for Asian gay and bisexual men. Meets every Friday. Workshops, discussions, social activities.

Call Arnel on 206 2000

**Social Workers in AIDS (SWAIDS)** A special interest group for social workers working with people with HIV/AIDS. Also acts as a lobby group for people affected by HIV/AIDS. Contact the secretary, Stuart Pullen, C/- Royal Prince Alfred Hospital, 516 6111 or the chairperson, Stewart Clarke, C/- the Ankali Project, 332 1090.

**Sydney PWA Day Centre** Daytime recreation/relaxation centre for people with AIDS. Lunches on some days. (free or donation). Massage also available. Some group meetings. 20 William Lane Woolloomooloo. Inquiries 357 3011.  
**Sydney South West Needle Exchange** For access and locations call 601 2333 or Mobile 018 25 1920.  
**Voluntary Euthanasia Society of NSW Inc.** PO Box 25 Broadway, 2007. Call 212 4782.

## CLINICS & HOSPITALS

**Albion Street AIDS Centre** (Prince of Wales Hospital AIDS Centre). Main Sydney clinic providing ambulatory care, HIV testing and counselling. Also conducts experimental AIDS treatment trials. No medicare card required. 332 1090.

**Brighton Street Clinic** Western Suburbs Sexual Health Clinic. Open Monday, Wednesday, Thursday. For appointment call 744 7043. 8 Brighton St Croydon No medicare card is required

**Eversleigh Hospital** A palliative care inpatient facility and community service. 180 -272 Addison Rd, Petersham. 560 3866.

**Greenwich Hospital** Palliative care inpatient unit, day hospital and community outreach. 97 - 115 River Rd, Greenwich. 439 7588.

**Haemophilia Unit** Royal Prince Alfred Hospital, 516 8902.

**Kirketon Road Centre** Community based primary health care facility of Sydney Hospital. Nursing, medical services, counselling, 9am - 8pm, Mon-Fri. Social welfare service, needle & syringe exchange 9am - midnight Mon - Fri. Darlinghurst Fire Station, Victoria Rd, Kings Cross. 360 2766.

**Liverpool Sexual Health Clinic/HIV Outpatient Clinic** 52 Goulburn ST Liverpool. Free, confidential HIV/STD services, counselling, HIV support groups, practical support. Call 600 3584.

**Neringah Hospital** A palliative care inpatient facility and domiciliary service. 4 - 12 Neringah Ave. South, Wahroongah. 487 1000.

**Prince Henry (Special Care Unit)** Anzac Parade, Little Bay. 694 5237 or 661 0111

**Prince of Wales Children's Hospital** (Paediatric AIDS Unit) High St

Randwick. 399 2772/2774.

**Royal North Shore HIV outpatient, day treatment, medical consultations, inpatient services, counselling, support groups, sexual health clinic, testing.** 438 7414/7415. Needle & syringe exchange 906 7083. Pacific Highway, St Leonards (adjacent to railway station).

**Royal Prince Alfred (AIDS Ward)** Missenden Rd, Camperdown. 516 6437.

**Sacred Heart Hospice** A palliative care facility. 170 Darlinghurst Rd, Darlinghurst. 361 9444.

**St George Hospital HIV/AIDS Services** (Inpatient, Outpatient and Day Treatment Centre): South St, Kogarah. 350 2960

**Sexual Health Clinic:** Belgrave St, Kogarah. Call 350 2742.

**St Vincent's** (17th Floor South AIDS Ward) Victoria St, Darlinghurst. 361 2337.

**Sydney Sexual Health Centre** Sydney Hospital, Macquarie St, Sydney. Appointments 223 7066.

**Taylor Square Private Clinic** Management of STDs and HIV medicine, participation in drug trials, counselling and social welfare services, home visits. Health care card holders and financially disadvantaged are bulk billed. Call 331 6151.

### Transfusion related AIDS (TRAIDS)

**Unit:** For people with medically acquired HIV/AIDS. Crisis/long term counselling & welfare support to clients and their families throughout NSW. TRAIDS is based at Parramatta Hospital. Contact Pam 843 3111 ext.343. **Red Cross BTS:** Contact Jenny 262 1764.

**Westmead Centre** (Westmead and Parramatta Hospitals). Westmead 633 6333. Parramatta 843 3111.

## EMOTIONAL SUPPORT

**Ankali** Emotional support to PLWAs, their partners, family and friends. Trained Volunteers provide one-to-one non-judgemental and confidential support. 332 1090.

**Family Support (city)** A support group for family members of people with AIDS. Short term group, possibility of continuing. Call Judy Babcock or Helen Golding on 361 2213.

**Family Support Group** for relatives of people with HIV/AIDS. Meets daytimes

and evenings on a fortnightly basis in the outer Western suburbs.

Call Claire Black or Kevin Goode at Wentworth Sexual Health and HIV Services on (047) 24 2598.

**HIV Living Support Groups** For HIV+ people.

Call HIV support officers, 206 2000.

