

# poslink



## World AIDS Day 2008

---

The Newsletter of  
People Living with  
HIV/AIDS Victoria Inc

Information, Education  
& Representation

Issue 43 February 2009  
ISSN 1448-7764

### Contents

World AIDS Day at Parliament House	5
Annual General Meeting	6
HIV Futures Launched	8
Treatments Update	10
Finding the Right Balance	16
Positive Personals	18



# Note from the President

David Wain

Welcome to the New Year, which has started off with the customary frenzy of activity at PLWHA Victoria that always goes along with the annual Midsumma festival. Our stall at Carnival was particularly successful as a meeting point for old friends and people new to the organisation, and we were also well represented and very well received at Pride March, one of the regular opportunities we have to put a public face to the organisation.

Behind the scenes we've also been busy putting together our contribution to the development of the next federal HIV/AIDS strategy, which is also due this month. This is an important document that sets the priorities and directions for the work the federal government will do

in this area for many years to come, and it's important that our voices, as positive people, are heard. There are many things that government can't manage when it comes to HIV, but there's also lots of things that ONLY government can do. If you have thoughts about the job government is doing, and what you think they should be doing, then we would like to hear from you. The initial round of comments has taken place over the holiday break, but there will be more opportunities to come, and if you have a story that needs to be told, let us know, so that we can make sure your voice is heard. All the best.

# World AIDS Day 2008

Vic Perri

The theme for the Australian World AIDS Day campaign for 2008 was "Enjoy Life. Take Control. Stop HIV/AIDS." The theme was chosen as a strong reminder that HIV/AIDS remains a serious disease for which there is still no cure and education and prevention remains the best defence against its spread.

This is an appeal to all Australians to take responsibility in the fight to stop the spread of HIV/AIDS. To date more than 6770 Australians have died of AIDS and I ask you to pause and reflect on this devastating loss.

These were the opening words made by PLWHA Victoria President David Wain at the WORLD AIDS Day Launch at Parliament House Gardens on December 1 last year.

He went on to say:

Recent studies indicate that HIV infection rates in Australia are gradually

increasing – highlighting the need to remind people that HIV/AIDS is a serious problem that continues to pose challenges in Australia, not just overseas.

The theme aims to send out the message that if people take responsibility, by being informed about how they can protect themselves and others, there is no reason why they can't enjoy life and at the same time, stop the spread of HIV/AIDS.

The theme's positive approach also aims to reduce the stigma surrounding HIV/AIDS.

2008 marks the 20th anniversary of World AIDS Day. In 1988, the World Health Organization (WHO) declared the first World AIDS Day in an effort to raise public awareness about HIV/AIDS issues, including the need for support and understanding for people living with HIV/AIDS.

## President

David Wain

## Vice President

Paul Baines

## Secretary

Jeffrey Robertson

## Treasurer

Paul Kidd

## Positive Women Rep

Semukele (Sem) Mabuwa

## Straight Arrows Rep

Jurgis Melakas

## Board Directors

John Daye, Brett Hayhoe,  
Greg Iverson, Suzanne Lau-Gooley,  
Martin Pfeffer, Andrew Timmins

## Executive Officer

Sonny Williams

## Speakers Bureau Co-ordinator

Max Niggel

## Senior Health Promotion Officer

Suzy Malhotra

## Health Promotion Officer

Vic Perri

## Phoneline Coordinator

Jon Colvin

## Campaign Coordinator

Daniel Reeder

## Administrator

David Westlake

## Finance

Akke Halma

PLWHA Victoria

6 Claremont Street

South Yarra VIC 3141

Tel: 03 9865 6772

Fax: 03 9804 7978

[info@plwhavictoria.org.au](mailto:info@plwhavictoria.org.au)

[www.plwhavictoria.org.au](http://www.plwhavictoria.org.au)

PosLink is sponsored by unrestricted educational grants from:

Abbott Virology

Boehringer-Ingelheim

Bristol-Myers Squibb

Gilead Sciences

GlaxoSmithKline

Merck Sharp & Dohme

The Speakers Bureau is sponsored by unrestricted educational grants from:

Abbott Virology

Merck Sharp & Dohme

Tibotec

Thanks to Matt Masiruw for assistance in design & layout



David Wain, Max Niggli & The Honourable Tony Lupton MP

Over the past 20 years, World AIDS Day has been established as one of the world's most successful commemorative days. It is now recognised and observed by millions of people in more than 190 countries around the globe.

HIV is a virus that can be contracted by both men and women, of any age, and any demographic. While many effective treatments are now available, people with HIV continue to experience a variety of health problems with deaths still occurring in Australia.

The red ribbon is an international symbol of HIV and AIDS awareness. It is worn by people all year round, and particularly around World AIDS Day, to demonstrate their support for people living with or affected by HIV/AIDS. It is also a symbol of commitment, to challenge the stigma and prejudice surrounding HIV.

State Minister for Health Daniel Andrews then launched the service and invited two members of the PLWHA Victoria Positive Speakers Bureau to talk about their realities of living with HIV.

----

Dr Jon Willis, an anthropologist, knew about HIV transmission but was unprepared for the impact it would have on his life. His journey is both

challenging and informative.

*It has been said that in the moments before death, your life flashes before you: the triumphs, the trials and the tragedies of your past. When you are diagnosed with HIV, a similar thing happens, except it's not the past that you see – it's the future.*

*The future triumphs that you'll miss: the grand schemes that will never come to fruition; the grandchildren you will never see; even the Grand Final that Richmond will never, ever win.*

*The future trials loom large on your horizon: illness; hospitals; suffering; sharing the news with loved ones.*

*And the future tragedies: opportunities; loves; careers; even life itself cut short.*

*In the moment of clarity at diagnosis – for me it happened in August 1995 – the idea of this year's World AIDS Day theme would have sounded ludicrous, the worst sort of denial of reality.*

*Enjoy life!*

*What life? It had just been ripped away by those blunt words: I'm sorry, but the test is positive.*

*Take control!*

*How? In 1995, as now, the virus was incurable. In my body, in Australia, all*

*over the world, HIV was manifestly out of control.*

*Stop HIV/AIDS!*

*Too late! At 34, I had as much chance of stopping the tide as I did of stopping HIV/AIDS.*

