ISSN 1448 - 7764

POSLINK

The Newsletter of People Living With HIV/AIDS Victoria

A flyer from ACTUP New York expressing US sentiments

Special Feature
The ups and downs of Crystal: Poslink investigates issues surrounding the use of the party drug Crystal

Issue 15 + Feb / Mar 2004

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Abbott Laboratories increases the price of ritonavir in the USA by 400%

By Alan Strum

Abbott Laboratories in Chicago gave the world a thoughtful Christmas present in 2003 by increasing the price of their protease inhibitor ritonavir (RTV) by 400%. This price increase has shocked community advocates and HIV clinicians world wide.

RTV was one of the first protease inhibitors available to fight HIV but only enjoyed a short life as a protease inhibitor because of severe toxicities associated with it. As other drugs entered the market most people switched from RTV to better tolerated drugs such as nelfinavir. For a period of time it looked like Abbott had backed the wrong winner until clinicians around the world found a new use for RTV as a boosting agent to enhance the activity of other protease inhibitors. Small doses of RTV block the elimination of most protease inhibitors from the body. This results in lower doses, reduced dosing schedules and higher concentrations of other protease inhibitors being available in the body to block HIV replication. An example of this is that of indinavir which used to be

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Poslink is
sponsored with unrestricted
educational grants from:

Abbott Australasia
Boehringer-Ingelheim
Bristol-Myers Squibb
Gilead Sciences
GlaxoSmithKline
and
Merck Sharp & Dohme

Note from the Executive Officer

Mark Thompson

Welcome to the first edition of Poslink for 2004. This year is shaping up to be a very exciting one for People Living with HIV/AIDS Victoria with new initiatives and services for members. More about that later.

We finished last year with our traditional distribution of Christmas hampers on Christmas morning to patients of Fairfield House and ward 7 West at the Alfred Hospital. We also visited the Berry Street residential facility for the first time. The hampers were brimming over with nice things, from basics such as toothbrushes and shavers to Mitch Dowd boxer shorts and Peter Alexander slippers, not to mention yummy chocolates and the beautiful gingerbread house at Fairfield House. It was a great feeling to receive such a warm and appreciative welcome everywhere we went. Noted landscape and garden designer, Paul Bangay, donated six copies of his latest book, which were placed in the patients' lounges of the three locations.

We would like to acknowledge all our donors for their generosity: Peter Alexander, Paul Bangay, She Australia, Eugenie Cake Shop, Mitch Dowd, Let Them Eat Cake and Holden. And thanks also go to our wonderful volunteers who assisted with hamper assembly and delivered them on Christmas Day:Pat Garner, Alby Clark, Julian Torreas, Anna Georgiou, Bill Gianoulis. A special thank you goes to the irrepressible Anna Georgiou, Bill Gianoulis and Dean Murphy for their work in sourcing donations.

Planning Weekend

The PLWHA Victoria Board and staff spent two days away in Warragul, conducting a strategic planning session. This work was the beginning of a process of developing a Strategic Plan for the organisation to take us through the next three years. A strategic plan is an important tool for community groups to retain focus on their mission and ensure that they continue to do the work for which they were originally established.

An important part of the work in developing the plan is to find out what people think we should do. The most important group of people to whom this question will be asked is our members. From the issues and projects that were discussed and debated on the weekend, we will be preparing a members survey which will present some of these ideas to you and ask you what you think of them. Look for the membership survey in your letterbox soon.

The other function of the weekend was for the board to get to know each other and the staff. With three new board members this year, it was important that they become familiar with their roles as quickly as possible.

All board and staff attending agreed that the weekend was a valuable way of focusing on the coming year and the tasks ahead and helped everyone understand each other a little better. Several expressed the view that the board was the most cohesive and 'in tune' board they have experienced and were very optimistic about the year ahead.

Note from the President
John Daye

Hello, everyone! Welcome to the first issue of Poslink for 2004. I hope the Xmas and New Year festive season was fun and you got a chance for a bit of rest and relaxation.

PLWHA Victoria has been springing back into work with the Board and Staff meeting in mid-January for a weekend to plan the year's activities. I am not going to attempt to provide a comprehensive outline of all the areas identified as important work but some of the key priorities included getting our website up-and-running, continued focus on housing issues, expansion of the Speakers Bureau, Planet Positive, Positive Plots, Establishing a Health & Treatments Reference Group and a more central role in education with much greater participation and involvement of the organisation in HIV positive health promotion and positive HIV prevention.

HIV infections are continuing to rise and despite recent claims by the Vatican condoms still are the best protection. It's now important to expand HIV prevention to actively involve the community in building momentum and mobilisation and positive people have an important role to play in this effort. This is largely a new area of activity for PLWHA Victoria but we believe that positive people can bring greater insights and sensitivity to many issues involved in prevention. We are mindful that great care needs to be taken in this work to ensure that positive people are not scapegoated in this process. Through the year we want to involve you our members in our prevention work.

Late last year it came to the attention of PLWHA Victoria that Dental Health Services Victoria were proposing a major restructuring of its Special Needs Programs including Dental Plus which provides specialist dental care to people with HIV/AIDS who hold a benefit card. We made contact with Dental Health Services Victoria noting our concerns and were contacted by Dr Robin Whyman assuring us that continued support and funding for Dental Plus will be maintained.

Since the introduction of some antiretrovirals we have known how important it is to have a regular and good intake of water each day. Drinking water regularly throughout the day is associated with reduced kidney problems which can be a side-effect of some antiretrovirals. We welcome the introduction of a voluntary code recommending nightclubs provide cheap or free water to customers by the Victorian Health Minister Bronwyn Pike. This initiative is particularly important for positive people who are on treatment and are out partying. Proper hydration is about staying healthy.

I want to honor our good friend and activist Phillip Medcalf, the former President of PLWHA NSW and National Association of People Living with HIV/AIDS who was posthumously awarded an Order of Australia Medal for his service to the community as a supporter and promoter of the interests of people living with HIV/AIDS on Australia Day.

Our cover story in this issue is about how Abbott Laboratories, who produce the antiretroviral ritonavir, have increased its price by 400% in the USA. Community activists and treatment advocates around the world have expressed anger to this price increase. There are major concerns that this price increase will jeopardise the development of future protease inhibitors by other pharmaceutical companies other than Abbott. It is reassuring to know that no such price-hike has occurred here because of the pharmaceutical benefits scheme. This situation highlights just how important it is to keep PBS and avoid any changes that may be driven by the USA under free-trade agreements.

In this issue of Poslink we have focused on the issue of *Crystal* (Methamphetamine) use. We are not here to lecture you about drug use but after hearing a number of people experiencing difficulty decided that we needed to devote time to share concerns and talk about ways to minimise the risks associated with this drug. We aim to improve awareness and provide information to help those who use *Crystal* make better informed choices.

This year we will be hosting a timeout rest area with Positive Women Victoria for HIV positive people at the Midsumma Carnival which takes place on Sunday 15 February from 11am in the Alexandra Gardens. Please stop by and say hello and catch-up with us if you're at the carnival.

What's Up?
News & Information

DO NOT TAKE
NUROFEN (IBUPROFEN)
WITH
AZT
RITONAVIR
OR
KALETRA

HIV Futures 4

By Mark Thompson

In out last edition of Poslink our members received a copy of the HIV Futures 4 Survey. This is the most important survey about HIV in Australia, continuing on from three previous surveys and building a picture of the epidemic and the changing nature of the issues facing HIV positive people.

This is why it is vitally important that HIV positive people participate in the survey. It does not matter if they have not participated in the previous surveys, all the information is useful. The closing date for submitting completed surveys has been extended by one month to 28 February 2004. From what I am hearing from the Australian Centre for Research into Sex, Health and Society, the numbers for Victoria are very low compared to previous years. So, if you still have a survey form cluttering up your coffee table at home, take some time and fill it out. You will be making a valuable contribution to the knowledge of HIV in Australia.

New Options for jobseekers

By Mark Thompson

Many people were disappointed to hear the reports just before Christmas that Options Community Enterprises went into voluntary administration, as it was the only specialist *Job futures* agency that had programs specifically for HIV positive people.

Since then we have been told that another *Job futures* member, Westgate Community Initiatives Group (WCIG), has stepped in to take over the programs formerly provided by Options. For clients this will mean virtually no change to services, as WCIG has retained former Options staff and is operating out of Options offices at the Como Centre, South Yarra. If you are looking to re-enter the workforce and would like some assistance, contact Louise Young at WCIG on 03 9824 2330 or visit the office as Suite 5, Level 8, 644 Chapel Street, South Yarra.

We have recently become aware of another agency that offers services for HIV positive people, Interact Jobplus. Located at Level 1, 230 Church Street, Richmond, Interact is a non-profit employment service offering a program to clients with disability, medical conditions or other barriers to employment. They have had a number of HIV positive people as clients. Interact can be contacted on 03 9428 0155.