**HIV+ Support Group** South Western Sydney. Meets in Liverpool Wednesdays 6.30pm. Call Julie 600 3584. Transport can be arranged.

**Parent's FLAG** Parents and friends of lesbians and gays. Meets monthly at the GLCS, 197 Albion St Surry Hills.

Call Heather, 899 1101, Kay, 831 8205.

**Por La Vida** Un servicio de información y apoyo para personas afectadas por el VIH El SIDA. Support & information for Spanish speaking people affected by HIV/AIDS. 206 2016.

**Positive Women** Individual or group support for and by HIV/AIDS positive women. Non-judgemental and completely confidential. Contact via Women and AIDS Project Officer or Women's HIV Support Officer at ACON, 206 2000, TTY for the Deaf 283 2088.

PO Box 350 Darlinghurst 2010.

**Quest for Life Foundation** Emotional support and education for people with life threatening diseases, their families, loved ones and health professionals. Support groups, meditation/relaxation classes, one-to-one counselling.

37 Atchison St, Crows Nest. 906 3112.

**SOPY Support of Positive Youth** drop in groups for young people with HIV/AIDS meet every Thursday. Girls and guys welcome. Call 318 2023

**Support group for parents of HIV+ adults** every 3rd Friday in the month 7-9pm at Ankali House 335 Crown St. Confidentiality assured.

Call Julie Fuad, 569 2579.

**Sydney West Group** A Parramatta based support group.

Call Pip Bowden 635 4595.

## PRACTICAL HELP

**ACON Housing Project** Offers help with accessing priority public housing, transfer advice, homelessness, housing discrimination and harassment. Call the Housing Project Officer, 206 2000.

**Bobby Goldsmith Foundation** A community based, registered charity providing some financial assistance to approved clients. 4th floor, 376 Victoria St, Darlinghurst, 360 9755.

**Community Support Network (CSN)**

Trained volunteers providing practical home/personal care for people with AIDS. 206 2031.

**Hands On** Massage and Reiki for PLWHAs. Training of volunteer masseurs. Call Richard 660 6392

**HIV/AIDS Legal Centre** Legal advice and advocacy on HIV/AIDS related problems. Call 206 2060.

**Tiffany's Transport Service** For PLWAs (in the Sydney area.) 206 2040.

## OUTSIDE SYDNEY

### General

**AIDS Council of NSW (ACON)** Services in education, welfare, support and advocacy in relation to HIV/AIDS to the gay and general community. See regional listings for branches.

**Albion Street Centre Information Line** (008) 45 1600.

**Community Support Network (CSN)** Trained volunteers providing practical home/personal care for people with AIDS. See regional listings for branches.

**Rural Gay Men HIV Peer Education training Workshop** held in Sydney every four months. Become an HIV Peer Educator in your local rural area by contacting. Nik or Nigel at ACON's Rural Project. 008 80 2612 (free call). PO Box 350 Darlinghurst 2010. TTY (02)283 2088 (Deaf only).

### Hawkesbury / Blue Mountains

**Blue Mountains PLWA Support Centre** Wednesdays 11am - 3pm (lunch). Fridays 6.30 - 10.30pm (dinner). For further information call the Centre on (047) 82 2119 or Dennis (047)88 1110.

**Blue Mountains HIV/AIDS Clinic** A range of HIV/AIDS services including testing, treatment, monitoring, treatment and counselling/support. Call (047)82 0360 between 9am - 12 noon Mon, Wed, Fri.

**CSN Blue Mountains** hands on practical help for people with HIV/AIDS. Call Chas Stewart, (047) 24 2158.

**Hawkesbury Outreach Clinic** an outreach service of Wentworth Sexual Health and HIV Services. Free and confidential service open Tuesdays 4pm to 8pm. STD and HIV/AIDS testing, treatment & counselling/support services. Call (047) 24 2507.

**Karuna Blue Mountains** Emotional support for people with HIV/AIDS, their partners, family and friends.

Call Ann (047)82 2120.

**Southern Highlands HIV/AIDS Volunteer Supporter Group** Emotional and practical support for PLWHA, their family and friends living in the Bowral district. Call Marion Flood (048) 61 2744 or David Willis (018) 48 3345.

**Wentworth Sexual Health and HIV Services** STD and HIV/AIDS testing, treatment, counselling/support and education. Free and confidential. (047) 24 2507.

**Central Coast / Hunter Region**  
**ACON Hunter branch** PO Box 1081, Newcastle 2300. (049) 29 3464.

**Karumah Day Centre Inc., Newcastle** First floor, 101 Scott St Newcastle, opposite Newcastle Railway Station. Open every Thursday for lunch & Social from 11.00am to 3.00pm. PO Box 1049 Newcastle 1300, (049) 29 6367.

**Konnexions Day Centre** 11am-3.30pm Mondays for lunch & social. Info: Lesley. (043) 67 7326.

**Central Coast Sexual Health Service** offering HIV clinic for testing, monitoring, treatments, support. Call Patrick (043) 20 2241.

