

# poslink



## Mexico AIDS Conference

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People Living with  
HIV/AIDS Victoria Inc

Information, Education  
& Representation

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### Contents

Mexico AIDS Conference	2
Criminal laws condemned at Mexico	7
Outcomes in Neal & Kuoth cases	8
Treatment News	10
A cuter, sexier condom	12
Finding the Right Balance	16
Positive Personals	18

# Mexico AIDS Conference

Sonny Williams

## Satelite Conference

On 31 July and 1 August 2008, nearly 350 HIV-positive people from 88 countries met at the 2008 Positive Leadership Summit to set their strategic agenda for a comprehensive response to the AIDS pandemic.

"We are at the centre of the response. Who better than the HIV positive community itself to identify and develop recommendations to direct researchers, doctors, policy makers and world leaders to areas that demand their immediate attention," said Regan Hofmann, POZ magazine.

The Living 2008 Conference was a 'stand-alone' Positive Leadership Summit, logistically and programmatically linked to the AIDS 2008 International Conference. PLHIV focused themes and activities were an important component of AIDS 2008, particularly in the understanding that the focus on access to treatment, care and prevention and addressing issues of HIV-related stigma and discrimination are complementary.

The aims of the summit were to strengthen the PLHIV movement through promoting the involvement and leadership of people living with HIV in the global HIV response, as well as to enhance PLHIV participation and programming at both the Positive Leadership Summit and AIDS 2008. The objectives of the Positive Leadership Summit were:

1. To identify and discuss current key issues for the PLHIV movement, including treatment and care; gender

inequality; increasing PLHIV youth involvement; stigma and discrimination; the greater involvement of people living with HIV (GIPA); and creating effective partnerships.

2. To identify and develop common positions and strategies on key priorities to take forward into AIDS 2008 and also assist PLHIV to prepare for AIDS 2008.

3. To develop technical and leadership skills in PLHIV as part of the ongoing effort to strengthen the PLHIV movement's ability to contribute to the AIDS response in countries.

4. To ensure the issues, outputs and decisions identified during the conference that require attention and action are recorded, widely shared (disseminated) and followed-up in a timely manner by the Living with HIV Partnership, especially the PLHIV networks.

The break-out sessions covered the following issues:

- Universal access to HIV treatment, care and prevention programmes
- Positive Prevention (PP)
- Sexual and reproductive rights
- Criminalisation of HIV transmission
- Women and most at-risk groups as a major cross-cutting issue

Main discussion focussed on the term Positive Prevention (PP) with delegates from different countries having strong views and opinions on the terminology; Latin America rejected the term completely. Ironically a consensus

**CONTINUED PAGE 5**



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# Note from the President

Brett Hayhoe



As we head into another AGM, I would like to sincerely thank all the members of our current Board for their support, vision, and hard work over the past twelve months. As a member of several Boards I understand the value in having such a unified group of people with a genuine care for the organisation for which they are involved. We certainly have that in abundance with PLWHA Victoria. Personally, serving as President of this organisation is something I take very seriously and consider it an absolute honour and privilege.

You will be aware from my report backs in the media that I attended

the recently held International AIDS Conference in Mexico. I was also fortunate enough to gain Media Accreditation for the conference which meant my conference registration fees were totally waived as well as giving me extensive access.

Prior to the main conference I attended a satellite gathering called Living 2008. I recently received a letter from the coordinator (reprinted below).

I thank PLWHA Victoria for allowing me the opportunity to attend.

Last month we also held our second HIV Transmission and the Law forum. I

would like to sincerely thank our three speakers for giving up their valuable time, the staff who worked so well putting it all together and particularly the many members who came along [we had another full house]. Dantes put on a fabulous spread and from the feedback we received everyone was adequately informed and entertained. The full power point presentations from the evening are ready for download and/or view on our website.

Hoping this finds you healthy and happy.

***On behalf of the LIVING 2008 Partnership, we would like to thank you for participating in the LIVING2008: The Positive Leadership Summit, held in Mexico-City on 31 July – 1 August 2008.***

***Nearly 350 HIV-positive people from 88 countries met at the Summit to set the strategic agenda for a comprehensive response to the AIDS pandemic. The enthusiastic response illustrates the great appetite for establishing relationships and partnerships so we can ignite our passion and reclaim the PLHIV advocacy agenda.***

***Four key areas of strategic focus were endorsed at the summit: positive prevention, access to care treatment and support, criminalisation of transmission of HIV and sexual and reproductive health rights.***

***Key findings of the summit included:***

- ***Criminalisation of HIV positive people doesn't work***
- ***Positive Prevention won't work until stigma and discrimination directed against HIV positive people are eradicated, the concept of positive prevention cannot focus on prevention of HIV transmission.***
  - ***until HIV positive people, especially women, claim the sovereignty of their sexual and reproductive health lives and have access to comprehensive health care many will continue to needlessly die***
- ***Treatment will fail without basic social determinants of health including food and water***

***In addition to creating a revitalised global advocacy agenda and action plan for those living with HIV, the outcomes of LIVING 2008: The Positive Leadership Summit discussions formed an important component of the XVII International AIDS Conference: AIDS 2008. All of you brought your unique and current perspectives to lead and inform many of the sessions within the conference and move forward the agenda on these themes.***

***We hope to see all of you continue your active participation in the work that was emphasised in Mexico. This will further strengthen the PLHIV movement through promoting the involvement and leadership of people living with HIV in the global HIV response.***

# HISTORIAS POSITIVAS

Fourteen HIV-positive people, all citizens of Mexico, illuminate the landscape of their lives through stories and photographs. That's the simple premise of *Historias Positivas*, which is co-sponsored by Letra S in Mexico City and the Art(Global Health Center at the University of California, Los Angeles (UCLA).

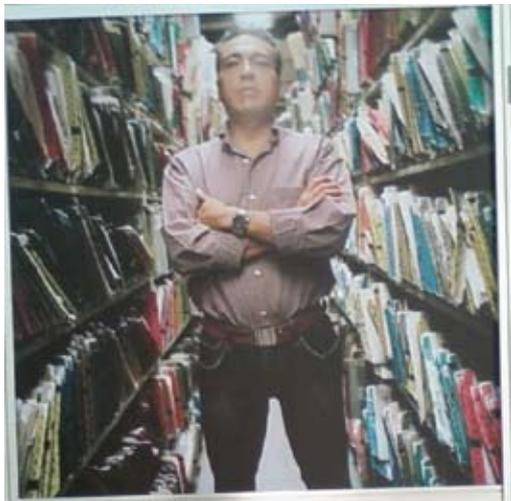
*Historias Positivas* is directed by South African photographer Gideon Mendel, one of the foremost chroniclers of the global AIDS epidemic, working alongside Alejandro Brito Lemus, an accomplished AIDS activist and writer who is the director of Letra S. The goal is to demonstrate how stories are changing in this corner of Latin America, where many lives have been prolonged by advanced drug therapies and where oppressive stigma is maybe, just maybe, beginning to lift.