Nurofen drug interaction warning

By Alan Strum

You may have noticed that the anti-inflammatory drug ibuprofen that sold under the brand names of Nurofen and Heron Blue has recently been advertised on the TV as being available at supermarkets. Ibuprofen is basically a pain killer and anti-inflammatory agent used for relief from headaches and minor aches and pains.
Given that this drug is now available without discussion with a pharmacist we thought we would run it through our drug interaction database to see whether it interacts with any of the HIV medications. We found there are 3 drugs that should not be taken with ibuprofen:

- Ibuprofen increases the toxicity of AZT.
- Ibuprofen levels are increased by ritonavir, including the ritonavir component in Kaletra, and may cause depression of the central nervous system and breathing difficulties.

Anyone on a combination that includes ritonavir, Kaletra (lopinavir + ritonavir) or AZT should avoid taking ibuprofen or talk with their HIV pharmacist or doctor if ibuprofen cannot be avoided.

Extreme Makeovers: what was that filler again?

By Alan Strum

Are you guilty of being drawn into the TV world of Extreme Makeovers? I am! And after this week's episode I have been converted into becoming a makeover voyeur. For those of you who watched 55-year-old Stephanie transform from a dried out old prune into a luscious youthful princess you may have noticed the doctor injecting/filling her lips with a product called Radiance® while stating that Radiance® lasts for 5-7 years as a filler. This immediately sparked my attention to see whether Radiance® can be used for lipoatrophy.

Radiance® contains a compound found in human bones and teeth called calcium hydroxylapatite (hi-drox-ill-apa-tight) that is in the form of micro-spheres in a suspension gel. It has been used for years in dental work and bone reconstructive surgery where it helps to form the latticework for the formation of new bone. When Radiance® is injected into soft tissue where there are no bone cells, other types of cells grow around the spheres of the active compound. The cells release collagen while the gel dissolves over time resulting in an immediate filling effect that appears to last for up to 6-7 years. It is currently under investigation for cosmetic use but appears to work well for wrinkles and lips. A quick search on the internet has shown that it is not being used often for lipoatrophy and that it would cost around 3 times more than that of NewFill®.

On a benefit? New rules

Legislation introduced as part of the 2001 Budget will change the way Centrelink assesses earnings for working-age people. From 20 September 2003, Centrelink will need to take into account what people earn each fortnight to work out their Centrelink payment for that fortnight - rather than calculating their average earnings. Some people need to tell Centrelink about their earnings on the same day each fortnight before they will receive their payments. This rule is already used for working out allowance payments - it is being extended to working-age pension and parent payments to make things fairer and simpler. The new rules have been introduced in an effort to avoid people being overpaid or underpaid by Centrelink.

People need to report in order for Centrelink to pay them. If they forget, their payments will be stopped. If this happens, contact Centrelink as soon as possible.

Working-age parents and pensioners have access to Working Credit, which allows people to keep more of their Centrelink payment when they start work. It also makes it easier for people to get their payments restarted if they get a short-term job.

People whose income varies will have to contact Centrelink on a specific day each fortnight. People with ongoing stable earnings will only need to contact Centrelink if their income changes (within 14 days of the change). In many cases, if both members of a couple get a Centrelink payment, one member can report for both people.

To report earnings, there is no need to hand in a form. People can report their earnings by using:

- A priority phone number to talk to a Centrelink Customer Service Officer
- An automated phone service (using speech recognition technology)
- The Internet
- People can still visit a Customer Service Centre, or mail if they wish

An Information Pack already sent to people with variable earnings includes 'earnings worksheets' for people to keep track of their hours and how much they earned. These worksheets do not have to be handed in to Centrelink.

Each Centrelink office has been given a list of people on benefits who are working in Business Services and Open Employment who need to report fortnightly. Alternative arrangements can be made if fortnightly reporting is not appropriate for an individual. Centrelink is also working with Business Services to introduce a new process called Employer Reporting. This allows employees to get their Business Service to provide earnings information to Centrelink. It is voluntary for both the Business Service and their employees.

Everyone needs to tell Centrelink if their circumstances change. If someone stops work, they will need to tell Centrelink and they will no longer need to report each fortnight.

In cases when someone knows they won't be working or won't be able to report they need to contact Centrelink so that their reporting arrangements can be changed.

Source: Talkabout, Dec 2003/Jan 2004. Reproduced with permission.

Fund raising success for 2004

By Alan Strum

In 2003 PLWHA Victoria's Treatments Policy and Education Co-ordinator, Alan Strum, strategically approached the HIV pharmaceutical companies in an effort to raise funds for 6 issues of Poslink and 3 Treatment Interactive Events for 2004. Poslink and the Treatment Interactive Events provide an essential avenue for PLWHA Victoria to provide educational services and information to its members and the broader community, and does not receive any government funding to provide these services. Six out of the seven companies approached agreed to support these activities via unrestricted educational grants, providing $5,000 each; $30,000 in total. With the grants classified as 'unrestricted' the sponsors are not permitted to interfere with or influence information presented through the activities.

An educational grant of this magnitude from pharmaceutical companies is an indicator of the respect they hold for the work achieved by PLWHA Victoria. It is not often that companies depart with this amount of money. As a community it is important that we acknowledge that these companies are showing leadership by example, as good corporate citizens, in supporting community activities such as ours. It is only through their support that we can provide these educational services. Thanks go to Abbott Australasia, Boehringer-Ingelheim, Bristol-Myers Squibb, Gilead Sciences, GlaxoSmithKline and Merck Sharp & Dohme.

THINK BEFORE YOU FUCK

THANK YOU TO ALL OUR MEMBERS, FRIENDS, VOLUNTEERS AND SUPPORTERS FOR MAKING THIS YEAR'S PRIDE MARCH THE BEST EVER.

Your incredible enthusiasm enabled a vibrant and visually stunning presence for all the world to see.

John Daye
President
PLWHA Victoria

POSITIVE PEO
CARE

POS NEG
??

THINK BEFORE YOU FUCK

POSITIVE PEOPLE CARE

LET'S TALK ABOUT HIV

Community Letters: The Scratching Post

The Scratching Post is your connection to the community. You can write to us to share information or voice your opinion or concerns on issues that affect the HIV community.
scratch@plwhavictoria.org.au

People
The current edition of POSLINK, which I have just started reading, is an excellent, easy to read edition. Lots of really relevant, varied content. I know a lot of work must have gone into sourcing and writing the stories and producing the magazine. Shows a high level of committment and morale. Please share this 'pat on the back' around.

MICHAEL G

Editor's reply: Hi Michael, thanks for your kind words and support. It's really good to know that our work is appreciated.

Feral Beral Spills

Dear Poslink readers, as this is my first column and my first time writing about HIV/AIDS issues for publication, I am a little nervous. Some of you may know me as a performing drag queen on the circuit around town and some of you may know me from online chat rooms where I bring up issues that affect us all. Some things I'd like to talk about have been ticking away for sometime.

With new HIV infections on the increase I have been left wondering

what is happening out there in the community. To be honest I call it safe sex fatigue along with a lack of awareness about the realities of HIV. People are over being badgered to wear condoms and are shying away from using them. I personally know of young guys not using any protection at all when with new partners and often express their concerns to me about becoming infected not only with HIV but with other sexually transmitted diseases. I guess what surprises me the most is when I chat to young men online who have no idea how to catch HIV and what safe sex is. I don't have all the answers but I know from personal experience that simply taking the time to talk with people can make a big difference in their understanding of safe sex and what it means to have HIV. This is my way of trying to stop the spread of this virus....what's yours?

Abbott Laboratories increases the price of ritonavir in the USA by 400%

(Continued from page 1)

dosed at 800mg three times a day without food. When boosted with 100mg of RTV, indinavir dosing changed to 800mg twice a day without regard to food (IDV 800mg/ RTV100mg twice daily). In Europe the new once daily protease inhibitor atazanavir can only be prescribed when boosted with RTV. Fos-amprenavir, the big brother of amprenavir, was developed specifically to be taken with RTV for once or twice daily dosing. Tipranavir, a new protease inhibitor still in clinical trial that works against resistant HIV, has been developed to be used with 200mg of RTV twice daily (400mg RTV in total).

The price increase only applies to the US market where RTV has gone up from around $110 USD to $550 USD per month at 100mg twice daily. The really bad news is that RTV will now cost around $1085 USD per month when used with tipranavir once it is approved. This additional cost for HIV therapy will certainly impact insurers and public health programs in the USA and may very well force many clinics into prescribing Abbott Laboratories' other HIV drug, Kaleltra (a capsule containing lopinavir combined with RTV), which will now be the cheapest boosted protease inhibitor on the US market (see table 3).

Abbott Laboratories has advised that precautionary steps have been taken to ensure that people who need RTV will be able to access it regardless of the price increase. Apparently they have frozen the price to free health programs until mid 2005.

Abbott Laboratories stated that the increase was necessary because RTV was greatly undervalued as an agent used within HIV therapies. The price increase brings it more into line with the prices of other protease inhibitors. The increase will pay for the development of a newer formulation of RTV that will no longer require refrigeration and will also contribute towards the cost of a new drug resistant HIV protease inhibitor.