*Now, as I enter my 14th year of living with this virus, and celebrate the 10th anniversary of being diagnosed with AIDS, I can appreciate this year's theme not as a denial of reality, but as a challenging call to courage and action to me, to all people living with HIV, and to the whole Australian community. For me, this message has a new resonance, particularly because the early death predicted for me in 1995 has not eventuated.*

*The other truism about the clarity you achieve with a brush with death is that each moment of life afterwards becomes more precious. Although I have not always been lucky with my health over the last 13 years, even the bad days have been precious because they were days I never expected to have. Enjoying life is no great ask when every day is an unexpected gift.*

*Another truism with HIV is that if you don't take control of the virus, then it will take control of you. Some of the worst days of living with HIV are the days when exercising control is a chore, because of illness, drug side effects, the demands of complex medical treatment, and the mental and spiritual toll of living with chronic illness.*

*But this control is much easier now than it was in the past. Today I take two pills to control HIV, as opposed to the 18 I was taking in 1997.*

*Other aspects of control have become easier too. When the science of antiretroviral treatment was new, I felt compelled to know the details of the classes of drugs I was taking: nucleotide and nucleoside analogue reverse transcriptase inhibitors; non-nucleoside analogue reverse transcriptase*

inhibitors; protease inhibitors.

These days, things are simpler: I take the blue one in the morning, and the yellow one at night. Perhaps it is a sign of the advancing old age I never expected to have, that I no longer need to master the details to feel in control.

The joys and trials of this journey have made the third part of this year's World AIDS Day message much more important to me. Stop HIV/AIDS. Nobody should have to live with this virus.

I had a leap of World-AIDS-Day joy to hear that with the combined efforts of the Minister's department and our many excellent community organisations like PLWHA Victoria and the Victorian AIDS Council, we have succeeded this year in reducing the number of new infections in Victoria for the first time this millennium.

As a state, we are taking control and perhaps stopping HIV/AIDS. This gives me another reason to continue to enjoy life.

----

Stephanie Christian was 23 years old when she was diagnosed in South East Asia and had to overcome discrimination there. Her story is inspirational and she now passes on her skills and knowledge to others about healthy lives, with or without HIV.

I was surprised at my reaction to the 20th World AIDS Day theme:

I was surprised that 6 little words could create such emotional havoc.

ENJOY LIFE!

Easy to say. It's been a long and difficult journey to get to this point

- 10 years to begin to come to terms with living with HIV
- 10 years to tell my mother
- 11 years to get my head around taking medications:
- 12 years to not fear death
- 12 years to stop worrying about

who would take care of my boy if I died

- 13 years not to think I was going to die when I got sick

- I've been discriminated against when accessing medical services as a positive person

- I lived for a decade in secret, always careful not to get too close, not to give away what was really going on underneath

Almost 17 years later, am I at a stage where I do enjoy my life.

I'm thankful for each day

TAKE CONTROL!

- I have no control over how my body copes with the HIV medications

- I have no control over the flow and supply of HIV medication over my lifetime

- I have no control over how people will react when I tell them I'm HIV positive

- It's taken me 16 years to feel like I make my own decisions concerning my health, I would hardly call that taking control

- Having accurate information on HIV and STI's

- Building networks and Friendships with other positive people

- Working for Straight Arrows an HIV support service

- Being a part of the Positive Speakers Bureau of Victoria

- Being able to speak openly about HIV

- Having faith in something greater than myself and my virus are the things that have given me confidence

- These are the things that helped to restore my self worth and given me a semblance of control

STOP HIV!

- How do we stop something we don't even talk about?

- Is our community even aware of the

risks of HIV in Australia, in Melbourne, or does it only happen to drug users, gay men or people in Africa?

- Are we really having the conversations about sex & the risks involved?

- Do we have the right information to make informed choices?

- Do we know where to access that information?

- For the last 7 years I've been passionately involved in educating my community about HIV, believing that it made a difference

- But lately I can't help but feel tired.

- No matter how many talks I do, no matter how many people I talk to, the HIV infection rates in Australia are gradually increasing

- And still the wider community's not talking about it....

- Except of course once a year, for World AIDS Day

This year's theme presents a challenge to all of us

ENJOY LIFE, TAKE CONTROL, STOP HIV

- It asks us to take personal responsibility

- Do you know how to protect yourself from HIV, are you at risk?

- If you're not sure, make it your business to find out

- Take the opportunity to talk about HIV and safe sex with your partners, your families, your children, friends, your peers

- We can choose to take control of our sexual health and enjoy life to the full.

- Each and everyone of us can make a difference

- Let's all play a role in stopping the spread of HIV

# Get Connected

## A workshop for those who wish to support positive people

---

Adjusting to living with HIV after receiving a positive diagnosis may involve confiding in and receiving emotional support from someone close, be that a partner, close friend or family member.

These significant others may often feel ill equipped to offer support as not only are they also adjusting to the news themselves, but their knowledge about HIV may be limited or based on information gathered during the time of the "Grim Reaper" in the early 1990s.

The idea to run the Connected workshop arose from a suggestion made by a participant in the Phoenix (previously called Genesis) workshop for newly diagnosed men who have sex with men; They commented on how useful it would be for family members to attend a similar workshop where they could find out information about what living with HIV is like.

Calls to the HIV & Sexual Health Connect Line (a program of PLWHA Victoria) also indicated the need for such a workshop. This service receives many calls from concerned friends and family members of HIV positive people who have questions about the medical and social implications of living with HIV.

Discussions were also held with a number of people who work in the HIV sector and all agreed that such a workshop would be beneficial in strengthening the support networks of the positive community.

Connected is a structured workshop with informative and therapeutic components run by PLWHA Victoria and the VAC/GMHC. It will be held on Saturday 28 February 2009 at the Positive Living Centre in Commercial Rd, South Yarra.

It is designed to provide a better understanding of:

- HIV / AIDS
- HIV transmission
- Monitoring tests (viral load and CD4)
- Antiretroviral treatments
- Social issues such as stigma and disclosure
- Legal responsibilities
- The importance of open communication
- The support available through various HIV agencies

There will also be an opportunity to talk about some of the HIV specific terms and what they mean so there is mutual understanding when talking about HIV.