Facing Gideon Mendel's camera, and picking up their own, the participants reveal themselves as strong men and women, as creative forces, and as agents for change.

**MAKE ART  
STOP AIDS**

Historias Positivas is supported by grants from UC Mexus and the Ford Foundation.

Largest size photos by Gideon Mendel.



Pictures from the *Historias Positivas* project Mexico AIDS Conference

**CONTINUED FROM PAGE 2**

could still not be reached on what phrasing would be better suited. The summit appeared to get bogged down with the term and it was clear at the end that more work was required to develop a universal agreement.

It should come as no surprise that the term Positive Prevention means different things to different people and countries. Delegates were strongly divided about Positive Prevention and wavered between a holistic approach and a prevention approach that advocates for condoms/safe sex always without exception.

A delegate in a previous break-out session on sexual and reproductive rights made the comment that in her country they needed to understand what it meant before they could implement any policy or programmes associated with the term and in my view, that put the whole debate on Positive Prevention into context - you need to understand the phrasing completely before implementation.

The second breakout session I attended was on the topic of sexual reproductive rights. The topics were diverse (at times too much so!) and stimulating from the consequence of rape; women's rights (if they existed) in marriage/community; and family/network/community views on PLHIV making informed choices to have families.

Living 2008 is to provide a report back to delegates when it is available will be circulated.

**XVII International AIDS Conference**

Headlines from the Global Voice publications were:

- Challenges to achieving universal access by 2010
- HIV on the rise; however stopping the epidemic is possible
- Time for accountability
- New directions in HIV research

Each day started with an open plenary consisting of 4 to 5 speakers. In my opinion compared to the Toronto conference most were uninspiring it felt as if they were talking my route and not with passion, certainly did not want you to follow through to streams happening at the conference. There were perhaps 2 outstanding speakers:

1. HIV Positive male – MSM voice at the conference
2. Female sex worker – “sex work is a profession not a crime”

Concurrent streams ran for the duration of the conference: one I attended was centred on HIV and education with country. Highlighted throughout this stream were the marked differences from Eastern bloc (former Soviet states) countries and where Africa sits today in the education response to HIV. The African speaker saw a breakdown in family responsibility in education and the state not picking up. On the other hand the Eastern bloc speaker talked to the challenges of governmental changes, the challenges of gaining independence and making choices as what was a priority by governments for the people. There was an interesting session on HIV and the military – a case study of 7 armed service men taking on their employer for discriminating (dismissed from service) on HIV status. Sexual orientation was not discussed but blood status was the cornerstone of conflict. The case went to court and the service men won the right to be reinstated.

Other HIV related diseases in prisons was another topic of interest, Hep C featuring large in most settings and the disclosure of HIV not being seen as a priority. Access to treatments for not just HIV or Hep C but other illnesses often came into conflict, the main questions focussing on what to treat first, the availability of treatments and at what cost.

I had the opportunity to listen to the HIV Ambassadors from various countries

(the USA was noticeably absent) talk to their roles within each country and where they sat with commitment. Australia's ambassador is fairly new to his role and some up-skilling by NAPWA or similar will not go astray.

Within the global village delegates were able to participate in a campaign 'Fight Stigma' where they could have their photo taken with a caption of choice e.g. 'would you shake my hand?'. In another area there was a pictorial exhibition from a cross section of Mexican PLHIV (14) telling their stories and at centre stage cultural representations on a daily basis from Indigenous Australia, Dance 4 life (Netherlands), interactive events and plenty of music. Visitors could pick up a range of information from PLWHV, youth and international organisations. Pharmaceutical companies also had a presence in the village and exhibited products and information sharing.

Networking between sessions and at organised functions gave us an opportunity to compare notes, make new connections and lay the foundations for some potential collaborative exchange of programs and work. For instance, PLWHA Victoria and VAC/GMHC were asked to host delegates from PNG at a time to be decided by the PNG Deputy Speaker of the House. For PLWHA Victoria this is a great connection, given that through NAPWA and the Speakers Bureau we have already conducted training in PNG.

**Where does Australia sit in the world context of the epidemic?**

There was very little comment made on the rise of HIV in Australia and I can recall very little said about this during the entire conference. While I understand what is happening here is different to the rest of the world, nonetheless Australia has a wide range of programs/projects that are transferable to other countries taking into account different cultural aspects. It actually appeared as if no-one was interested in what was happening in Australia until one-on-one discussions

raised the topic of the changing face of the Australian epidemic since the last conference. Most people expressed surprise to hear of an increase in rates the challenges of funding at both Federal and State level and frequently commented they thought Australia was "doing okay".

#### **Hope's Voice International**

Brett and I attempted to meet with Todd Harper, Executive Officer from Hope's Voice International, on several occasions but demands/media obligations on Todd's time meant we had to abandon this. However I have communicated with Todd via e-mail and we have started a conversation on how we can work together.

Hope's Voice International is an HIV and AIDS organisation committed to promoting the education and prevention of HIV and AIDS to young adults. Hope's Voice International aims to empower HIV positive youth to be leaders in educating their communities and be catalysts for change around the globe. It uses open dialogue and peer-to-peer education, through both speaker appearances of young adults living with HIV and AIDS and the Does HIV Look Like Me? Campaign to send this crucial message: HIV and AIDS does not discriminate.

[www.hopesvoice.org](http://www.hopesvoice.org)

[www.doeshivlooklikeme.org](http://www.doeshivlooklikeme.org)



## **Annual General Meeting**

**Sunday 19 October 2008 at 1PM**

**Positive Living Centre**

**51 Commercial Rd Prahran**

Join us for an annual review of the activities of People Living With HIV/AIDS Victoria, election of board members, presentation of Annual Awards and acceptance of reports and financial statements.

All members and supporters of the organisation are encouraged to attend.

## **Call for Board Members**

People Living With HIV/AIDS Victoria is seeking HIV positive people who are enthusiastic and visionary team players to nominate for election to its Board of Directors.

Nominations must be received by 5pm on Friday 10 October 2008. An election will take place at our Annual General Meeting, Sunday 19 October 2008.

**Nomination forms are available from the Returning Officer, PLWHA Victoria, 6 Claremont Street, South Yarra VIC 3141 or by calling 03 9865 6772**

# Criminal laws condemned at Mexico

David Menadue

In a bid to counter the increasing criminalisation of HIV around the world, UNAIDS released a policy brief on the issue at IAS 2008 that argues against all prosecutions for HIV exposure or transmission with the exception of "intentional transmission" where a person who knows his or her HIV positive status acts with the intention to transmit HIV, and does in fact transmit it."