In response to the price increase, the US HIV Medicine Association stated: 'This increase comes at a time when public programs that provide access to HIV treatment are struggling to keep costs down, and numerous [programs] have been forced to impose eligibility and formulary restrictions and/or waiting lists.'

In an *AIDSMAP.com* interview Dr Graeme Moyle of the Chelsea and Westminster Hospital in London said, 'HIV physicians are very unhappy about this decision and the implications it has on treatment choice and the development of new drugs such as tipranavir and capravirine. Physicians are looking at ways we can bring our discontent home to Abbott, including talking to our formulary committees and other physicians about limiting the use of all Abbott drugs and diagnostics and where feasible substituting alternative agents.'

One unnamed pharmaceutical spokes person said, 'This isn't just an attack on [Abbott's] competitor's pricing, it's an attack on their research strategies. Why bother investing in these areas if Abbott has effectively priced you out of the market in the US?'

The release of new HIV protease inhibitors has started to impact the sales of Kaletra (see graph 1). Most people are looking at the price increase as a 'marketing blocking strategy' that will prevent the uptake of the newly released HIV drugs in the USA that require boosting. These drugs will now be too expensive for doctors to prescribe with RTV (eg BMS' atazanavir and GSK's fosamprenavir).

Looking into Abbott's logic (or not)

In the USA it is perfectly permissible for Abbott or any company to increase the price of a product to that which the market is prepared to pay. But the question remains - does that make it right? In the following paragraphs PLWHA Victoria investigates the information Abbott Laboratories has presented in justifying their price increase:

Table 1. Health Insurance Commission sales data for HIV companies in Australia showing that Abbott Australasia was ranked in 3rd place for 2001/2002 (Gilead data missing).

Company	AUD Sales July 01 to June 02	Australian Ranking
GSK	$30,118,422	1
BMS	$13,678,575	2
Abbott	**$7,477,850**	**3**
BI	$7,047,383	4
MSD	$6,228,853	5
Roche	$5,557,733	6

Table 2. Health Insurance Commission sales data for protease inhibitors in Australia showing that Abbott Australasia's protease inhibitor portfolio was more successful than any other PI portfolio.

Protease inhibitor	AUD Sales July 01 to June 02	Market Share
Kaletra	**$6,282,404**	**39%**
ritonavir	**$1,195,446**	**7%**
saquinavir	$2,337,962	15%
nelfinavir	$3,077,727	19%
indinavir	$2,631,204	16%
amprenavir	$424,408	3%

Table 3. Monthly wholesale cost (USD) of protease inhibitors in the USA with ritonavir.

Protease inhibitor	Daily Dose of ritonavir	Cost of ritonavir for boosting	Cost of PI	Total cost per month
Kaletra	200mg	included	$700	$700.00
atazanavir	100mg	$246	$680	$926.00
indinavir	200mg	$593	$337	$930.00
fosamprenavir	200mg	$593	$565	$1,158.00
saquinavir	200mg	$593	$620	$1,213.00
tipranavir	**400mg**	**$1,185**	**> $650?**	**>$1,835?**

Prices from Rx USA International (excluding atazanavir)

1. RTV is not valued appropriately: Nearly every patient on a protease inhibitor has no choice but to take RTV. Even at doses that are 1/6 the regular dose, Abbott automatically receives a 1/6 share of the world wide protease inhibitor market (including the RTV in Kaletra). They don't have to do anything but simply supply the drug saving tens of millions of dollars in promotional spend.

2. They need the money to develop a new tablet formulation of RTV: Who are they doing it for? In reality all drugs are eventually reformulated because this extends international patent rights by up to 20 years and blocks generic competition. Reformulating is nowhere near as expensive as developing a new drug. It doesn't even have to be fully tested in expensive large clinical trials. All a company has to do is prove that the new formulation is absorbed into the body in the same amount as the old formulation in a few hundred people - a bio-equivalence study. RTV earns Abbott Laboratories around $100 - $200 million USD per year (estimation as actual data is not available). RTV has already earned the company around $1.3 Billion USD since its launch in 1996 (*ref: AIDS Treatment News*). As such Abbott has already recouped their initial investment in RTV and the product is already bringing in more than enough money to pay for a new formulation.

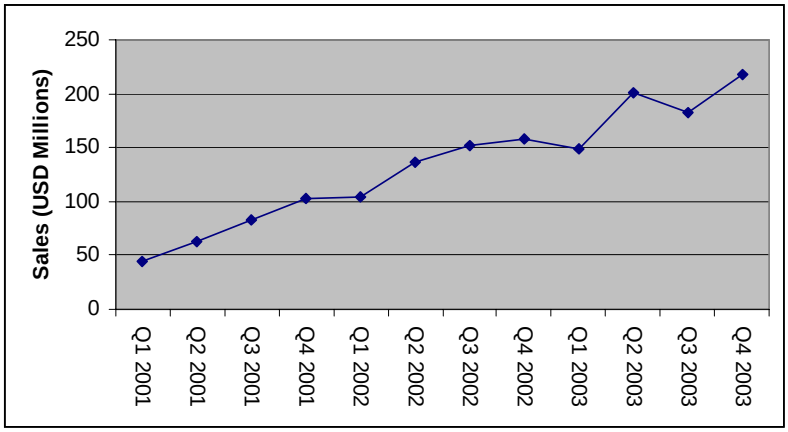
3. They need the money in order to pay for a new HIV protease inhibitor: Kaletra has earned Abbott over $1.6 billion USD since its launch in 2000 and will make at least $1 billion USD in 2004 alone. GSK has developed 6 drugs that made $2.7 billion USD (around $450 MM on average per drug in revenue). BMS is making around $300 MM USD for each of their drugs. Abbott Laboratories has more than enough revenue from Kaletra alone going into their company to pay for the

(*continued page 10*)

Abbott Laboratories increases the price of ritonavir in the USA by 400%

(Continued from page 9)

Graph 1. US sales of Kaletra per quarter. Kaletra has earned Abbott more than $1.6 billion USD since its launch in 2000. It should make $1 billion USD in 2004 alone.



development of future drugs without having to increase the price of RTV. (*Refs: Abbott Financial Reports, GSK Annual report, BMS Financial Reports*)

John Daye, PLWHA Victoria's President and the NAPWA Treatments Spokesperson advised, 'We have been angered by this unjustified price increase and have written to Abbott Australasia expressing our concerns. Abbott Australasia has advised us that the RTV price will not be increased in Australia. However, while it is nice to have Abbott reassuring us that there will be no price increase here, it is important to point out that the Pharmaceutical Benefits Scheme protects us from outrageous prices. We will be keeping a close eye on developments.'

There is no doubt the price increase will jeopardise the development of future HIV protease inhibitors. And there is no doubt that patients in the USA will be forced to take Kaletra even though they may need to take other drugs with different side effect profiles. Already people who were taking the full dose of RTV have had to change to other drugs because they cannot afford the new full price of a drug that they had been taking for years.

In the USA 34 key HIV specialists have written to the Abbott Laboratories decision makers advising they will no longer allow Abbott sales representatives into their practices, they will not attend Abbott educational events, they will not attend advisory board meetings (meetings that give direction to the company), they will not participate in Abbott clinical trials, that they will avoid prescribing Kaletra where ever possible, and will boycott all other Abbott Laboratory products where alternatives are available. The group of physicians is actively recruiting other doctors to join in the protest.

An international community activist meeting will be taking place shortly in the USA to discuss options for a plan of action against Abbott Laboratories.

[*Editor's note: When I first wrote this article I was so angry I could not think clearly and had to rewrite it 3 times before I settled down. Let's face it, ritonavir failed as a protease inhibitor because it was toxic at the regular dose. It was pure luck that it just happened to work as a boosting agent.*

Increasing the price of ritonavir to this degree benefits Abbott Laboratories in two ways; firstly, it effectively gives Abbott a monopoly on the protease inhibitor market by forcing people into using Kaletra and cuts nearly all other companies out of the business of new protease inhibitor drug development; and, the price increase instantly adds at least $500 million USD per year to Abbott's bottom line (any shareholder's dream).

The decision to increase the price would have been very carefully considered with many consultants looking into all areas of possible ramifications for the company. If boycotts are to have any effect against Abbott's bottom line they will have to be well executed, well funded and persistent. If they really want to hurt Abbott where it counts the HIV physicians will need to recruit specialist and GPs from all areas of medicine as Abbott's HIV portfolio income is guaranteed following the increase.]

HIV PREVENTION – OUR ROLE?

By David Menadue

With the numbers of new HIV infections in Victoria still rising each year for the past few years, PLWHA Victoria is concerned to do our part to help prevent this increase in whatever way we can. Positive people know only too well what a nasty virus HIV is to live with and how difficult it can be to deal with the extra stress it introduces into your life – things like treatment side-effects, nagging chronic conditions or the big life-threatening illnesses for those for whom the current treatments are not working.