As well as presenting an opportunity to meet others in similar situations, Connected also provides a supportive environment for participants to ask questions and share experiences.

We welcome any family members, partners and friends of people living with HIV to attend the Connected workshop.

Connected is free of charge and registrations can be made by phoning Jon Colvin at PLWHA Victoria on 03 9865 6709 or e-mail to [jcolvin@plwhavictoria.org.au](mailto:jcolvin@plwhavictoria.org.au)

# OPEN WIDE - Dental care and HIV

By David Menadue



“The dental health of many people with HIV has improved greatly since the early days of the epidemic,” said Mary Stephens, Coordinator of Dental Plus, a free dental service specifically for people with HIV, which operates from two premises at the Inner South Community Health Centre in Prahran and South Melbourne.

“For a lot of people who have been living with HIV/AIDS for many years, earlier episodes of severe oral disease may have left the mouth (soft tissues as well as teeth) in a state which is difficult to keep healthy. For example, before improved treatments came along some people with HIV/AIDS may have experienced severe bone and gum loss in the mouth, or scarring from previous acute infections that developed when they had fewer T-cells. Unfortunately, lost bone and gum does not grow back, so people who have had HIV for a long time and had earlier dental problems, need to be particularly vigilant about seeing their dentist regularly—probably six-monthly if they have had a complicated history, or twelve-monthly if they are relatively healthy and HIV-positive, or as required by individual needs, and careful self care is essential.

Mary is pleased that the number of acute infections she sees in Dental Plus patients has decreased so much these days. “In the past we would regularly see conditions like hairy leukoplakia (white patches on the tongue) or thrush in the mouth (usually red patches inside or on the edge of the mouth) as signs of lowered immunity. There would also be serious conditions like

Kaposi’s sarcoma or lymphoma which dentists would pick up after a dental assessment. Occasionally now dentists may still see some of these conditions but usually in people who are not taking HIV treatments, have other health issues and have had the virus for a while.”

## Dry Mouth

Dry mouth is a common problem in the population, particularly for the aged or for people on a range of medications, including antidepressants, diuretics and blood pressure tablets or if they have had head or neck radiotherapy. People with HIV have reported problems with dry mouth, raising questions as whether the virus itself may have some effect on the salivary glands or whether some antivirals may play a role. Not much is known here with research only suggesting that early proteases such as Indinavir may have some part in creating the problem.

Lifestyle factors are probably just as much to blame for dry mouth, though. Drinking lots of caffeine or alcohol contributes as does cola and other sweet drinks—including the so-called healthy sports drinks now on offer (some of which contain mild stimulants which dry the mouth). Cigarette smoking is a factor as nicotine decreases saliva flow, and it is a serious risk factor for gum disease. People who smoke more than ten cigarettes a day and with a tendency towards developing gum disease have a ten-fold increased risk of it. Nicotine reduces blood flow to the gums, reducing the body’s ability to respond to the toxins from the plaque bacteria, while the dry mouth makes it harder to remove the plaque bacteria. Gum disease can be a serious challenge to people’s health if not treated as it has now been linked to heart disease.

The reason dry mouth deserves our attention is, apart from the discomfort it can cause (although some people are apparently not aware they have a mild form of the problem), because saliva is

very important for the maintenance of good dental health. It helps neutralise acids produced in the mouth by eating and drinking, restores the pH balance in the mouth and helps recalcify areas of early decalcification. The lack of saliva allows tooth decay rates to increase, gum disease to develop and contributes to the erosion of enamel and increased tooth sensitivity (because this exposes the dentine of the tooth).

Treatments for it include a new range of alcohol-free mouthwashes and gels created by a company called Biotene, available from chemists and also an Australian discovery, made from the caseine in milk products called Tooth Mousse (very good for sensitivity and helping prevent/control caries), and Dry Mouth Gel —available from dentists. (Avoid regular use of mouthwashes like Listerine or Savacol if you have a dry mouth as they contain alcohol, which can irritate the dry tissues of the mouth—only use them for infections in the mouth as directed.) The problem with gels and artificial saliva, according to Mary Stephens, is that you have to keep applying them during the day to have an ongoing effect which can take some patience. Chewing sugar-free gum or sugar-free lozenges can also stimulate saliva production (chew gum after food for ten minutes three times a day to get a beneficial effect).

## Bleeding Gums

When I first visited my current dentist, she refused to treat me until I did something about my bleeding gums. I had a dry mouth problem and a tendency to develop gum infections which often led to bleeding gums. The dentist said she would treat me if I bought an electric toothbrush and used it properly twice a day after meals—her view was that only then would my dental health improve. I have to say it worked—I’ve found that the electric toothbrush did stop the gum bleeding problem and that it does remove more

plaque than a normal toothbrush if used correctly, because of the extra rotation.

"There is not all that much difference though," says Mary. "If you use a soft toothbrush correctly, it should get rid of plaque just as well. It's mainly about technique. If you use an electric toothbrush, hold it at an angle against the gums. If you use a soft manual toothbrush, do a couple of teeth at a time, using a vibrating "mini-scrub" (no large movements of the bristles) motion. You have to clean every surface of every tooth. Don't cause trauma to the tooth though- it is a fallacy to try to make your gums bleed if you have sore gums, but don't avoid it – just be gentle. If there are signs of infection, use warm salty water to help get rid of it.



"Flossing is essential to get rid of food and plaque between the teeth. Don't use toothpicks—they are too harsh on the teeth and gums. Use floss or try interproximal brushes or soft interdental sticks in some wide gaps (preferably after instruction) if you can't manage the floss."

### The Dental Plus Service

Dental Plus has been a great boon to HIV-positive people in Victoria. It has provided highly trained dentists who don't have any problem with treating people with HIV and who know how to look for HIV-related problems in the mouth.

It can be accessed by people on Health Care Card and does not require a co-payment for its services, unlike most other dental health services. It provides five sessions a week (3 at Prahran, 2 at South Melbourne). The service has limited funding and is unable to provide crown and bridge work or orthodontics. Recently however, they have been able to get funding to cover the cost of dentures with no co-payment required for in-house services.