The paper says that, "There is no data indicating that the broad application of criminal law to HIV transmission will achieve either criminal justice or prevent HIV transmission. Rather such application risks undermining health and human rights."

UNAIDS wants governments to repeal all HIV-specific criminal laws, laws mandating disclosure of all HIV status and other laws that violate the rights of people with HIV as well as having a detrimental effect on prevention, treatment and care. Governments should look to alternative means, including addressing sexual and other forms of violence against women and implementing public health programs that have been proven to reduce transmissions.

The increasing criminalisation of people with HIV was a hot topic with attendees hearing that many countries have added new laws on HIV transmission in the mistaken belief that this would reduce HIV infection rates. Some countries had actually criminalised mother to child transmission forcing positive women to undergo antiretroviral treatment to avoid criminal prosecution.

Julian Hows, from the Global Network of People living with HIV/AIDS (GNP+), said that criminal exposure and transmission laws existed in 53 countries. In countries like the United Kingdom it was actually rare for convictions to be made but police investigations had had "a devastating impact on the individuals, their families and their communities".

The only bright spot according to Hows was the Swiss Federal AIDS Commission's statement regarding the lack of infectiousness of people with HIV on treatment (to undetectable viral load levels for six months, in the absence of STIs) may reverse the trend of prosecutions in Switzerland itself which has seen ten prosecutions and eight convictions in the past four years. It is hoped this statement will also be useful to reverse prosecutions in other countries.

## Swiss Statement Qualified

In a satellite session the statement was debated. Investigator Professor Pietro Vernazza from the Swiss Federal AIDS Commission who authored the statement said that it was not their intention to say that there was no risk to people having sex with an HIV-positive individual but it was up to the individual to decide if that risk was within the risks they would take in every day life. The best person able to make this decision was a steady partner of an HIV-positive individual who could assess their partner's adherence to antiretrovirals and regular viral load monitoring.

The relative risk of transmission on successful treatment quoted by the

Swiss was 1:100 000. This figure was challenged by panel member Professor Myron Cohen of the University of North Carolina who said that the Swiss assumption that transmission was not possible below a certain viral threshold had been recently rejected by Australian experts. (Dr David Wilson of the University of New South Wales recently published results using mathematical modelling to estimate the cumulative risk of transmission with a partner with a viral load of 10 copies per millilitre of blood. Although this showed the risk to be 0.43% from an HIV-positive male to HIV-negative female, the risk of male-to-male transmission through anal sex was estimated at 4.3% per year)

## Community Support for Statement

Nikos Dedes, a community advocate from the European AIDS Action Group congratulated the Swiss team saying the report allowed the realisation "that we (HIV-positive people) will no longer consider ourselves a threat to others." This statement will allow serodiscordant couples to have children, he said, help remove the fear of transmission through condom breakage, increase the likelihood of disclosure, reduce stigma and discrimination against HIV-positive people and allow them to "regain the right to the uninhibited experience of sexual pleasure".

Community representatives spoke in support of Dedes' speech, adding that a Mexico Manifesto was circulating at the Conference calling for "the representatives of science, medicine, economy, governments and WHO and UNAIDS to recognise the Swiss Statement. A final note of caution was introduced into question time about the need for more research into the lack of evidence around anal sex and transmission, given that the Swiss statement only used a cohort of heterosexuals.

The Australian response to the Swiss statement is at [www.ashm.org.au](http://www.ashm.org.au)

[www.aidsmap.com](http://www.aidsmap.com)

# Outcomes in Neal & Kuoth cases

Daniel Reeder (Campaign Co-ordinator)

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The jury in the Michael Neal case has returned a mixed verdict, convicting him on fifteen counts and acquitting him on a further eleven. Neal was the first person ever charged with the crime of intentionally causing a “very serious disease” (defined in the Crimes Act as HIV). Legal commentators have argued this offence is extremely difficult to prove, and the case was closely watched to see if the charges stuck.

The verdict acquitted Neal on two counts of intentionally causing a very serious disease, but convicted him on eight counts of attempting to intentionally cause a very serious disease. From the committal hearing to the trial and verdict, media reports on the case were heavy on prejudice and light on the facts. With sentencing and possibly appeals yet to come, it may be some time yet before the dust settles.

Also in August, Sudanese refugee Lam Kuoth was sentenced to two years jail suspended for three years after pleading guilty on two counts of reckless conduct endangering a person. Kuoth had unsafe sex twice with a woman he met in a nightclub, six months after learning he was HIV-positive. Kuoth had initially denied this encounter took place, and according to media reports (The Age 11/8/08) he was detained at Royal Talbot hospital under an isolation order until he admitted having sex with the woman. He has appealed against the sentence, prompting disbelief at the Herald-Sun (“Freedom too harsh for HIV-positive man”, 23/8/08).

As reported – major caveat – the Kuoth case is troubling, because of

the overlap between the reckless conduct offences and the public health “behaviour change” process. The matter somehow came to police attention while Kuoth was undergoing isolation and counselling. Either the victim complained, or it was one of the case files seized from DHS by police, under a search warrant obtained in the Michael Neal investigation.

It seems like Kuoth faced indefinite detention unless he owned up to the sexual encounter. This may be a reasonable therapeutic objective but it seriously compromised his legal right against self-incrimination. He later pled guilty on two counts of reckless conduct endangering the person, risking a possible sentence of five years’ imprisonment per sexual encounter – even though HIV transmission did not occur. His actual sentence was two years, wholly suspended as long as he complies with a community-based order requiring him to continue treatment under the behaviour change process.

In his sentencing remarks, Justice Lacava accepted the argument made by DHS officers that treatment under the behaviour change process was a preferable outcome to imprisonment. Indeed, Kuoth is a perfect example of what the public health process was designed to handle: someone coming as a refugee from a war-torn country where HIV/AIDS is rampant and education/treatment are patchy, who discovered his HIV+ status upon hospitalisation, who clearly needed intensive education, support and coordinated follow-up.

With a judge concluding that treatment in the community sustained by the threat of detention is what Lam Kuoth needed most, one has to ask: what was the point of prosecuting him in the first place? It supplied nothing the public health process doesn’t already provide for, and it sent the dangerous message that negative partners bear no responsibility for unsafe sex.

## HIV Transmission & the Law Dinner

Following the verdict in the Neal and Kuoth cases, PLWHA Victoria held its second HIV Transmission and the Law dinner forum, following one held last year with great success. Presentations by Mike Kennedy (VAC/GMHC), Jim Hyde (DHS) and

David Scamell (ACON) marked a definite shift from the focus of last year’s forum, which registered great anxiety about the Neal case and whether it would lead to greater reliance on criminal prosecution. This year, there was an acceptance that the landscape had changed, and the increased use of prosecution was a reality to which our members would have to adjust.