**Club 2430 (Taree)** Manning Area Gay and Lesbian Support Group. Social functions, newsletter, monthly meetings. Contact Bill or Barry (065) 537502 or Liz (065) 511315. PO Box 934, Taree 2430.

**CSN Newcastle** Call Rosemary Bristow, ACON Hunter Branch. (049) 29 3464.

**John Hunter Hospital** (Clinical Immunology Ward) Lookout Rd, New Lambton, Newcastle. (049) 21 4766.

**Hunter Area HIV Support/Action group** 6.30pm, 4th Wednesday every month at ACON, level 1, Bolton St Newcastle. Inquiries call (049)29 3464.

**Newcastle Gay Friendship Network** Peer support, workshops and activities for gay men under 26.

Call ACON Hunter branch, (049) 29 3464.

**Positive Support Network** Emotional/hands on support for PLWHAs on the Central Coast. (043) 20 2247.

**Taree Sexual Health Service** 93 High St Taree, Tuesdays 2 - 6pm, Thursdays by appointment. 51 1315.

**Tuncurry — The Lakes Clinic** A sexual Health Service. Bridgepoint Building 2nd flr. Manning St. Thursdays 10 - 2pm. Free and confidential. 55 6822.

### North Coast

**ACON Mid-North Coast** PO Box 990, Coffs Harbour 2450. (066) 514 056.

**ACON Northern Rivers** PO Box 63, 5th Lismore 2480. (066) 22 1555.

**Lismore Sexual Health/AIDS Service** A free, confidential service for all STD and HIV testing and treatment. Call (066) 20 2980.

**North Coast Positive Time Group** A support and social group for PLWAs in the North Coast region. Contact ACON North coast (066) 22 1555.

**North Coast — Wollumbin CARES** Community AIDS Resources, Education and Support. Call Gerry or Keven, (066) 79 5191.

**ACON Illawarra** PO Box 1073, Wollongong 2500. (042) 26 1163.

**Bega Valley HIV/AIDS Volunteer Supporter Group** Emotional and practical support to PLWHA, their family & friends living in the Bega Valley area. Call Greg Ussher or Ann Young (064) 92 9120

**CSN Wollongong** Call Daniel Maddedu, (042)26 1163.

**Cooma/Snowy Mountains HIV/AIDS Volunteer Supporter Group** Emotional and practical support for plwhas, their family and friends living in the Cooma/Snowy Mountains area.

Call Victor on (018) 48 6804 or Pam Davis on (064) 52 1324.

**Eurobodalla HIV/AIDS Volunteer Supporter Group** Emotional and practical support to PLWHA, their family and friends in the Narooma to Batemans Bay area. Call Greg Ussher or Liz Follan on (044) 76 2344.

**Nowra Sexual Health Clinic** Confidential and free support for PLWHAs. Nowra Hospital, (044) 23 9353.

**Port Kembla Sexual Health Clinic** Confidential and free support for PLWHAs. Fairfax Rd, Warrawong. (042) 76 2399

**Shoalhaven HIV Support Group** Meets first and third Tuesdays in the month from 6pm to 7pm. Peer support group facilitated by an HIV+ volunteer. Completely confidential.

Call (044) 23 9353.

**South East Region HIV/AIDS Unit** HIV/AIDS support, needle and syringe exchange and HIV education. For more information contact (048) 21 8111.

### West

**Albury Needle & syringe Exchange**, call Judy David, (060) 23 0206.

**Albury/Wodonga HIV/AIDS Border Support group** (060)23 0340. HIV & Sexual Health Service (060) 56 1589. Needle & syringe exchange — for outlets call (060) 23 0340.

**Deniliquin HIV Support Services**  
(058) 81 2222

**Dubbo** (Orana and Far West region)  
HIV & sexual health service. Free and confidential. Testing, advice, monitoring, treatment and support. Call robert (068) 85 8999.

**Griffith HIV Support Services**  
(069) 62 3900.

**HIV/AIDS Project**, Central Western Dept. of Health.

Call Martha, (063) 32 8500.

**New England Needle Exchange Program** For locations of outlets and outreach services call (067)66 2626 message, (018)66 8382 mobile.

**Tamworth Bligh Street Sexual Health Clinic.** Free & confidential STD/HIV testing & management. (067) 66 3095.

**Yass HIV/AIDS Volunteer Supporter Group** Emotional and practical support for plwhas, their family and friends living in the Yass area.

Call Victor, (018) 486 804.

**Young HIV/AIDS Volunteer Supporter Group** Emotional and practical support for plwhas, their family and friends living in the Young area.

Call Victor, (018) 486 804 or Valerie, (063) 821 522.

**Wagga Wagga HIV & sexual health services**, call Paula Denham, (069) 38 6411. AIDS Task Force (069) 25 3055 or (069) 38 6411.

Please let us know if you want to update your listing or add a new one.

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