"Unfortunately, because we are a

limited service," said Mary, "there is a waiting list which is usually around eight months for a new appointment. If people are in pain we do have a triage process that allows people to be seen earlier. People can only book one appointment at a time, which I know can be the cause of frustration for people from the country, for instance, who come a long way to use our service. If we know of circumstances like that or a patient has complicated procedures to be done, we can be a little more flexible and try to arrange longer appointments for them."

### Dental Care Tips

Because people with HIV do need to take extra care of our teeth, Mary lists the following tips as the best way to keep your mouth healthy –

- Don't smoke. Smoking effects the blood circulation in the mouth and doesn't help saliva to get rid of harmful substances in the mouth.
- Keep yourself well hydrated – most people don't drink enough water daily.
- Limit the amount of caffeine you drink. Caffeine affects the salivary glands and is also a diuretic (ie. makes you pee more, leading to a loss of water). A suggestion for coffee drinkers is to try having a glass of water when you have a coffee.
- Don't drink cola drinks. As well as being very high in sugar, caffeine and acid, they diminish salivary flow due to their caffeine content.
- Limit your alcohol intake as this contributes to hydration problems
- Daily fluoride rinses or gels (such as Neutrofluor) can decrease decay rates and help with tooth sensitivity.
- Tooth Mousse (mentioned previously) is effective at preventing decay and erosion and helps with sensitive teeth. It also works very well with fluoride. In Australia it is only available from dentists.
- Biotene makes a toothpaste, mouthwash, and artificial saliva for use to treat dry mouth, available from chemists, and Dry Mouth Gel may also be useful (from dentists).
- Mouth rinses such as Listerine and Savacol contain alcohol and while they are good at treating some infections / inflammations, should be used sparingly because they can make a dry mouth worse.
- A rinse, after eating, with half a

teaspoon of bicarbonate of soda in half a glass of water can be very helpful for people with severe problem with a dry mouth and sensitive teeth, as it helps neutralise acids.

- Use a soft toothbrush and brush twice daily and floss daily--toothpicks are not a good idea. If you have wide gaps in your teeth –an interproximal brush or interdental cleaning stick (not a tooth pick) is useful.



- An electric toothbrush (brushing one tooth at a time) is a good idea particularly to maintain the gums although a soft manual one used properly can be just as good.

• Don't brush your teeth straight after eating, particularly if you've been eating an acidic food (such as an orange). This can contribute to enamel loss because your saliva has not had a chance to neutralise the food acid. It is also important not to brush after you have vomited because of the high amount of acid in your mouth then. You need to rinse your mouth out with water, put some flouride on your finger and rub it over your teeth if you want to freshen your mouth. Bulimic patients are notorious for their bad teeth because of this.

- Sugar free gums are a good idea as they help stimulate saliva and decrease the amount of acid in the mouth.

The Dental Plus service is located at: Inner South Community Health Service, 240 Malvern Rd, Prahran and 341 Coventry Street, South Melbourne

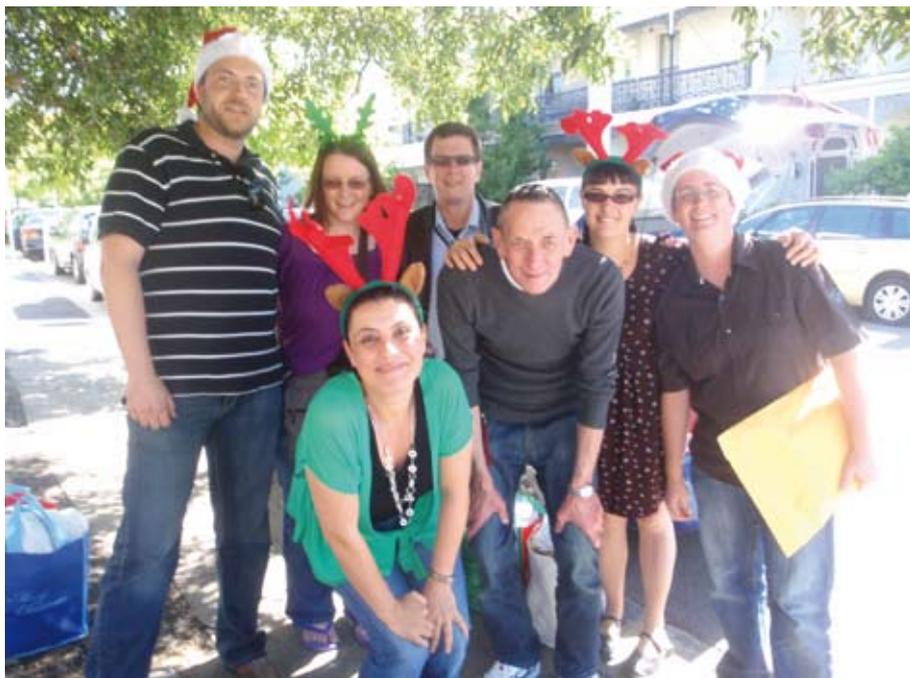
Phone 9520 3177 for further information and session times.

# Santas Little Helpers

---

Every year, PLWHA Victoria delivers Christmas Hampers to people living with HIV/AIDS in hospital or at home alone on Christmas Day. This year volunteers, staff and board members handed out 40 hampers filled with food, clothing, games, books, CDs and gifts donated by generous organisations and individuals. On a day when many people are unable to be with family and friends, the hampers are a welcome reminder that our community still cares about people living with HIV/AIDS. PLWHA Victoria relies on the generosity, time and deep pockets of a fantastic group of individuals and organisations to make this annual event possible. We would like to thank the following for their contribution:

Mercedes-Benz Australia/Pacific and the ALSO Foundation (principal sponsors), Alexander Rosas, Anna Georgiou, Annika Priest, Anthony McCarthy, Bill Gianoulas, Brett Hayhoe, Bronwyn McConville, Campbell's Cash and Carry, Chasers Nightclub, Colin Billing, Daniel Brooks, David McCarthy, David Westlake, Eu-jin Low, FQ Films, GoConnect, Gregory Ladner Australia, Grey Searle, Jamie Ivarsen, Katherine Grant, Kevin Brown, Kiehl's Chapel Street, Leader Newspapers, Mark Hart, MCV, Melvin Wong, Mercedes-Benz Australia/Pacific, Pat Garner, Paul Bangay, Peter Alexander, Positive Living Centre, Richard Poole, Sarah McConville, Shane Bridges, Sibel Toremis, Simon Johnson, Susan Markin, VAC/GMHC, Wolfgang Kainz



# Finding the Right Balance

The fourth story in a series from AFAO's campaign

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 campaign by AFAO and NAPWA, which commenced last year, 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 3rd of these stories. A complete version of all the stories can be found in the July 2008 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.