Recently back from the Mexico conference, Mike situated the Victorian cases in a global context of increased use of criminal prosecution and the introduction of new laws against transmission. On a spectrum from ‘never prosecute’ to ‘prosecute every transmission’, he located the VAC/GMHC response pragmatically in-between, arguing for prosecution only in cases of intentional transmission. Speaking outside his role as EO, Mike

also pointed out that most people refrain from crime not because it's illegal, but because it's morally wrong, and asked how as a community we can have a conversation about the norms, ethics and motivations that really underpin our sexual practice.

Jim Hyde described the outcomes of review processes commissioned to evaluate the Department's handling of Michael Neal and other similar cases. All of their recommendations had been accepted bar one, he said, where the reviewers had disagreed. The police/lawyer review panel recommended employing separate staff to monitor compliance, whereas the public health reviewers made no recommendation on this issue. According to Jim, the reviewers were invited to sort this one out for themselves, and they split the difference, recommending "role

delineation" so that a given Partner Notification Officer does not perform contact tracing and counselling functions for the same client. Jim also detailed the 'triggers' for DHS to refer a behaviour change participant for police investigation: (1) deliberate infection; (2) serious offence (such as rape or child pornography); (3) repeated, ongoing failure to comply with public health orders.

Finally, David Scamell, Manager, Policy, Planning and Research at ACON, went through the Crimes Act offences that could apply to an unprotected sexual encounter. He noted the practical difficulties making HIV transmission a 'moving target' for public prosecutors: offences like recklessly causing "serious injury" may no longer apply because HIV isn't the death sentence it once was, and harm reduction strategies

(clinical markers, strategic positioning) complicate the awareness of risk required for reckless conduct endangering life or the person.

During the question and answer session, Jim (DHS) confirmed there are no guarantees that a person who participates openly and honestly in the behaviour change process will not have their medical records seized under warrant and used later as prosecution evidence against them. This is a huge concern because of the overlap between reckless conduct offences and the subject matter of the behaviour change process, especially since criminal liability can persist long after someone has changed their behaviour. PLWHA Victoria is keeping a close watch on these issues and will do what it can to secure fairness and certainty for positive Victorians.

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to those looking for employment or looking to return to the workforce after a break.

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- Must be seeking employment.
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[gOworkskills.com](http://gOworkskills.com)

# Treatment News

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## **Sculptra and the PBAC Process**

Facial Lipoatrophy (FLA) is one of the most devastating adverse effects of HIV treatment, which not only has a physical impact on patients, but also results in depression, social isolation and stigmatisation. Treatment with Sculptra safely and effectively restores facial fullness, returning patients to a normal appearance and thereby improving their quality of life (QoL).

As such, in direct response to people living with FLA, our fellow pharmaceutical companies (specifically the manufacturer's of HIV anti-retrovirals), the community, HIV specialists, clinicians and the support organisations such as NAPWHA and ACON, sanofi-aventis have submitted Sculptra to be considered for reimbursement by the PBS. This submission will be considered at the upcoming PBAC Meeting on X November.

You may now be aware, the Pharmaceutical Benefits Advisory Committee (PBAC) Meeting Agenda has been published and for the first time, is now open for comment from the general public.

Under this new initiative, individual patients/carers/families, consumer groups, clinicians and other members of the general public have the opportunity to explain how they, their family, friends and carers would benefit from the PBS listing of a medicine (or device) that is being considered at the next PBAC meeting.

This opportunity is open for a

two week period only and involves completing an online form where people are encouraged to provide their views on a number of specific areas that the PBAC will consider when making a decision about the particular medicine or device - for example, Sculptra. This is the first time that patients, clinicians and the wider community have been given the opportunity to provide direct input to the PBAC decision-making process, and it is very encouraging that the Government are inviting the views of patients, families and the wider community into this process.

The online form is located at this address:[http://www.health.gov.au/internet/main/publishing.nsf/Content/PBAC\\_online\\_submission\\_form](http://www.health.gov.au/internet/main/publishing.nsf/Content/PBAC_online_submission_form)

Scott McLennan, Head of Dermatology, Sanofi-Aventis Australia & New Zealand

## **LDL lowering statin effective**

Ezetimibe significantly lowers LDL cholesterol in patients taking HIV treatment, American researchers report in the October 15th edition of *Clinical Infectious Diseases*. The researchers found that mean LDL cholesterol levels were a "meaningful" 11% lower after six weeks of treatment with the drug.

HIV-positive patients may have an increased risk of heart disease, and it is possible that this is due in part to the increases in LDL cholesterol caused by some antiretroviral drugs. Many patients treated with anti-retrovirals are also taking statins to control their LDL cholesterol.

Ezetimibe can reduce cholesterol and can be often prescribed along with

diet modification or statins to patients with high blood lipids. It is a potentially attractive drug for the treatment of elevated LDL cholesterol in HIV-positive patients because it is not processed in the same way as antiretroviral s.

It should be noted that statins can interact with a number of anti-HIV drugs and also cause side-effects. Also, there is little information about the safety and effectiveness of ezetimibe treatment in patients with HIV. As always, consult your doctor.

Reference: Wohl D.A. et al. Ezetimibe alone reduces low-density lipoprotein cholesterol in HIV-infected patients receiving combination antiretroviral therapy. *Clin Infect Dis* 47: 1105 – 1108, 2008.

## **Treatment prevents non-HIV illnesses**

HIV treatment guidelines now recommend that a person should start taking anti-HIV drugs when their CD4 cell count is around 350.

Starting treatment at this level has been shown to reduce the risk of developing HIV-related illnesses and some other serious illnesses as well – most notably heart, kidney, and liver disease as well as some cancers.

Now American researchers have found more evidence backing starting treatment when your CD4 cell count is around 350. They looked at the medical records of over 2800 people who received HIV care between 1997 and 2006 and recorded the number of patients who developed serious illnesses not considered to be related to HIV.

Their results showed that patients with a CD4 cell count below 350 were much more likely to develop heart, kidney, liver, or neurological disease as well as some cancers if they were not taking HIV treatment.

Some doctors think that starting treatment when a person has a CD4 cell count of around 500 might reduce the risk of both HIV-related and other serious illnesses even further. The American researchers found that people with a CD4 cell count above 350 who were not taking anti-HIV drugs were slightly more likely to get serious non-HIV-related illnesses. But the difference in the rates of these illnesses compared to people taking treatment was so small that it could have been down to chance.

[www.aidsmap.com/hivweekly](http://www.aidsmap.com/hivweekly)

#### **New Maturation Inhibitor**

Vivecon, a new type of HIV drug called a maturation inhibitor, is to be tested in clinical trials. Maturation inhibitors stop HIV from 'growing up,' preventing the virus from developing a protective outer coat.

HIV drugs go through very rigorous clinical trials lasting many years to make sure that they are safe and effective. Laboratory studies have already shown that Vivecon has a powerful anti-HIV effect, including against virus that is resistant to other anti-HIV drugs.