It can be a bugger of disease which you wouldn't wish on your worst enemy – but that point isn't getting across to some negative gay men, it would seem. Is it worth emphasising the unpleasant and scary aspects about HIV to this audience as a way of deterring unsafe behaviour? A kind of repeat of the Victorian Transport Accident Commission (TAC) advertisements in response to road accidents. Instead of their grim pictures of maimed or dead bodies, we show pictures of bulging bellies and sunken cheeks courtesy of lipodystrophy and our not-so-perfect HAART pills?

The Scare-'em approach

A couple of years ago this approach was tried by a group in San Francisco called STOP AIDS (largely staffed and run by positive gay men) that produced a series of posters for distribution around gay venues showing what HAART pills can do to your body – large bellies, skinny arms and legs, sunken cheeks – and asked people to think whether unsafe sex was worth the risk that you might end up looking like this in the future? While the campaign, called "HIV is no Picnic", did have some good results, it was not a popular campaign particularly amongst positive people themselves. They didn't like these negative images of what HIV treatments had done to some of us displayed around the venues – depressing them in particular but also helping other gay men to identify what positive people on treatments can look like. It "outed" people in an alarming way and was thought to put some positive people off taking treatments for fear that they would end up looking like those images as a result.

This "scare-the-hell-out-of-them" approach is not going to be supported by our organisation because of the potential for greater stigmatisation of positive people and the possible deterrence from treatment for those whose health requires it. We would like to see the greater involvement of positive people in HIV prevention campaigns in this state, though. This could include HIV-positive people giving messages to HIV-negatives about some of the realities we face every day—the difficulties around disclosure to sex partners, the risk of discrimination, the uncertainty about one's prognosis. There can be subtle messages developed which positive and negative gay men will agree have potency and relevance in preventing HIV transmission without stigmatising and marginalising positive people in the process. Such messages could have the added effect of improving understanding in HIV-negative people (or those who don't know their status) about the reasons why positive people find it so difficult to disclose to sexual partners.

Those of us who have had HIV for a long time – fifteen years or more—will remember the horrible time which positive people went through in the eighties when society, including some in the gay community – wanted to

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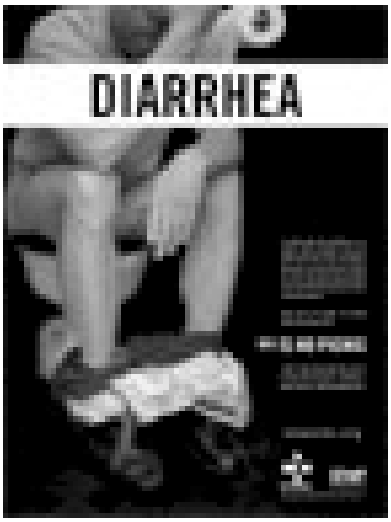
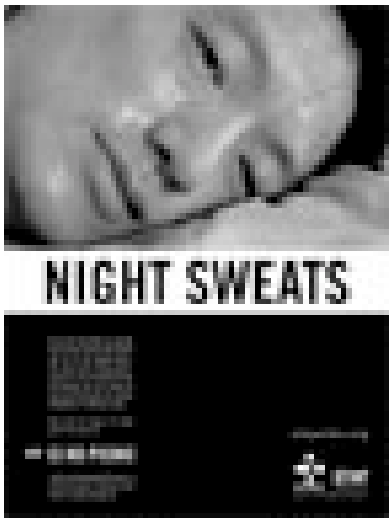
HIV PREVENTION – OUR ROLE?

Continued from page 11





blame positive people for the spread of the virus and to conveniently ignore the fact that everyone has the responsibility to educate and protect themselves from HIV. The ways of picking up HIV were clearly known by that stage but, as is typical in a perceived community health crisis, fear and hysteria had some people wanting to scapegoat those who already had it. AIDS Councils and HIV educators realised that this stigmatisation would lead to less people coming forward for testing, would seriously threaten the well-being and self-esteem of positive people and generally not help the public health approach to dealing with the situation. The only sensible way for AIDS Councils to effectively communicate with all people in the gay community, for instance, was to take the approach as one campaign did in its posters, "Positive or Negative: We Have Safe Sex Every Time".

Involving Positives in Prevention

Generally HIV educators have continued this shared responsibility line in campaigns ever since. It is still a relevant and necessary message. Positive people, it can be argued, are no more (or less) responsible for the spread of this virus than their partners in unsafe sex or drug use. But we can also learn from other programs around the world where extra supports are given to help positive people who are having difficulties adhering to safe sex or needle-sharing practices. We can be honest and mature enough, at this stage of the epidemic, to say that yes, there are some positive people who need spaces and opportunities to discuss unsafe sex, barebacking, call it what you will. To talk about self-esteem issues and recreational drug use. To admit that it is not always easy to demand a condom in some situations in backroom venues and to practice the sexual behaviours which you know will best protect a partner of unknown HIV status. This is also an issue for people who are unsure about their own status.

The Positive Images campaign in Los Angeles for instance recently produced an extensive series of advertisements to raise awareness amongst HIV-positive people about their role in prevention. It did not take an accusatory or judgmental approach and offered opportunities for counselling and for people to discuss concerns about safe sex and drug use through telephone and Internet chat lines – and often made arrangements to assist specific communities such as positive women or gay Asian men to get in touch with each other. They believe that fostering community networks with like-minded individuals promotes a sense of solidarity amongst groups of positive people who then support each other through difficult times. There can be no doubt that the provision of extensive counselling to people after their diagnosis

HIV PREVENTION – OUR ROLE?

and at other moments of need can help individuals to really talk through their difficulties, help with issues around disclosure and rejection and self-esteem problems. Often groups formed with positive peers where people feel safe to discuss these issues without censure can also be hugely beneficial.

We have such groups in Melbourne although maybe it is time to offer groups which specifically cater for people who want to discuss the difficulties that can go with trying to practice safe sex every time – and the guilt that goes with not always living up to your own expectations for yourself. The Victorian AIDS Council is developing a website to tap into the hugely popular Internet chat culture to promote discussion about these issues amongst the punters.

Talking Honestly

I hope the developers of this site check out the AIDS Council of Toronto's excellent website (www.actoronto.org), particularly the pages titled "Bareback Sex and You". These pages presented an amazingly honest but I think realistic approach to barebacking which acknowledges that some positive and negative gay men do it – and tries to answer their questions about the relative risks of their behaviour. A sample question and response from the website includes:

Q. I'm HIV-positive and I choose to bareback. Why don't other guys take responsibility for protecting themselves if they want to?

A. Well some men assume if their partner does not tell them they are HIV-positive (they have HIV, the virus that causes AIDS), then they must be HIV-negative (they don't have the virus that causes AIDS). What is true is that everyone should take some of the responsibility for protecting themselves and their sex partners.

There are many reasons why some men will consent to bareback sex without knowing the HIV status of their sexual partner:

- *They may have HIV*
- *They may assume that their partner has the same HIV status as themselves*
- *They may be uncomfortable or afraid to mention condom use for fear of being rejected*
- *They may be anxious about using condoms for fear of losing their erection*
- *They may be really turned on during sex and decide, at the moment, it's worth the risk*
- *They may be drunk or high*

This is real communication about the fears and insecurities many of us feel about sex, particularly in sex-on-premises venues where negotiations can be difficult – but even in your average bedroom on your first date with someone. HIV educators have to talk this language and in forums (such as the Internet chat sites) where these messages are relevant.

In the meantime, with our limited resources to work in this area at the moment, PLWHA Victoria will be doing our best to listen to your opinions and answer your questions around HIV transmission. We plan to do this through *Poslink* and are looking into organising one of our regular Interactive Events where we can discuss the issues around barebacking including disclosure, risk reduction strategies, sexual negotiation, the role of viral load, sexually transmissible infections and so on. We would value your opinions about the role of positive people have to play in preventing others from picking up HIV. Maybe you think that we shouldn't play any role at all. Maybe you think we should take a very tough line against those who bareback. We'd like to hear your feelings on this issue – a letter, a 200 or 500-word article for this magazine, perhaps?

The Victorian Multicultural Health and Education Service

In 2003 Health Minister Bronwyn Pike launched the Multicultural Health and Education Service. In the following article the Coordinator of the project, Kate Bean, describes the projects objectives and procedures being put in place to address the needs of linguistically and culturally diverse communities in Victoria.

The Multicultural Health & Support Service (HIV, Hep C & STI's) is jointly provided by the Alfred and North Richmond Community Health Service. It is funded by the Victorian Department of Human Services, in response to the increase in the incidences of HIV and other blood borne viruses, such as Hepatitis C and sexually transmitted infections, in community members originating from what has been identified as "high prevalence" countries.

The service was officially launched by the Victorian Minister of Health, Honorable Bronwyn Pike, on December 1 2003 to coincide with World AIDS Day and is located at North Richmond Community Health Centre, 23 Lennox Street, Richmond 3121. Our contact telephone number is 9420 1339.