## Tobin's Story

**Frocks and footy. Nature and yoga. Cabin fever and isolation. Tobin's sea change has at times been a tricky mix. Tobin had been living in Sydney for years when he decided on his sea change. As Tobin puts it, 'Things weren't going well. Deep down I wanted to make changes.'**

HIV was one of the reasons for shifting, but there were other factors – a relationship breakdown, work not coming in, and the stresses of living in a city.

'Ever since I seroconverted, I've had this attitude that HIV will fit my agenda, not make it the centre of my life. That might sound hypocritical because I do

work in the HIV area, but I enjoy and learn from that. It's a big part of my life but I don't revolve around it. I try and make it revolve around me.'

'A lot of friends were very encouraging about the move. A small proportion of people were like, "Oh you won't last. How could you – Mr. Socialite – go somewhere remote?" My mum was always very supportive. She's a total rock in my life.'

The move was something Tobin felt driven to do. He knew he'd enjoy nature. 'I get a huge sense of relaxation. It diverts my mind, almost like meditating. Nature seems to answer your questions. It's ever changing so it's really everything that TV wishes it could be. It's really good for my emotional wellbeing and stability. I live by the beach. The sound of the ocean is really meditative. For someone with a fast active mind it's like an enforced form of meditation.'

The move has helped Tobin reduce his stress levels, and he has more time to get to the beach and exercise. 'It's a major change to live by myself with a focused routine. I'm sleeping more, getting up early, buying lots of lovely local fresh fruit and vegetables, planning my week's eating. My diet's improved out of sight because I'm looking after myself.'

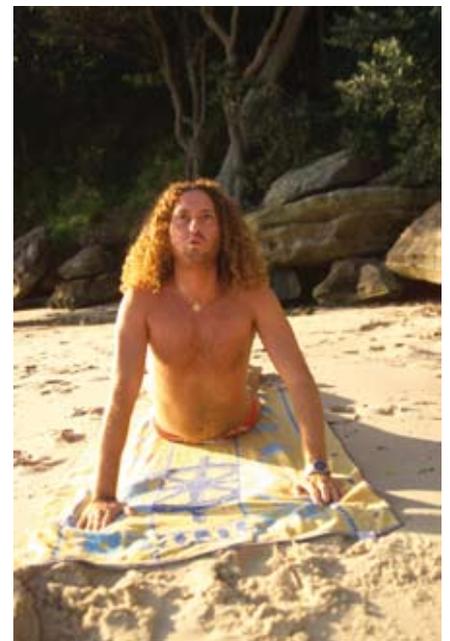
Adjusting to life outside a city wasn't easy at first 'I didn't move away to socialise. But I wasn't prepared for being desperate for people. Whether intimate sexual contact, or friends and family, I miss them. For a period I would go to a local pub and drink and gamble just to get out of the house. There are some hidden nasty bits living in a rural area.'

Tobin met a guy from the local footy team at the pub. 'I asked what would they think of a HIVpositive poofter on the team. He said "they don't need to know." So football was one thing I did to change some bad habits, to get out of

my comfort zone, force myself to meet people I mightn't feel comfortable with and challenge some really big things. It was about being with men in a situation that some queens see as some camp fantasy, but to treat it as friendship. It was a big experiment. It worked really well. I got welcomed into the team and my self-image went up enormously. Having these blokes know who I am, what I do, and accept me for it made me realise that a lot of my paranoia is basically just that.'

Perhaps a little surprisingly, football became an important part of staying fit. 'My fitness level went up, and in turn that increased my whole wellbeing. I've always been physical. I studied dance. I've always stretched and done yoga and things like Tai Chi and Kung Fu. I've always felt very connected to my body and felt that these were important things for both my physical and emotional wellbeing.'

'I stretch at least twice a week. It's essential, I seem to hold a lot of stress in my body. It's like a panacea that deals with almost everything. I find meditating



quite difficult because I'm so neurotic. But a stretch routine has a meditative quality. I forget about what's on my mind.'

Tobin incorporates some yoga into his stretch routines. 'The yoga positions are really calming. If I don't stretch, the energy snowballs negatively. If I get a sore back, peripheral neuropathy or little treatments side effects, stretching minimises them dramatically.'

'A lot of HIV-positive people smoke cigarettes and pot, and drink. There seems to be more need and reasons to nullify things that seem overwhelming. Sometimes, no matter how stable you are, you need to just drown it out.'

'I think being homosexual puts us on the outer edge with subconscious negative thoughts in our minds. Then HIV multiplies that isolation and loneliness. For people who are attempting to embark on relationships amidst all this stigma and discrimination and assumptions about positive people – the whole notion of people feeling really toxic and unlovable. This is a source of a lot of problems.'

'Tell them you're positive and they won't want to touch you. But they will go off and fuck someone if nothing is mentioned. Sometimes having to reconcile all that shit makes me really angry. I'd like to just slap some queens in town.'

Part of Tobin's work involves running forums that deal with some of these issues. 'All these brave positive people inspire me and some find me brave and have gratitude that I do this work.'

For people who are considering making changes in their lives, Tobin has some advice, 'The most important thing is don't set your goal too high. Say if you want to give up smoking. Try it, but if you fall off the wagon, don't make that a reason to start smoking hard again. Or with exercising, start really slowly and don't pressure yourself to try to get stuck into a huge regime quickly because often you get overwhelmed by it. Allow your body to adjust. Especially if you want to lose weight, it can seem overwhelming when you first start. Take it slowly and allow yourself to fall off from time to time without punishing yourself. Look at the bigger longer-term picture. That goes for every change.'