Studies involving HIV-negative people have also been done to check that various doses of the drug are safe.

The studies involving people with HIV will involve individuals who have never taken anti-HIV drugs before. The aim of the studies is to find the safest and most effective dose of the drug.

[www.aidsmap.com/hivweekly](http://www.aidsmap.com/hivweekly)

#### **Benefits of new first-line HIV treatments**

The introduction of the fixed-dose NRTI combination pills Kivexa (abacavir and 3TC, called Epzicom in the US) and Truvada (tenofovir and FTC) in summer 2004 "ushered in a new treatment era for antiretroviral-naïve patients initiating antiretroviral therapy", write American researchers in the October 1st edition of AIDS. After the introduction of these

combination pills, the investigators found that the amount of time patients remained on first-line treatment increased significantly.

Ease of dosing and improved tolerability were identified by the researchers as the main reasons why patients were able to remain on their treatment for longer.

There is now extremely robust evidence that antiretroviral therapy can significantly improve the prognosis of HIV-positive individuals. Based on knowledge of currently available treatment, once a patient has started HIV therapy it is necessary for him/her to remain on such treatment for life. Although the arsenal of available anti-HIV drugs has increased in recent years, it is important the best possible use is made of the 20 or so drugs available for prescription.

But in more recent years, powerful anti-HIV drugs have become available with fewer side-effects, and requiring only once-daily dosing.

[www.aidsmap.com/hivweekly](http://www.aidsmap.com/hivweekly)



## **Are you in a relationship with someone who is living with a chronic illness?**

Chronic Illness is common and can really impact on couples' relationships. Whether its frequent trips to the hospital, medication regimes, ongoing pain/fatigue, the emotional upheaval or just the unpredictability of the illness it can be really hard at times as the partner!

This 3 week group will focus on the unique issues that arise when living with someone who has a chronic illness. It will also include discussion about coping, communication and ways in which partners can look after themselves and their relationships.

Starts 13th November and runs Thursday evenings 6-7.30pm

The cost is \$35 or free with Health Care Card. Refreshments are provided.

Call Georgie on 03 9663 6733 to book your place or find out more.

## A cuter, sexier condom



**Vixen**  
**condoms**  
by cottons  
For the Marie Stopes Sex Appeal

Vixen is the world's first femininely branded condom designed by women with woman's needs in mind. Transforming condoms from an awkward, masculine product into a foxy, feminine accessory, Vixen condoms come encased in beautifully illustrated tin, perfect for any handbag.

The end product provides women with a discrete, yet very attractive alternative in a male dominated area. And, every time woman buys Vixen Condoms, she is guaranteed to really feel good all over with \$1 from every pack sold is donated to the Marie Stopes Sex Appeal.

Vixen Condoms is a joint initiative by Marie Stopes International Australia and Australian feminine hygiene company Cottons. Vixen aims to improve the sexual health of all women, in a fun and convenient way, while raising vital funds to assist disadvantaged communities.

Vixen Condoms have been developed by number of women, who truly understand the great and real need of a product like this. From the woman who designed the illustrations on the Vixen tin, to the talented graphic designer who crafted the packaging. Vixen is truly product created for women, by those who understand them best.

Vixen Condoms are ultra thin, lubricated, premium quality condoms that are available in an attractive tin that holds 3 condoms and refill pack that contains 12 condoms.

Vixen Condoms were launched in Australia in May 2007. The condoms are available at variety of retail outlets including; Kmart, Brazilian Butterfly and Sexyland adult stores. For more information and full list of stockists go to [www.vixencondoms.com](http://www.vixencondoms.com).

**GET FREE!**  
**QUIT**  
**IN '08**  
A free course to help you quit smoking.

- \* Give your lungs and heart a break
- \* Free up some extra spending money
- \* Look and feel great in '08!

**Everyone's doing it**  
A free course for people living with HIV  
Available in group or 1-on-1 support available  
Call PLWHA Victoria (03) 9865 6772 today  
Facilitated by qualified QUIT educators



# PositiveWomen

Supporting Women Living with HIV/AIDS

It was back to Bonnie Doon for the Positive Women Member Weekend, 2008. We stayed at Starglen Lodge – out in the backblocks of “Snowy River Country”. As it was June the weather was a tad chilly. The welcome of a roaring fire in an enormous fireplace was much appreciated. Not so sure about the stuffed deer head hanging above the fireplace — someone had put lipstick on him!

We had a number of activities organised, starting Saturday with Feldenkras – body movement. A big thank you to Caroline (a member and

Feldenkras practitioner) for leading that session. We also included a financial counselling session; sounds serious but it was actually informative, interesting and enjoyable, as was the services overview. At the peer support session we shared laughter, tears, support, and more laughter.

We all enjoyed the Drama Workshop on Sunday. Throughout the weekend a counsellor was available and most of us took up the opportunity for a “chat”. By far the favorite activity of all was — can anyone guess? — massage.

While all this was going on there were the cutest little lambs’, and colorful proud peacocks roaming around the property. We also made sure there was time for members to do some roaming around the property and through the beautiful “Snowy River” bush.

We had a lovely weekend. The sounds and smells of the city and our busy lives were replaced for the weekend with the music and fresh aromas of the bush and a peaceful calm.

Can’t wait for next year!



## CATHOLIC AIDS MINISTRY

### Special events

- Cup Day in the Car Park  
Melbourne Cup Day - Tues 4 November, 12 - 4pm.
- Mass at Catholic AIDS Ministry, followed by light meal. Mon 20 October at 6.30pm. RSVP Wed 15 October.
- Christmas Carols and BBQ  
Sun 21 December 5-8pm

### Regular events:

- Join us for a tasty, nutritious and free lunch on Mondays at midday.
- Meditation Mondays 6pm - Relax your body and mind and let your spirit soar.

### More information

Anthony McCarthy  
Catholic HIV/AIDS Ministry  
Telephone: 03 9417 7829



## STRAIGHT ARROWS

Camp Seaside is an opportunity for kids to learn and have some fun in a supportive environment. It's for kids under the age of 18 in families who have one or more members with HIV. Well it's on again!

The dates are 14-16th February at Philip Island Adventure Resort.

After a successful launch in May of “Journeys into the Unknown”, the Digital Story project is well under way. The project has been an opportunity for those involved to share life experiences, strengths, hope and courage with peers in a very personal way and in a safe environment.

If your organisation would like to view the digital story project or if you want more information on Camp Seaside, please contact Straight Arrows on 9076 3792. You can also contact us by email: support@straightarrows.org.au.



## VAC/GHMC

Rising rates of syphilis in the gay community has led the need to raise awareness for regular screening for men who have sex with men. Many STIs such as syphilis and chlamydia have no symptoms, so regular testing is the only way to get onto them early and get them treated.