Initially the service will target four specific culturally and linguistically diverse communities, as defined by the Department of Human Services. These include the Vietnamese, Thai, Horn of Africa and Arabic-speaking communities. Although this may appear to be overly narrow in its perspective, these communities comprise approximately 28 countries.

The Horn of Africa includes Ethiopia, Eritrea, Somalia and Djibouti. The Arabic-speaking communities represent the Arab League of Nations, which includes not only parts of Africa, but 22 other countries such as Lebanon, Iraq, Armenia, Kuwait and Egypt.

The predominant aim of the Multicultural Health & Support Service is to provide clinical support to members of these communities in the treatment and management of HIV, Hepatitis C and STI's. It is widely acknowledged that mainstream health service providers, although providing the general population with a comprehensive service in relation to HIV, Hepatitis C & STI's, could more effectively meet the needs of culturally and linguistically diverse (CALD) communities in terms of cultural appropriateness and cultural sensitivity.

LET YOUR VOICE BE HEARD

Become involved, email us for:

Ask Dr Nick
Dr Nick Medland will answer questions about your health. Please send your questions to doctor@plwhavictoria.org.au

The Scratching Post
This will be a page dedicated to what you have to say about anything you consider to be important. Pretty much anything goes on this page. However, inclusion of material is subject to editorial discretion and is not automatic. Please write a maximum of 200 words. To have your say email scratch@plwhavictoria.org.au

Personal stories
One of the best ways for people to learn about dealing with HIV is to listen to other people's stories. PLWHA Victoria will pay $50 for each story that is published in *Poslink*. Please be aware that not all stories will be published and therefore payment for a story is not guaranteed. Payment for stories can only be provided while funding is available. Funding is currently available for the next 2 issues of *Poslink*. Please write a maximum of 1000 words. Email your stories to stories@plwhavictoria.org.au

Future direction
We need to know what you would like us to write about. Examples of articles you may like us to write about could include topics that cover counselling issues, treatment issues or specific drug therapies, side effects, complementary therapies (please be specific), diet or political issues etc. Email your requests to ideas@plwhavictoria.org.au

Advocacy
Have you experienced problems with discrimination or access to health services? Call PLWHA Victoria on 03 9865 6772 and tell us what the problem is. We'll then assess if there is something we can do to fix the problem.

In establishing this service it was imperative for the communities targeted to be actively involved in defining their sexual health priorities and how we best meet these in culturally and linguistically appropriate manners. The success of this service lies in it being able to be community driven, community responsive and community "owned" – all of which are the basic tenets of community development.

In order to facilitate this we have a steering committee with representation from the four communities, all of whom have been very supportive and demonstrably knowledgeable of the sexual health issues and concerns within their communities. We also intend to develop smaller community specific advisory groups to assist in planning and service delivery, and to support the bicultural/bilingual co-workers from each community working with the service.

Presently we have two co-workers employed – from the Thai and Horn of Africa communities, both of whom come to the service with a wide skills base, loads of enthusiasm and, most importantly, the respect of their communities. We are looking forward to employing the Vietnamese and Arabic-speaking workers in the next two months.

Although clinical support remains the linchpin of the service we will also be developing a range of community development and community action projects for each community. The objective of these projects is to increase the knowledge of HIV, Hepatitis C and STIs within the communities as well as involve the community in action projects to promote health awareness and to develop the service profile. These may include projects such as health education seminars, street theatre, sports activities as well as projects on how to prevent HIV, Hepatitis C or STI transmission when returning home for holidays.

The Honorable Bronwyn Pike, Victorian Minister of Health.

The Multicultural Health & Support Service will be developing partnerships with community organizations interested in working with CALD communities on issues relating to HIV, Hepatitis C and STI's. Currently we are planning joint projects with Resourcing Health & Education in the Sex Industry (Rhed) in working with female Thai sex workers and with the Horn of Africa Family and Reproductive Rights Education Program (FARREP) program in working with women and families to prevent HIV/STI's transmission. Working in partnership means not only being able to access more communities, but also the opportunity to develop our skill base. Most importantly it means really being able to make a difference, achieve tangible results in HIV transmissions, and develop healthier and more aware communities.

It will also underline the importance in Victoria of having mainstream health services which provide equitable heath care, accessible to all of us regardless of our cultural, linguistic, religious or sexual backgrounds. And that mainstream health care providers are confident in providing healthcare which embraces the diverse range of needs within our Victorian multicultural community.

It is a privilege to work with these communities as Coordinator of the Multicultural Health & Support Service and we welcome suggestions and feedback from anybody who is interested in being involved by emailing me at kateb@nrchc.com.au

Kate Bean
Coordinator
Multicultural Health & Support Service
(HIV, Hep C & STI's)

Syphilis: what you need to know

By Alan Strum

Did you think syphilis was a thing of the past? Think again. Syphilis has increased 135% in Victoria over the last year[1]. The median age of the person catching syphilis is 35 and approximately 64% of reported cases are in men who have sex with men.

While an increase of 135% may sound alarming the total number of reported cases is still quite small at around 47 (YTD Q3) for 2003. However, compare this with only two cases in 1999 and you begin to get a picture in your head as to how quickly this sexually transmitted disease can spread. Syphilis is now reported at staggeringly high numbers in cities around the world. In London 54% of gay men reported to have syphilis were also HIV positive.

A recent study has shown that syphilis is responsible for a rebound in the HIV viral load that returns to undetectable levels after the initial infection has settled.

Syphilis is a disease caused by a bug called *Treponema pallidum*. This is a cork screw type of bug that burrows into the skin of unsuspecting individuals via sexual contact. Condoms for anal sex can reduce the risk of catching syphilis but it can also be transmitted through oral sex.

Syphilis occurs in four stages:

Primary syphilis appears 10 – 90 days after infection. An ulcer (chancre) appears on the surface of the area where the bug has initially entered the body. This ulcer is generally painless and resolves by itself within a couple of months. Swollen glands may also be present. Because the bug is transmitted through the skin, ulcers can show up anywhere on the body such as on or near the genitals, lips, mouth, fingers or anus.

Secondary syphilis develops 2 – 4 months after infection. Symptoms may include a flat red rash on the hands and the soles of the feet, hair loss, fever, lumps on the genitals, or general tiredness. If not treated early the rash can extend to cover the entire body and is very contagious. After a period of time the rash goes away and the bug becomes dormant.

Latent syphilis can last for many years without any symptoms.

Tertiary syphilis occurs 3 – 35 years after infection. Damage occurs to the internal organs such as the brain, central nervous system and the heart, leading to dementia and heart failure.

In people with HIV syphilis may occur with different symptoms and there appears to be a greater risk of brain involvement. HIV seems to speed up the disease progression of syphilis with people proceeding to secondary and tertiary syphilis faster.

Prof Kit Fairley of the Melbourne Sexual Health Centre advised; 'The number of people with syphilis is going up and seems to be driven in part by oral sex. A significant proportion of people do not show early symptoms of syphilis. In some people the ulcer can go undetected in the anus. Because of this it's really important that all sexually active people have a blood test for syphilis every 12 months. Syphilis is easy to treat but people with HIV need to be more carefully monitored as treatment failures are more common.'

1. Victorian Infectious Diseases Bulletin (Q3 year to date data 2003 vs YTD Q3 2002).

Special Feature

The ups and downs of Crystal

(part 1)

Reports have been coming in thick and fast about the party drug Crystal and how it appears to harm those who indulge too often. From CEOs to regular people, few seem to be impervious to its intoxicating spell. It gives people the energy to party all weekend and partake in sexual escapades beyond their normal comfort zones. There have been reports that Crystal makes people feel invincible. In the USA Crystal use has been linked to new HIV infections and increases in viral loads in people on HAART. In a recent study in Sydney 16% of new infections were linked to Crystal use in men who reported using Crystal at the event that led to their HIV infection[1]. However other drugs were also linked to high risk sexual events. It would appear from data collected in the Sydney Gay Community Period Survey that Crystal use in Sydney is not used by as many people who take ecstacy (26% vs 56% of those surveyed)[2]. The same survey has shown that Crystal use has increased nearly 2.5 fold in the last 3 years and of particular concern is that the number of people injecting Crystal appears to be on the increase as well. In this article Alan Strum talks with Dr Darren Russell to find out what is happening with Crystal use and its effects among his patient population.

AS: Can you tell me about your experiences with your patients and their use of crystal meth?

DR: We are not seeing acute overdoses as these cases go to casualty. However we are seeing more chronic problems related to use of Crystal such as relationship problems and work problems where a person's life is falling apart.

AS: What is the difference between speed and Crystal?

DR: I don't think there is much difference in its effects compared to speed but it is a lot more potent. It lasts longer – up to 36 hours and then some. It's like normal speed but multiply the effects by ten. When someone takes Crystal their lifestyle becomes focused on having to have a good time – no matter what. Looking after ones self just flies out the window. It seems to be quite normal that users keep going for 2 – 3 days without sleep; partying, pubbing, clubbing and screwing.