Ian Coutts, a health coach who worked in the Living Positively project at the Melbourne Positive Living Centre in 2006 would agree that lapses while pursuing a goal are normal. Ian says

that many people he has seen in the project have experienced this situation. 'There can be a number of factors that can cause a loss of momentum, like fluctuating health, stressful life events and also conflicting priorities. Setbacks are a part of life and it is no use to beat yourself up about them. I feel it is much more productive to be forward looking and focus on what can be achieved in the future. I believe that change is a learning process and that each attempt is a step on the path to achieving your goals.' In situations like these, Ian talks with his clients and reviews why they may feel they are losing momentum, helps them to set new goals if required and also to develop new strategies and plans. 'I remind people of what their initial goal was and the strength of their desire to achieve it. Then we set new goals if required and develop new strategies and plans.'

Sometimes Tobin misses the support of his many HIV-positive friends in the city, but overall the life changes he has put in place are now yielding other benefits. 'I'm a lot calmer, healthier, and less stressed. I make more informed rational decisions about life. There's more time. I need less to feel happy. I get fewer physical ailments now, so HIV is less in my life.'

### Stress, depression and mental health

A significant number of people with HIV suffer from stress, anxiety or depression. In the Futures 5 survey, almost one-third of respondents said they had taken antidepressant medications in the previous six months, and one-quarter had been prescribed medication for anxiety.

Getting an HIV diagnosis and living with the threat of serious illness are significant stresses for anybody to live with, so perhaps it's not surprising that mental health problems like stress and depression are more common among people with HIV compared with the general population. Some antiretrovirals (e.g. efavirenz) and changes in the brain chemistry in people with advanced HIV disease can also trigger depression.

Living with these problems adds to the burden of illness that we all have to bear, reduces quality of life and can have a serious impact on treatments adherence, so it is worthwhile doing what you can to respond to stress and depression if it affects you.

There are lots of options for preventing and managing these health problems. Meditation, yoga, peer

support, counselling and exercise have all been recommended by positive people as effective strategies to help reduce stress and manage mental health problems, but there's no 'one-size-fits-all' approach, so you have to find what works for you. If you're diagnosed with depression, there are a range of therapies available including psychotherapy, cognitive behavioural therapy and antidepressant medications – your doctor can provide information.

### Stuck in a rut, but don't want to move?

Ian Coutts, was a health coach with a pilot program with the Melbourne Positive Living Centre in 2006. He has some advice for people who want to develop healthier lifestyles, but feel they're in a bit of a rut. 'My advice is to try something different! I believe there is always progress in action and in many cases, one small step can give you the confidence to take another. A quote I like is: "The greatest thing in the world is not so much where we are, but in what direction we are moving."'

Many of the participants in the Living Positively project run by Ian have described how they felt they were in a rut prior to starting in the project. 'Having a health coach helped provide them with motivation to make changes and helped them to stick to the changes they wanted to make. It also allowed them to be able to talk over their concerns one-on-one with the coach, and provided them with more confidence, enthusiasm and optimism.'

For people who don't have access to a health coach, Ian suggests buddying up with someone else to exercise together, or to let others know about your goals and seek support. 'Change can be a difficult thing, and building a support network is a good way to get help through the process.'



# News briefs



Changes are coming to Treataware, the national HIV treatments campaign launched by NAPWA last year. The Treataware 1800 phone line closed down on 23 January after running for three months longer than originally scheduled. The other components of the campaign – the website [www.treataware.info](http://www.treataware.info), including the HIV clinical trials database, and the free booklet Getting the Best HIV Care – will continue to be available. An evaluation of the phone line pilot has been undertaken and will be available soon. To obtain a copy call Brent on 02 8568 0300. ([www.napwa.org.au](http://www.napwa.org.au))

## Medicare and Dental Services Update

Further to the last update in Poslink 42, the Federal government plans to introduce another bill in mid March to disband this scheme and transfer the funding to public dentistry. All efforts in this regard so far had been blocked by senate. So for now people registered should try to get any work done prior to March 17th.

The process is simply getting your GP to fill out an Enhanced Primary Care Plan which enables you to access the Commonwealth Enhanced Primary care Dental Scheme. ([www.napwa.org.au/pl/2008/11/dental-scheme-still-open](http://www.napwa.org.au/pl/2008/11/dental-scheme-still-open))

## Man jailed for trying to spread HIV

An HIV positive Melbourne man who tried to infect people with the virus has been sentenced to 18 years jail in what police believe is a world-first conviction.

Michael Neal, 50, had unprotected sex without telling his partners he had HIV and arranged "conversion parties" to infect people, the Victorian County Court heard.

Sentencing Neal to a minimum of 13 years and nine months, Judge David Parsons said he showed no remorse for his terrible crimes, which continued until his arrest, despite repeated warnings from the Department of Human Services (DHS) about his behaviour.

"You sought to be your own version of the grim reaper," Judge Parsons said.

The grandfather, from Coburg, showed no reaction as his sentence was announced. Neal was found guilty by a jury in July last year on 15 counts, including two of rape and eight of trying to infect another person with HIV.

Police said it was the first prosecution of its type in Victoria and possibly the world where a serious offender set out to deliberately infect people on such a scale. "I haven't been made aware of a similar investigation of this nature, of this extent anywhere in the world," former head of the sexual crimes unit, Detective Inspector Anthony Cecchin, told reporters outside court.

The jury in his two-month trial heard Neal ignored warnings by DHS authorities to practise safe sex and tell partners of his status after being diagnosed in 2000. He also defied their later restrictions barring him from gay sex venues and having unprotected sex. His case led to the downfall of Victoria's chief health officer Dr Robert Hall after the Victorian government said it should have been told about Neal sooner.

Neal met his victims mainly at gay venues, on gay websites or at gay beats, the court heard. One of his victims became so besotted with him he registered himself as a rottweiler with his local council in homage to him.

Neal told another of his victims, who had seen a report saying 100 Victorians were diagnosed with HIV, he was "responsible for most of that". He also wore a genital piercing to make it easier for him to infect people and told one of his 13 victims he "gets off" on doing so.