In collaboration with the Melbourne Sexual Health Centre, the VAC/GMHC commenced free and confidential screening at the Positive Living Centre.

This service helps provide more options for men to reduce the rising rates of syphilis and other STIs.

An MSHC nurse is available during this service to answer your questions.

The service commenced last Tuesday September 23rd 2008.

At this stage, the hours are from 2.00pm until 6.00pm.

Bookings can be made by phoning 9347 0244

INFORMATION • SUPPORT • REFERRAL

HIV & SEXUAL HEALTH  
**Connect**  
1800 038 125

[www.connectline.com.au](http://www.connectline.com.au)



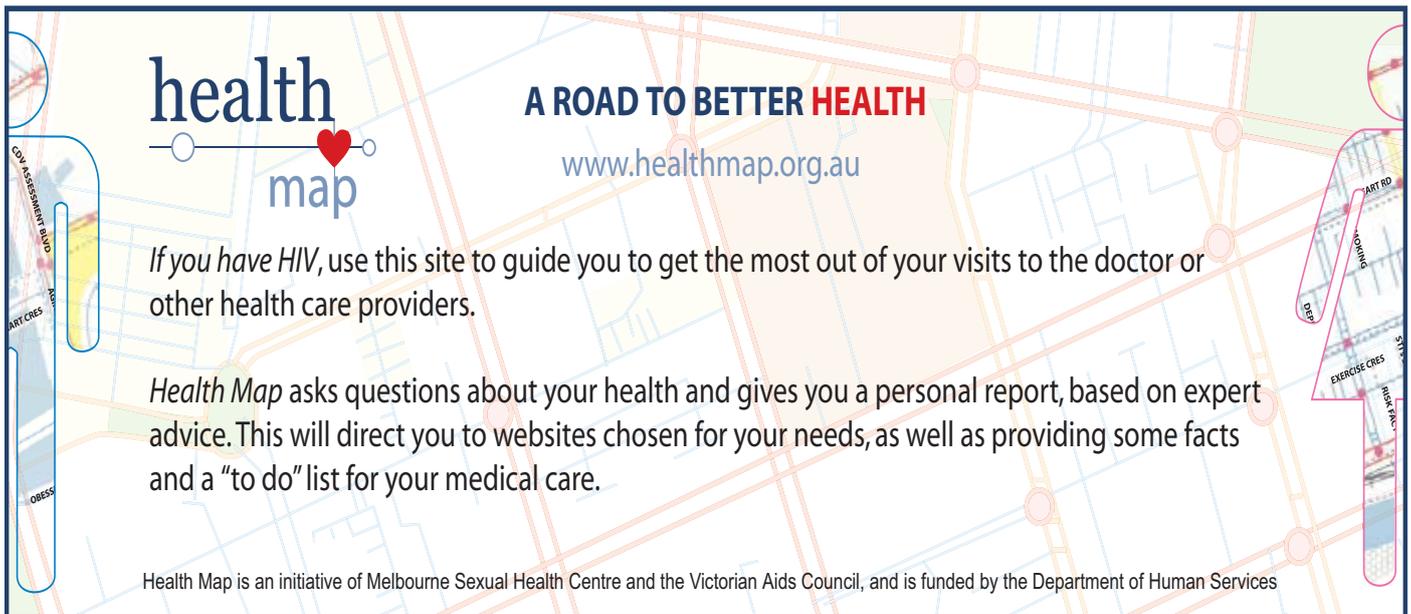
**FREE SEXUAL  
HEALTH TESTING**

**St Kilda & Carlton Locations**  
**Flexible hours Phone 9347 0244**

**Melbourne Sexual Health Centre**  
[www.mshc.org.au](http://www.mshc.org.au)

Additional clinics specialising in sexual health  
(Medicare card maybe required. Some clinics may charge for services)

The Centre Clinic p. (03) 9525 5866	Carlton Clinic p. (03) 9347 9422	Prahran Market Clinic p. (03) 9826 4500
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**health**  
map

**A ROAD TO BETTER HEALTH**  
[www.healthmap.org.au](http://www.healthmap.org.au)

If you have HIV, use this site to guide you to get the most out of your visits to the doctor or other health care providers.

Health Map asks questions about your health and gives you a personal report, based on expert advice. This will direct you to websites chosen for your needs, as well as providing some facts and a "to do" list for your medical care.

Health Map is an initiative of Melbourne Sexual Health Centre and the Victorian Aids Council, and is funded by the Department of Human Services



Are you in debt?

Need to know how to manage your money better?

Want to know what your rights are?

Need to learn how to budget?

Need assistance to save money?

Want \$30 extra a week?