AS: Does Crystal have an effect on sexual behaviour?

DR: Yes it does, I suppose there are three main things that seem to change. People are often a lot more sexual on it and feel a lot hornier. The second thing is that people are not protecting themselves or their partners as well as they normally do and are not using condoms consistently. And the third thing is that some tops get crystal dick, they can't get an erection, and become bottoms. Often they don't protect themselves properly in this passive role and forget to tell the active person to use a condom.

AS: Let's talk about the reports of non-stop sex?

DR: We certainly see guys who tell us that they have really become quite insatiable on Crystal. They come to see us with quite nasty chafing. They get red raw areas on their

The ups and downs of Crystal

(part 1)

dicks and bloody cracks around the anus. They just aren't aware of the length of time they've been having sex because they can't cum and consequently they aren't aware that things have become dry and aren't using enough lube. These little nicks, cracks and chafing increase the risk of transmitting HIV.

AS: One of the things we often hear about is that people are having difficulties coming down off their drugs. Can you explain what they are experiencing?

DR: Crystal causes a heightened sense of stimulation. It speeds up the heart rate and thinking processes and while a person is like this it can be very hard for them to relax and go to sleep. Another problem is that as people start coming down they can feel very flat and even depressed so they may take more Crystal to feel good again. The thing is - Crystal causes a release of a chemical in the brain called dopamine. Dopamine is responsible for making people feel good. Too much dopamine makes people feel invincible. When someone is coming down then their brain stops releasing dopamine and the normal levels are really low so they start to feel uncomfortable and distressed. Dopamine is the reward chemical the brain releases to let someone know they are okay. Without the dopamine they don't feel okay so there is a desire to take more Crystal to feel good again. That's why people can become addicted to it.

After taking Crystal people can certainly feel physically and emotionally drained, especially after a binge of 2 – 3 days. It can take some days or even weeks before they feel back to full strength. A very dangerous condition that can occur is psychosis. There are certainly people admitted to psychiatric wards with this condition that can take weeks or months to settle down. An example of psychotic behaviour is usually associated with paranoid feelings. They may feel that they are being talked about behinds their back or that family and friends are trying to hurt them in some way. The person really loses touch with reality.

AS: What do you say to people who appear to be 'falling apart' due to their drug use?

DR: We often say they should be looking at their life and what is going on in their life and weigh up whether taking Crystal is worth losing a lot of valuable things for. Some

The ups and downs of Crystal
(part 1)

people listen to that and some people don't.

AS: Do you ever refer people to counsellors to discuss their drug use.

DR: Yes, some people have come along because they realise they are in trouble. But others are looking to blame everything else other than their drug use and life style.

AS: I have read some horror stories about normal everyday successful people becoming addicted to Crystal the first time they take it. Do the people who see you realise that they are addicted?

DR: Usually people begin to realise they are addicted after some major crisis has occurred such as feeling suicidal or loosing a job or loosing their boyfriend. Just as with an alcoholic, they realise they are in trouble and want to do something about it. We try to get them to use their friends to help them as long as their friends aren't using Crystal as well. We refer people off for counselling and sometimes we will even prescribe antidepressant medications for depression and anxiety or stronger psychiatric medications if they have developed paranoia.

AS: What about those having trouble coming down off their drugs?

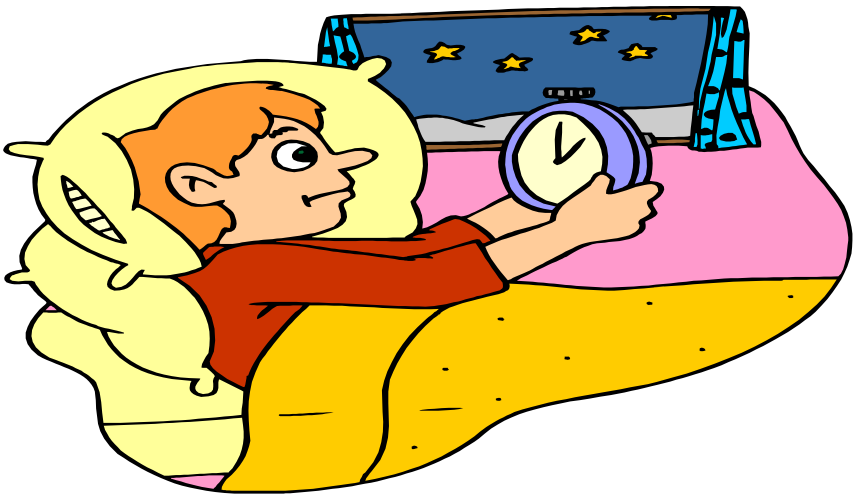
DR: Usually we recommend a good herbal tea and a good lie down. Where possible we try not to treat the problems of one drug with another drug. So we might recommend a warm bath, some soothing music and just to try to relax. A meditation or relaxation technique could be useful. Failing this there is always Valium. Valium is a sedative that calms people down. It can be useful for people who are coming down off Crystal because it can relieve their distress or anxiety. On the down side, Valium is in itself addictive and because it causes sedation people shouldn't drive or operate machinery.

AS: Do you have any words of advice for people who are having problems with Crystal?

DR: Let friends know what is going on and what you have taken. If it is a serious problem get some medical help either at the Accident & Emergency Department of your local hospital or from your local doctor if they are available. Don't be afraid to ask for help.

Crystal really is a big problem for *some* people in the gay community. I don't think its use is widespread outside of the party scene but it has the potential to really do a lot of damage to the community and to those who take it. I understand that many users don't think they have a problem. I think it is important that a person always hold onto the things that were important to them before they started taking Crystal. If these things start to lose their importance then maybe they should cut back on their drug use.

1. Verbal communication; Prof Andrew Grulich, Head, HIV Epidemiology and Clinical Research.
2. Crystal, Viagra and UAIC Slide presentation; Patrick Rawstorne, National Centre in HIV Social Research.



The ups and downs of Crystal

(part 2)

The following is information on Crystal use and harm minimalisation from a website called torontovibe.com. The site's focus is to provide information to gay and bisexual men who do drugs. PLWHA Victoria does not condone the use of recreational drugs such as Crystal.

Club Drug Info - Using 'Crystal'? (Crystal Methamphetamine, crank, speed, Tina)

'Speed' is a term that refers to a family of amphetamines and methamphetamines. They all function as stimulants or 'uppers', and are found in some prescription medications. Crystal methamphetamine is a popular street-drug form of amphetamine. Crystal affects the central nervous system, acting as a psycho-stimulant. It acts on the body to produce a rush of adrenaline, which can increase strength and endurance. Crystal also elevates brain chemicals or neurotransmitters, like dopamine, serotonin, and noreprenephrine. These chemical relate to mood, sexual function, body movement, sleep and sensory perception, and regulation of body temperature and blood pressure.

This combination can lead users to feel very confident and alert, to have an elevated mood, feel euphoric, have increased energy, movement, and speech, and decreased appetite. Some gay men also report feeling very sexual on crystal, with a reduction in inhibition and an increase in their ability to have sex for a long period of time.

The main risks with 'crystal' use are:

Dehydration - People on crystal can dance for hours without stopping. In a crowded, hot dance party this can increase your risk for dehydration or overheating.

Dependence - A tolerance for crystal builds up very quickly. This means if you use crystal regularly, it will quickly take more and more of the drug to give you the same high. At the same time, crystal is associated with a tough come down period or 'crash' - significant fatigue and depression which can last a few days to a week or more (with longer term or heavy users). Also, for some gay men crystal makes sex more intense and last longer. These factors contribute to a potential for psychological dependence or a habit forming with the drug that makes quitting more difficult.

Anecdotally, we've heard from experienced users and treatment counselors who work with gay men, that crystal is a drug that is particularly difficult to use recreationally. If you want to use crystal, take extra steps to ensure you do not develop dependence. Learn the signs of developing dependency and strategies you can use to reduce your risk of becoming dependent on the drug.

HIV - Research in the United States has shown that gay men who use crystal are at increased risk for HIV. Gay crystal users were either less likely to use a condom when they fuck or were more likely to experience condom breakage while fucking.

Route of drug intake. Crystal can be snorted, swallowed, smoked, injected, and placed up the ass. There are risks and benefits to different methods of taking the drug. Learn about your method of choice and act to reduce harms associated with that choice.

Amphetamine Psychosis. Chronic use of crystal can lead to severe paranoia or sudden, violent, and irrational behavior.

You can use 'crystal' and reduce your risk for these harms.

Play Safer...

Sip a small bottle of **water** every hour, when you are dancing (about half a litre, or 500 ml). It is better to sip the water slowly over the course of an hour than drink a large amount at one time. Remember: water is an antidote to dehydration and overheating from dancing in a crowded, hot club, not an antidote to crystal.

Take breaks from dancing. Chill out in a cool room away from the dance floor. Splash or spray cold water in your face and on the back of your neck — it will cool you down and feel great too!