The court heard Neal had an antisocial personality disorder and directed his rage at innocent victims after suffering severe childhood abuse and neglect. He had told a psychiatrist he had a dark side and enjoyed infecting people.

Judge Parsons said Neal had little chance of rehabilitation and his sentence had to send a message such behaviour would not be tolerated.

Neal, who was registered as a sex offender, had pleaded not guilty to 34 charges. A jury cleared him on 11 counts, including two of causing people to be infected. He had earlier pleaded guilty to another 46 counts relating to drug use and possession, child pornography and committing indecent acts in front of children aged under 16. (January, aap)

## Viral Load and Infectiousness

One of the hottest topics over the last twelve months has been the infectiousness (or otherwise) of people taking HIV treatment who have an undetectable viral load in their blood.

The debate was kick-started a year ago by what's come to be known as the "Swiss Statement". This said that individuals taking HIV treatment who had an undetectable viral load and no sexually transmitted infections were essentially non-infectious to their partner in a monogamous heterosexual relationship.

The authors of the Swiss Statement noted that effective HIV treatment suppressed viral load to undetectable levels in both blood and semen.

However, two studies presented to the Conference on Retroviruses and Opportunistic Infections have indicated that HIV can be undetectable in blood, but detectable in semen in a minority of men, even when no sexually transmitted infection is present.

A Canadian study involving 25 men

# News briefs

found that after viral load became undetectable in the blood, it was still detectable in 14% of semen samples. Further analysis of the semen sample with the highest viral load found potentially infectious virus.

The study also showed that viral load in semen occasionally "blipped" to detectable levels.

About a third of men who'd been taking long-term HIV treatment that suppressed viral load to undetectable levels in the blood occasionally had detectable HIV in their semen.

A larger French study looked at paired blood and semen samples from 145 men taking HIV treatment. Viral load was undetectable in 85% of these paired samples. But in 3% of samples, HIV was undetectable in blood and detectable in semen – viral load in these samples ranged between 250 and 1200 copies/ml.

Most of these detectable samples were "blips", and the French researchers found good levels of anti-HIV drugs in the patients' semen.

There was discussion about the implications of these findings, in particular if the levels of HIV found in semen involved a significant risk of HIV transmission. There was only one case of HIV transmission in the Parisian study, but this involved a patient who wasn't taking his treatment properly.

However, both sets of researchers concluded that an undetectable viral load in blood doesn't always mean that viral load is undetectable in semen, and that successful HIV treatment doesn't eliminate the risk of HIV transmission. ([www.aidsmap.org.au](http://www.aidsmap.org.au))

## New test designed to detect anal cancer in gay men

British scientists have developed a new test to detect early signs of anal cancer.

The disease is estimated to affect

37 per 100,000 gay men, a similar rate to cervical cancer in women before the introduction of the smear test.

For gay men who are HIV-positive, the incidence is about twice as great – around 75 per 100,000.

The test is based on the use of minichromosome maintenance proteins to detect pre-cancerous and cancerous cells in the anus.

In a study using 235 anal smears from 144 subjects, the test successfully identified 84% of patients with anal pre-cancer.

Lead author of the study, Dr Nick Coleman, said: 'This is welcome news for people who are at high risk of developing anal cancer. We have uncovered a more effective way to detect anal cancer in its early stages, meaning fewer people would have to undergo the rigours of radiotherapy and chemotherapy treatment.'

Cancer Epidemiology Biomarkers and Prevention (2008)17:2855–2864

Ed note: Speak with your GP if you have any concerns regarding anal cancer.

## Bone marrow transplant suppresses AIDS in patient

A BONE marrow transplant using stem cells from a donor with natural genetic resistance to the AIDS virus has kept an HIV patient free of infection for nearly two years, researchers say.

The patient, an American living in Berlin, was infected with the human immunodeficiency virus that causes AIDS and also had leukemia.

The best treatment for the leukemia was a bone marrow transplant, which takes the stem cells from a healthy donor's immune system to replace the patient's cancer-ridden cells.

Dr Gero Hutter and Thomas Schneider of the Clinic for Gastroenterology, Infections and Rheumatology of the Berlin Charite

hospital said yesterday that the team sought a bone marrow donor who had a genetic mutation known to help the body resist AIDS infection.

The mutation affects a receptor, a cellular doorway, called CCR5 that the AIDS virus uses to get into the cells it infects. When they found a donor with the mutation, they used that bone marrow to treat the patient. Not only did the leukemia disappear, but so did the HIV.

"As of today, more than 20 months after the successful transplant, no HIV can be detected in the patient," the clinic said. "We performed all tests, not only with blood but also with other reservoirs," Schneider told a news conference. "But we cannot exclude the possibility that it's still there."

The researchers stressed that this would never become a standard treatment for HIV. Bone marrow stem cell transplants are rigorous and dangerous and require the patient to first have his or her own bone marrow destroyed.

Patients risk death from even the most minor infections because they have no immune system until the stem cells can grow and replace their own.

HIV has no cure and is always fatal. Cocktails of drugs can keep the virus suppressed, sometimes to undetectable levels. But research shows the virus never disappears - it lurks in so-called reservoirs throughout the body.

Dr Hutter's team said they had been unable to find any trace of the virus in their 42-year-old patient, who remains unnamed, but that did not mean it was not there. "The virus is tricky. It can always return," Dr Hutter said. (Nov 13, 2008 [www.heraldsun.com.au](http://www.heraldsun.com.au))

## Once-a-day etravirine should work as first-line treatment

Once-a-day dosing of the newly-

licensed non-nucleoside (NNRTI) drug etravirine (TMC125, Intelence) should be sufficient to suppress HIV in patients without NNRTI resistance, the Ninth Congress on Drug Therapy in HIV Infection heard last week. The current approved dose of the drug is two 100mg tablets taken twice a day.