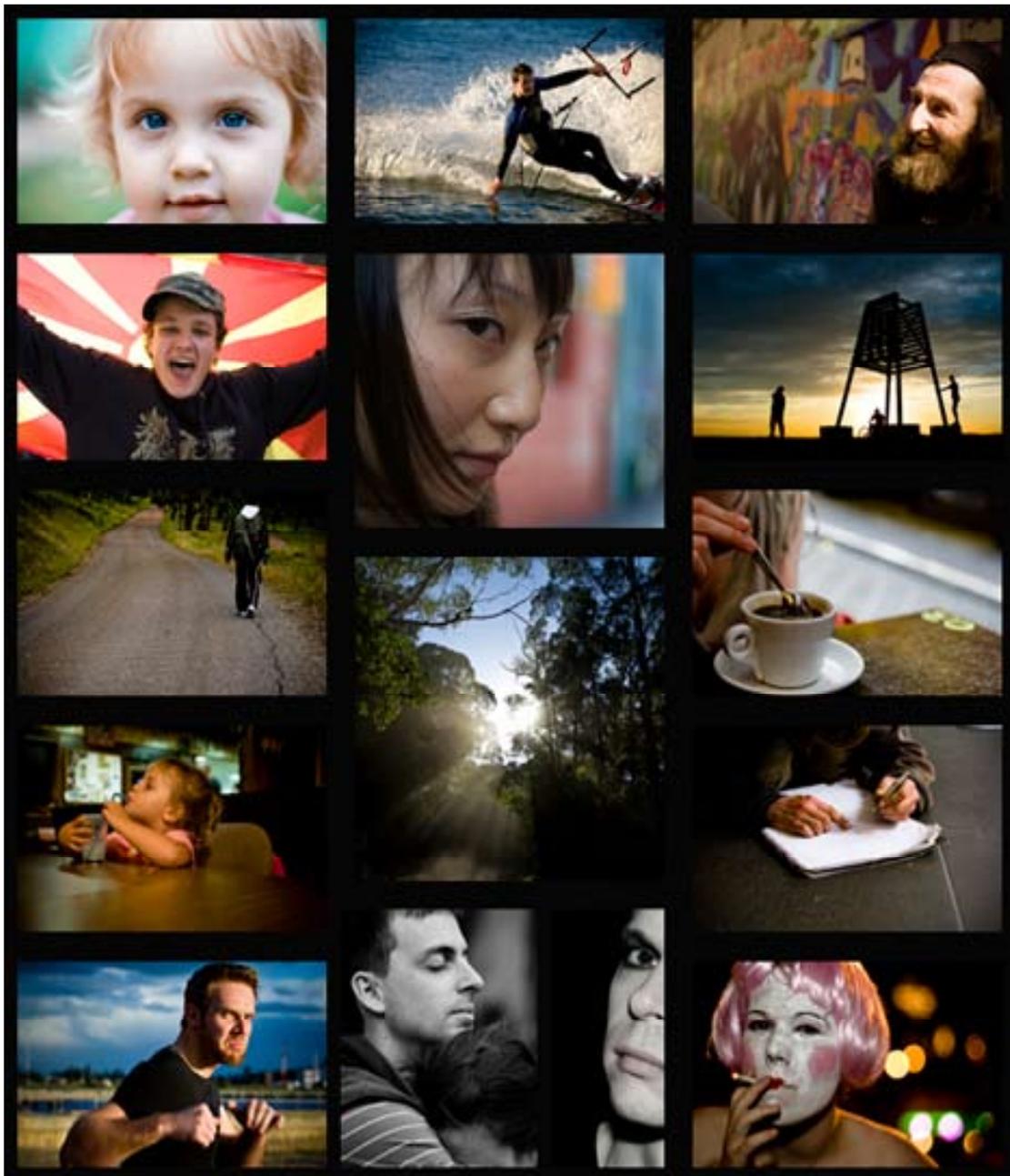
**There are things YOU can do.**

To find out more about our FREE finance management workshops call the Victorian AIDS Council's Positive Living Centre on 9863 0444 and ask to speak to Lynda Horn or email [financeworkshops@vic aids.asn.au](mailto:financeworkshops@vic aids.asn.au).

**Bookings are essential**

\* Workshops are held on the first Tuesday of each month - lunch and evening - and are specifically for people living with HIV/AIDS.





## We are all worthy of Respect

My name is Jason Nixon and I am a photography student at Photography Studies College. I am passionate about depicting all aspects of humanity and I would like to photograph people with HIV in a sensitive and everyday way. My aim is to produce a series of images that show that people living with HIV are as human and as valid as anyone else.

Cooking, cleaning, dancing, working, playing guitar, riding a bike, laughing, crying, swallowing fire or making scones. I'd like to show you to be both mundane and excitingly diverse. Primarily, I'd really like to create sensitive images that show who you really are.

I am interested in meeting people of all ages, sex and background. I am genuine and personable and will respect your privacy and you can choose to be shot anonymously. I cannot offer payment for this but I will provide you with your own portrait from the photo shoot.

You can contact me on 0413 932 471 or email me at [jarobn@gmail.com](mailto:jarobn@gmail.com). You can also see some of my photographs at [www.flickr.com/photos/a100years](http://www.flickr.com/photos/a100years). I look forward to hearing from you.

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This offer is published for the interest of Poslink readers without endorsement by PLWHA Victoria.

# Finding the Right Balance

## A second story in a series from AFAO's new campaign

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The uptake of antiretroviral drugs (ARVs) since 1996 has led to greatly decreased mortality and morbidity among people with HIV (PLWHA) in Australia. However, there is considerable and increasing evidence that PLWHA who take ARVs face increased risks of cardiovascular disease, diabetes and osteopenia. Many of these risks can be reduced significantly by giving up smoking, eating healthier, and increasing exercise or activity.

A new campaign by AFAO and NAPWA looks at the importance of these healthy behaviours for PLWHA. The HIV Balance Campaign encourages and supports PLWHA to lead healthier lives, reducing the risk of illness and death, and enhancing quality of life.

This edition of Poslink features the 2nd of these stories. A complete version of all the stories can be found in the latest edition of Positive Living which is available from the PLWHA Victoria office. The information is also available on the AFAO ([www.afao.org.au](http://www.afao.org.au)) and NAPWA ([www.napwa.org.au](http://www.napwa.org.au)) websites.

### Deanna's Story

Eight years ago Deanna was overweight and having trouble with antiretrovirals drugs (ARVs). Becoming pregnant was the impetus for a change in how she approached managing her health. Deanna transformed her body shape and health through exercise. Now she works a personal trainer and runs fitness programs for other people with HIV.

Deanna looks like she should be in gym advertisements. Things weren't

always this way; her changes towards healthier living developed over a long period. 'It's been progressive. I was infected and diagnosed with HIV in 1994. I was 26 kilos heavier than now. My lifestyle wasn't good, I was drinking a lot, not watching what I was eating, and I wasn't doing any sport.'

A change came when Deanna fell pregnant. 'When you've got someone relying on you it's essential to look after yourself. I started eating organic food and walking. But I was also wasting a lot.'

Later, side effects from treatments were becoming a problem. 'I was getting abdominal obesity and signs of lipodystrophy, my legs were thinning, my waist was getting heavier. Also, I was in a horrible place mentally. I had no control over what I was doing or the virus.'

'I had a relationship break-up and I felt I needed to completely change my life around. A friend looked fantastic, she's positive as well. I asked 'what are you doing?' and she said 'I've got a personal trainer' and I said 'give me the number'. That's what started the shift in reclaiming my body.'

Deanna believes finding the right trainer made the difference 'I'd done the gym thing before and not succeeded. But I told him what I wanted and he made that happen for me.'

'I started off seeing him once a week, then twice a week. I did a bit of running, cycling and walking, not excessive. And that sort of exercise was enough to make changes in my body. Weight

training made me feel strong, my body shape changed. My body image was better. Feeling strong let me feel like I was in control. I went from 700 to 1400 T cells.'

Deanna became passionate about exercise and studied to become a personal trainer. Now she runs fitness programs at the Melbourne Positive Living Centre.

Finding the motivation to make a start on an exercise program can be hard for some, but Deanna has noticed that once people have started, the small changes they notice become an incentive to go on. 'It's easy to sit at home and use the virus as an excuse to not be bothered. You can blame the virus for lots of things. But, if you are depressed, fatigued, or lethargic, exercise can move you in the right direction. It just means making a start, once you start, you see the changes.'

In 2006, Ian Coutts ran the Living Positively Project, which was based at the Melbourne Positive Living Centre. Ian worked as a health coach, providing one-on-one coaching support to people with HIV in relation to exercise, diet, and stopping smoking. Ian says that many participants in the project had experiences like Deanna's, greatly surpassing their initial goals. He said, 'I believe that this is due to the confidence and satisfaction that is felt when someone realises a goal that they set out to achieve. Goal setting can be a great tool to help get you motivated. It enables you to set priorities, gives you a path to follow and it can help you



**HIV made me realise  
I had to treat my  
body right. I started  
to exercise once  
a week, then twice.  
The benefits quickly  
became clear.**

**Managing HIV. It's all about balance.**

For more information on balancing health and life,  
contact your local FFWA representative or AIDS Council



visualise and plan actions to help you achieve what you want. It can provide a positive focus of energy and also help you keep on track. Many of the participants in the project found that setting goals and regularly reviewing and monitoring them resulted in increased self confidence and provided a sense of achievement.'