Avoid direct sunlight. Wear a hat and sunscreen, and take time out in the shade. It's safer to tan or spend lengthy time in the sun when you are not high. If you do use during the day, find ways to keep cool. Cold water over your head, on the back of your neck, in your armpits, and crotch, can feel groovy and cool your body temperature down. If you are going in water, like a tub or pool, make sure others are with you.

You can have problems if you drink **too much water** and do not piss (or sweat if you dance). If you drink water and are not pissing, your piss is dark yellow, or you are not sweating (and dancing), drink Gatorade or other isotonic sports drinks, or a small bottle of water

The ups and downs of Crystal
(part 2)

with about a half teaspoon of salt mixed in, or eat salty food. If you still do not piss or your piss remains dark yellow, stop drinking water and seek medical attention.

Take smaller amounts of crystal when it's your first time, or a new supply, or when you're taking other drugs - like HIV medications. Some users will 'taste test' the drug by taking a small bump to get a sense of its effects.

Try to buy from a **reliable supplier** whose goods you like or your friends have tried. If you don't have one shop around. Talk to friends who have experience with drugs, and who know a dealer who has been able to get them drugs in the past that did not lead to unwanted or unexpected effects. The gay dance scene has experienced users who are knowledgeable about the drugs, and how to use them more safely. Seek out a more experienced user and ask questions. We need to take care of each other. If anyone tells you drugs are harmless or risk-free, they are lying. Find someone who is well-informed and who is not invested in you using drugs.

Eat while on crystal. Crystal reduces your appetite, but also increases your energy output. Even small snacks can help give your body needed energy while you party.

Recognize the 'crash' for what it is. You are coming down off a powerful stimulant that has depleted your brain chemicals while leaving you without sleep or food for possibly an extended period of time. Feeling depressed and tired is common and should pass in a few days. Some guys begin to develop a habit with crystal when they use the drug to avoid or minimize the crash, leading to days of binge drug taking.

Plan ahead for the crash. Have healthy foods at your home, and eat even if you don't feel hungry. Take vitamin and mineral supplements. Give yourself time to rest and catch up on lost sleep. Replenish lost fluids with water, fruit juices, and isotonic sports drinks - like Gatorade or Powerade. Plan to spend time with a friend doing a low energy activity you enjoy (like watching movies, reading a book, or playing a game) who knows you use crystal and won't judge your depressed mood.

Set limits for yourself and plan ahead to stick to them. Decide in advance how much drug you want to take and only buy that amount. This will make it more difficult to use in a binge pattern and could reduce your risk for dependence.

When you have used up your crystal for the night, **accept the fact that it's your last hit.** Reflect on the positives of the experience, and know that you can choose to do crystal again in the future if you want.

Some guys treat crystal as a special occasion drug, like for Pride, birthday celebrations, anniversaries, or other occasions that only arise periodically. This is a way of keeping their drug use in check, while still enjoying it.

If you have **sex on 'crystal'**, take steps ahead of time to ensure condom use when you fuck. Fucking without condoms is the way most guys get infected with HIV. Partial fucking without condoms (put your dick in for a little while without a condom, pull out, put on a condom, continue fucking until you cum in the condom) also puts guys at risk for HIV. The bottom is at highest risk for HIV when fucking without a condom, but the top can get infected too.

Keep a condom with you.

Put condoms out in plain view in your bedroom, at the baths, or wherever you enjoy sex with other guys.

Bring a condom out and put it on. You don't have to talk about it with your sex partners. If you do it, many guys will go along with it without a problem.

Use the increased sensuality of the drug to work the condom onto your dick.

Use plenty of water-based or silicone lube on both your dick and his ass. Crystal can enable some guys to fuck for a very long time. Check the condom periodically to be sure it hasn't broken, or plan to fuck for short periods of time. Mix your fucking with other sexual play.

If you get fucked, put a 'Reality' condom in your ass before you start having sex. 'Reality' is a plastic pouch designed for vaginal sex that can be used in the ass. It's stronger than latex condoms and can be used with any lube. Make sure his dick goes in the pouch and not around it.

Some gay men say they can open up their ass when on crystal. Some gay men are more likely to engage in sexual activities they would not engage in while not high. Fisting, butt play with large dildos, or getting fucked by more than one guy at a time can be really hot sex, but can also be risky if you do not

The ups and downs of Crystal

(part 2)

slowly work your ass up to larger objects. Crystal may make you want to take it fast. If you have difficulty taking it slow while high you might want to avoid sex that places large objects up your ass, or play with someone not on crystal that has experience with ass play. Otherwise, you risk tearing your ass, developing infections, and increasing your risk for HIV.

Remember: Using a condom does not mean you have HIV or he has HIV. Not using a condom does not mean you do not have HIV or he does not have HIV. Using a condom just means you are taking care of yourself, and you are taking care of him — in case one of you has HIV or another sexually transmitted infection.

Avoid mixing crystal with alcohol. Alcohol can contribute to dehydration, a potentially serious risk when using crystal and dancing or hanging out in hot dance spaces.

Avoid mixing crystal with other stimulants, like ecstasy or cocaine. Your risk for overdose and heart problems is increased.

Avoid mixing crystal with Viagra. If you do, reduce the dose of each (1/2 normal dosage). If you get an erection that lasts longer than 4 hours go to an emergency room immediately. An erection longer than 6 hours can lead to permanent damage in your dick and affect your ability to get hard in the future.

Avoid mixing crystal with Ritonavir. If you are taking anti-HIV medications, speak with your HIV doctor before you take recreational drugs. You need and deserve an open and honest relationship with your doctor in order to get good quality health care.

Avoid mixing crystal with MAOIs (Monoamine Oxidase Inhibitors)*, which are often prescribed as anti-depressants. This combination can be fatal. These include Nardil (phenelzine sulfate), Parnate (tanylcypromine sulfate), and Aurorix (moclobemide). If you are taking anti-depressants, speak with your doctor before you take crystal to find out about the risks of combining the drugs. MAOI's are different from SSRI (Serotonin Reuptake Inhibitors), such as Aropax (paroxetine), Zoloft (sertraline), and Prozac (fluoxetin).

Avoid crystal if you have a **history** of heart problems, high blood pressure, aneurysm or stroke, glaucoma, liver or kidney problems, hypoglycemia, or are prone to seizures. If you are unsure, speak with your family doctor. It is important for gay men to have a doctor they are comfortable speaking to about their sexual and recreational lives. You need and deserve good quality health care, and your doctor needs to know what you are doing to provide it.

Injecting crystal is the route of intake most likely to lead to overdose. Learn how to inject safely. You can avoid serious health problems that arise through unsafe injection practices.

Snorting crystal can damage the lining and cartilage in your nose. If you use crystal regularly, alternate between snorting and swallowing to reduce the impact on your nose. Place a bit of clean water on your hand and snort it up your nose after taking the drug to reduce burning sensations.

Smoking crystal may carry an increased risk of dependence. Learn how to recognize when your drug use is becoming a problem or putting you at risk for dependence.

Swallowing crystal allows your body to absorb the drug more slowly than snorting or injecting. This will bring the high and the comedown on more gradually. Some people complain about a stomach ache from swallowing crystal, so having a small meal an hour before you take the drug is a good idea.

Anecdotally, we've heard guys like to take crystal by diluting it with water and **injecting it up their butt** with a needless syringe. If you use crystal this way, speak to an experienced user, or your doctor, about the health risks. There is concern that serious health complications can arise when crystal is absorbed into your anus and intestines.

Amphetamine psychosis will usually subside once crystal use is stopped. If you experience extreme paranoia or engage in violent behavior, seek support.

*Canadian pharmaceutical brands changed or substituted to Australian pharmaceutical brand names along with the generic names added.

For information on Crystal and recreational drugs visit:

www.torontovibe.com

www.crystalneon.org

www.tweaker.org

Treatments Update: what's new, what's changed... In the news

Alan Strum
PLWHA Victoria
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By Alan Strum

Europe changing process for HIV drug approvals

The European Union (EU) has approved the new once daily protease inhibitor atazanavir for use in treatment-experienced patients when boosted with ritonavir (300mg/100r). This is the second time now that the EU has approved a new drug with more strict criteria than the US where atazanavir was approved without use with ritonavir for anyone with HIV. It would appear the EU is no longer prepared to approve HIV drugs based on 48-week data for general use and are now requesting 96-week data from pharmaceutical companies.

Atazanavir approved in Australia

The Australian Pharmaceutical Advisory Committee has approved atazanavir "for the treatment of HIV-1 infection, in combination with other antiretroviral agents". Use of the product will be governed by the eventual PBS listing. The PBS listing process will still take at least 6-months after which the drug will become available for use in the community. Atazanavir is currently available to some people through a compassionate access program.

Lipodystrophy might be caused by drugs acting on the brain

A new theory on the cause of lipodystrophy (fat redistribution) has been put forward by a Dutch research team. The researchers believe that fat changes in the body may be due to HIV drugs affecting areas of the brain responsible for modifying the autonomic nervous system that controls the function of organs and tissues including fat stores. Apparently animal models have shown that damage to certain areas of the brain can increase central fat and decrease fat under the skin. [*Editor's note: This is a highly provocative theory but one worthy of further investigation as it has the potential of demystifying confounding aspects of currently accepted fat redistribution models*.]

UK removing free health for visitors

Due to many people travelling to the UK as "free health tourists" the UK government has announced that free health will shortly only be provided to people with the right to live in the UK. Visitors requiring treatment for HIV will have to pay for their health care from April 2004. [*Editor's note: Australia has a reciprocal health care agreement with the UK that is meant to ensure the provision of health care for emergency treatment only. These new rules may very well affect access to free health and HIV drugs for HIV positive Australians planning to visit the UK in the near future. Australians are permitted to leave Australia with 6 months worth of drugs. If you are planning to travel to the UK make sure you know how these changes will affect access to your HIV medications.*]

NNRTIs better for sex?

An Italian study has found that improved sexual satisfaction is associated with age, improvements in mental health status and decreases in HIV viral load in people who were taking NNRTIs as part of their combination therapy. The researchers suggest that the increase in sexual satisfaction could be because NNRTIs have a better side effect profile and are easier to adhere to than protease inhibitors. [*Editor's note: It is possible that protease inhibitors can interfere with sexual function in some people but research in this area is ambiguous.*]

Treatments Update: what's new, what's changed

T-20's big brother hits the wall: T-1249 withdrawn

Roche have announced that clinical development of their HIV fusion inhibitor T-1249 has been stopped due to technical difficulties that would hinder production of the compound for large clinical trials and commercial use. Roche will investigate whether T-1249 can be reformulated but will also focus on developing other compounds in their drug discovery pipeline. No new clinical trials will be started. It is likely that a successor to T-20 will now be delayed by years. [*Editor's note: The fusion inhibitors are very difficult molecules to produce. T-1249 would have been the next drug available that could maintain control of HIV for people who develop resistance to T-20. Drug development is an expensive high-risk business. This is a good example of a pharmaceutical company investing 100s of millions of dollars in a drug that appears to have fallen flat on its face. This is the argument used by the pharmaceutical industry for justifying the high cost of new drugs to cover the losses involved in drug development. The next new type of drug that people might be able to access through clinical trials is an entry inhibitor being researched by Pfizer called UK-427,857 that has just completed Phase I studies. PLWHA Victoria has been in contact with Pfizer to request that Australia be considered for early phase studies of UK-427,857.*]

Gilead Sciences stops development of DAPD

Gilead has announced that research into the salvage therapy nucleoside analogue amdoxovir (DAPA) has been halted. The company has advised they will focus on other drugs in their product pipeline that look more promising. An early study of amdoxovir in humans has shown that it appears to cause lens opacity. Gilead is currently developing a protease inhibitor, GS9005, along with a new delivery mechanism that allows drugs to enter easily into the lymphatic system where most of HIV resides.

Saquinavir makes a come back

Roche have announced the FDA has approved the use of saquinavir hard gel capsules (hgc - old formulation) at 1000mg twice daily for use with 100mg of ritonavir twice daily. Roche have also announced they are developing a 500mg tablet of saquinavir (hgc). The old formulation of saquinavir is better tolerated than the new formulation called Fortovase (saquinavir soft gel capsules). The new 500mg tablets boosted with ritonavir will bring this older drug into the new era of drug therapies where patients demand less tablets, reduced dosing frequency and fewer side effects. [*Editor's note: In Australia we have been using saquinavir with ritonavir for years with good results. It is good news to hear that a new 500mg tablet is in development. While it sounds like Roche may be doing this for the consumer, which they are doing to keep their drug competitively placed in the market, they are also doing this to extend their patent that will expire by around 2007. A new formulation extends their patent rights by up to 20 years and effectively blocks any form of generic competition.*]

Treatments Update: what's new, what's changed

At least 95% of HIV+ve people do not pass on the virus

A study looking at statistical modelling applied to new infections and AIDS cases in the USA has shown that only 4 – 4.34% of HIV positive people were virus transmitters in the 1990s. The annual transmission rate peaked in 1979 with 100% of infected people transmitting the virus to uninfected people. The transmission rate dropped in the 1980s to 5.5% and became stable in the 1990s at 4 – 4.34% in the 1990s. The researchers suggest a need to focus on the 4.34% group of positive people for behavioural and clinical research.

Penile piercings may increase risk of HIV transmission

A study in Sydney has found a possible link for gay men with penile piercings and HIV transmission through insertive oral sex. In all cases of HIV infection the piercings were not new. It is possible that penile piercings may cause a breach in the skin integrity making people more susceptible to HIV infection. More research and confirmatory data is needed in this area before any conclusions can be drawn.

Efavirenz sleep disturbance

A Spanish study comparing people taking efavirenz with sleep disturbances with people taking efavirenz without sleep disturbances has found that higher blood levels of efavirenz appeared to be responsible for the problem. People with efavirenz-related insomnia took longer to fall asleep (31 minutes vs 11 minutes) and woke up more frequently during the night (4.1 times vs 2.6 times). Efavirenz blood levels were 4.3mg/mL in people with insomnia vs 2.6mg/mL in those who did not experience insomnia. The researchers suggest it may be possible to reduce the dose of efavirenz in people who experience sleep related disturbances without compromising the efficacy of treatment.

The Clinton Foundation secures cheap price for CD4 and viral load tests.

Previously the Clinton Foundation had secured a very cheap price for antiviral medications. Now the Foundation has managed to secure cheap prices for CD4 and viral load tests for South Africa, Tanzania, Mozambique, Rwanda, Haiti, the Dominican Republic and a number of other Caribbean countries. The CD4 test has been reduced from $12 to $5. The viral load price has also been greatly reduced but the new price has not been released. The companies involved will supply and maintain all equipment free of charge while making a small enough profit to make it worth their while to provide product and ongoing support.

Behavioural changes offsets benefit of HAART

A study in San Francisco has shown that HIV treatments reduce the infectivity of HIV by 60%. However, the study also showed that any benefit to the public in reducing the number of new infections was offset by an increase in the incidence of unprotected anal sex among gay men.

Atazanavir boosts amprenavir levels like ritonavir

A small Italian study has shown that atazanavir boosts amprenavir levels equivalently to that of ritonavir. 400mg of atazanavir daily boosts amprenavir equivalently to 100mg ritonavir twice daily reducing the dose of amprenavir from 1200mg twice daily to 600mg twice daily. [*Editor's note: Another study is needed to confirm this information before recommending this combination as the study design was flawed and the numbers were small.*]

Company issues updated safety information on Nevirapine

Boehringer-Ingelheim has issued a letter to doctors in the USA advising of new safety information on nevirapine:

- Women with CD4 counts greater than 250 cells/mm^3 have a 12 fold greater risk than men for serious liver toxicities that can be fatal.
- Liver events present the greatest risk of fatality if they occur within the first 6 weeks of treatment and can be associated with a rash.
- Any patient developing a rash should have a liver test function done immediately.
- Risk of fatality continues beyond 6 weeks. Close monitoring is recommended for the first 18 weeks of therapy.
- In some instances liver injury can continue even after nevirapine has been withdrawn.
- People should not be rechallenged on nevirapine if they have stopped therapy due to an allergic reaction.

[*Editor's note: Doctors in Australia have good experience in using nevirapine and will already be aware of most of this new information. Beohringer-Ingelheim is simply requesting that doctors identify and closely monitor those people who may be at 'high risk' of liver side effects. Speak with your doctor if you have any concerns.*]

Ballarat Social Group

Do you live in or near Ballarat?

PLWHA Victoria has received a letter asking for PLWHAs interested in starting up a luncheon club or support group in Ballarat to contact Lawton at the email address below or call our office on: 03 9865 6772

eurekadropin_sebastopol@hotmail.com

An Evening for Positive People & their Friends

Planet Positive
MELBOURNE

Wednesday February 25
From 7.30 till late

Upstairs at Vibe Bar and Cafe
123 Smith Street, Fitzroy

NO COVER CHARGE

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planetpositive@optusnet.com.au

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Acknowledgement

PLWHA Victoria would like to thank our sponsors for providing unrestricted educational grants to fund this issue of Poslink.

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Membership application

All details contained herein will be treated strictly confidentially.

I wish to become a member of People Living With HIV/AIDS Victoria and to receive all privileges of said membership. I agree to abide by the Rules* of the organisation at all times. I give permission to receive information from PLWHA Victoria.

Please tick ☐ **Full Membership**: I am HIV positive and am able to provide verification of this if required.

☐ **Associate Membership**: I do not wish to disclose my HIV status, I am HIV negative or I do not know my HIV status.

Signed Name

Address Postcode

Telephone (optional) E-mail address (optional)

Please fax or post your membership application to:

PLWHA Victoria
6 Claremont Street
South Yarra VIC 3142
Tel: 03 9865 6772
Fax: 03 9804 7978

*Copies of the Rules of the organisation are available from the PLWHA Victoria office.

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