If you don't think you want to become a fitness instructor, the good news is that Deanna says a little effort can go a long way. 'If you're with someone who knows what they're doing, a good half hour session twice a week is all you need. To be a body builder needs more, but if you just want to improve your health, that's enough.'

'One guy has been coming since I started the program. He's seen big changes. He never wore shorts because his legs were weedy. He's now got beautiful legs, his whole body is proportioned and he swears by the

exercise. He's here every week, others come and go around him but he's a work in progress.'

'He's the fittest and healthiest he's been in his whole life. He was diagnosed about eleven years ago and he's 60 and says he never had so much energy in his life.'

Deanna has learnt a lot about food, and although she watches what she eats, she keeps this in balance. 'I feed myself now to fuel my body as opposed to just eat. I'm also human and do enjoy my occasional glass of wine and ice cream and all that. I've got a 19 meals out of 21 rule: if 19 meals in a week are good, then for two I'll cut loose.'

'HIV made me realise I've got to treat my body right. I keep my body in tip-top shape because of the HIV. I eat organic foods and take high quality supplementation. It's not cheap.'

Deanna thinks the expense is worth

it. 'People will open a bag of chips and smoke a cigarette. That's expensive. I've got two children, you can't put a price on health. I can't afford to be sick.'

Ingrid Cullen is a fitness instructor with many years' experience of working with people with HIV. Many of Ingrid's clients are living on pensions. 'Gyms are bloody dear. So is personal training expertise. That's probably more important, the personal instruction. It's hard to get people that know what they're doing. A lot of gyms don't provide much back-up. And the people that are giving the advice tend to be very inexperienced. There's plenty you can do without a gym. I write articles in Talkabout about things you can do at home.'

In Sydney and Melbourne there are programs available that provide specialist advice and support for people with HIV who want to exercise more.



## Positive Personals

We will accept advertisements under 50 words for dating or friendships under the following categories:

- Men seeking men
- Women seeking men
- Women seeking women
- Men seeking women

### *Personals (Dating or Friendship):*

Please keep your advertisements under 50 words. Be clear about who you are and what you are looking for. Be honest to avoid disappointment for you and your correspondent. It is up to you if you want to include the suburb or regional area you live in. Advertisements and replies must be sent by mail only – please do not phone the office about this service.

Write your response letter and seal it in an enveloped with a 50 cent stamp on it. Write the reply number of the advertisement on

the outside of the envelope in pencil. Place this envelope in a separate envelope and send it to: Personals, PLWHA Victoria, 6 Claremont St, South Yarra, Vic 3141.

Personal details given to PLWHA Victoria (such as return addresses) will be kept strictly confidential and will only be seen by one staff member working on the magazine at any time. Send your advertisement to Personals, PLWHA Victoria, 6 Claremont St, South Yarra VIC 3141.

### **Men Seeking Men**

I'm Masculine. A long term. Aus guy. 46 year old. I stay pretty active and am fit. I like the outdoors, sport, music, quiet nights in. Seeking masculine blokes with similar interests. Reply Number #0001 or call 0432 698675

### **Men Seeking Women**

HIV positive heterosexual male, youthful 40's, seeks female companionship. To be there for each other, share interests and find happiness.

I am always looking for new, interesting and worthwhile things to engage in or just attend. I'm friendly, I maintain good health, 6 ft tall and Caucasian. I live in inner Melbourne - though I can travel. Reply Number #0002

I am 40, employed part-time and have a 5 year old son. I would like to write at first and then start meeting. I'm looking for a long term commitment. My interests are outdoor activities, films and reading. Reply Number #0003

### **Accommodation**

Aus guy. I'm fit, honest, etc. 46 year old. Would like to hear from other masculine poz blokes interested in sharing/setting up house. Reply Number #0004 or call 0432 698675

Live in Carer – Caretaker Driver  
Are you in need of help around the home, need someone to drive you to your doctor's, shopping, outings, events, etc? I'm a single young man currently working for ST Vincent hospital. I have health Services papers and Tradesman papers including full Victorian drivers license. The only cost is a place to call home (rent free). Reply Number #0005

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SOCIAL  
WELLBEING

**David Tonkin MAASW**  
**Counselling - Group Work - Psychotherapy**  
**Tailored to your individual wellbeing**  
**T (03) 8456 9352**  
**www.navigatesw.com**



**Would you like help looking for work?**

**We are a free service that can assist you, if you are registered with Centrelink.**

**We have been successfully assisting people for over 17 years.**

**Last year we placed 250 people into work.**

**Contact us today to find out more on**

**03 9886 9222 or [simon@eastwork.com.au](mailto:simon@eastwork.com.au)**

**[www.eastwork.com.au](http://www.eastwork.com.au)**



DiversityLink is an Internet group/forum for sharing information and discussion about issues relevant to people living with HIV/AIDS from culturally and linguistically diverse (CALD) backgrounds in Australia.

This group is open to anyone interested in the HIV/AIDS field, including people living with HIV/AIDS, health, youth and community workers.

Joining DiversityLink is easy.  
Just send an email to: [info@multiculturalhivhepc.net.au](mailto:info@multiculturalhivhepc.net.au)

Diversitylink is free.

As a member you will receive moderated emails relevant to working with CALD communities and be able to network with other people in the group.

For more information, call us on (02) 9515 5030

DiversityLink is hosted by the Multicultural HIV/AIDS and Hepatitis C Service based in NSW.

[www.multiculturalhivhepc.net.au](http://www.multiculturalhivhepc.net.au)



## Acknowledgement

PLWHA Victoria would like to thank our sponsors for providing unrestricted educational grants to fund *Poslink* and Treatment Interactive Events in 2008.



## Free Wills

PLWHA Victoria offers members a limited free will-making service via De Ayers.

For further information, please call PLWHA Victoria on 9865 6772, and we will arrange for De to get in touch with you.

The service covers up to six beneficiaries and has no provision for setting up trusts, fund management or the like.

## Membership application

All details provided will be treated as strictly confidential.

*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 understand I can obtain copies of the Rules of the organisation from the PLWHA Victoria office.*

Please  Full Membership  
tick 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.

Name	Signed
Address	Postcode
Telephone	Email (required)

Please fax or post your membership application to:

PLWHA Victoria  
6 Claremont Street  
South Yarra VIC 3141  
Tel 03 9865 6772  
Fax 03 9804 7978



I do not wish to be contacted by postal mail.

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