Thomas Kakuda of Tibotec, the manufacturer of etravirine, told the conference that the average minimum level of etravirine seen in the blood of HIV-positive trial subjects who took the drug once daily was 58 to 59 times the level needed to inhibit 50% of HIV replication (the IC50). It appeared to work just as well against non-resistant HIV as twice-daily dosing, but larger clinical studies would be needed before a once-daily dose could be recommended. ([www.aidsmap.org](http://www.aidsmap.org))

## Two novel 'enhancer' drugs boost protease inhibitors as much as ritonavir

Two novel pharmacokinetic enhancing agents - GS 9350 and SPI-425 - appear to work as well as ritonavir (Norvir) for boosting protease inhibitor levels, but with fewer side-effects, according to presentations at the Sixteenth Conference on Retroviruses and Opportunistic Infections in Montreal.

Ritonavir interferes with a liver enzyme called cytochrome P450 3A (CYP3A) that metabolises many medications. By slowing their processing, ritonavir can help maintain effective levels of protease inhibitors in the blood, and current treatment guidelines recommend that these drugs should usually be boosted with a small dose of ritonavir.

But ritonavir has some drawbacks, including its tendency to cause metabolic side-effects like elevated cholesterol, and the fact that a single company controls how it can be used.

The researchers found that these two new had the boosting effects but with fewer side effects normally associated with Ritonavir. ([www.aidsmap.org](http://www.aidsmap.org))

## Certain protease inhibitors and abacavir linked to heart attacks in two large cohort studies

The latest follow-up data from two large cohort studies, presented at the Sixteenth Conference on Retroviruses and Opportunistic Infections in Montreal, adds further evidence that specific protease inhibitors (PIs) and nucleos(t)ide reverse transcriptase inhibitors (N(t)RTIs) are associated with a higher risk of cardiovascular problems in people with HIV.

While several past observational studies have seen an increased risk, controlled trials have produced conflicting results. Furthermore, the mechanisms explaining heightened cardiovascular risk in HIV-positive people - whether on or off antiretroviral therapy - are not fully understood. ([www.aidsmap.org](http://www.aidsmap.org))

## HIV Patients Don't Benefit From Novartis Immune Drug

Patients with the AIDS virus got no benefit from a Novartis AG drug that sparks the creation of immune cells to replace those destroyed by the disease.

Two studies, one involving patients with high numbers of immune CD4 cells, and the other involving patients with fewer of the cells, failed to show benefit from the treatment, doctors said today at the Conference on Retroviruses and Opportunistic Infections in Montreal. Novartis sells the interleukin-2 drug as Proleukin to treat cancer.

Researchers believe damage to the body's protective immune system from HIV, the human immunodeficiency virus that causes AIDS, worsens the disease.

While earlier results with the drug called interleukin-2 showed promise, treated patients fared no better than those who didn't get it in the latest research.

"As far as I'm concerned, this is the end of interleukin-2 for HIV," said John Bartlett, a Johns Hopkins University AIDS researcher, who wasn't involved in the studies, in an interview at the conference. "This entire trial has never quite been able to cross the goal line; it's never been able to show a clinical benefit."

Interleukin-2 is a cytokine, a type of natural body chemical that activates the immune system and is approved to treat skin and kidney cancer. The two trials looked at whether it helped people who were also getting treatment with powerful anti-retroviral drug combinations.

### Immune Cell Levels

One study, funded with \$65 million from the U.S. National Institutes of Health since 2000, looked at its effect in 4,011 people who began with more than 300 CD4 cells per milliliter of blood. U.S. guidelines recommend treating HIV-infected adults when CD4 cell levels drop to 350 per milliliters of blood.

The second study, which was started by Chiron Corp. before it was bought by Novartis, examined the treatment in 1,695 patients who began with 50 to 299 CD4 cells per milliliter of blood. Chiron gave \$18 million to finish the study after 2003, when the company decided to drop it, said James Neaton, a University of Wisconsin researcher who helped administer the two trials.

In the study of people who began with more than 300 immune CD4 cells per milliliter of blood, serious side effects were more common among those who received the immune treatment, Lusso said. ([www.bloomberg.com](http://www.bloomberg.com))

# Positive Speakers Bureau

## New brochure launched

---

The Positive Speakers Bureau has a brand new brochure. Based on the successful "Protecting Young Australians from HIV" campaign, the brochure will be a crucial marketing tool for this year and beyond. It highlights the professionalism of our speakers and their commitment to reducing HIV rates. We have already distributed it to many agencies and schools so that people can easily get an insight to the program.

If you wish to receive a brochure please call 9865 6772.

### More PSB news:

#### Speaker recruitment – Speaking out for confidence

Do you know someone living with HIV with a story to tell?

Last year we received many requests for younger (20-30 year olds) HIV Positive speakers and it is becoming increasingly difficult to provide speakers

of this age group.

If you want to educate the wider community and contribute to reducing HIV related stigma and discrimination by telling your story of being diagnosed and living with HIV, we can build your confidence, help you learn the art of public speaking and become a health educator, please call Max on 9865 6772 to express your interest.

The speakers must feel comfortable about disclosing their status in public and being very honest when questions are asked. All trainee speakers are mentored via a "buddy" and can attend talks as an observer until they are comfortable in answering some questions. All speakers are required to undergo training in public speaking and there is a specific training manual that has been developed for this purpose.

Our speakers have gained new skills and this experience has allowed many of them to return to work and study. All

our speakers develop at their own pace and can choose when and where they speak. Speakers can also choose to specialise in talking to (for example) gay men, health care workers, secondary school students, university's or corporate business.

#### Positive Speakers Bureau audience records in 2008

Once again we have broken our own records.

We spoke to more than 4800 people with a huge increase in audience figures of more than 1000 for the year and a corresponding increase in total talks given at 169 for 2008 compared to 127 in 2007.

80 presentations by female speakers and 89 presentations by male speakers told their stories for the year making sure that we provided an equal gender perspective for as many talks as possible.

The figures also show that we have successfully diversified where we speak.

The busiest months were May and November.

#### Positive Speakers Bureau sponsorship for 2009

We have secured unrestricted community educational grants for the Bureau for 2009 from three companies.

Abbott Virology has sponsored talks to Non Government organisations

Merck Sharp & Dohme has sponsored talks to financially disadvantaged schools in the metropolitan area.

Tibotec (Janssen-Cilag Pty Ltd) has sponsored talks to financially disadvantaged schools in rural and remote areas.

Sponsorship by these companies ensures that our speakers are paid for their talks and that no financially disadvantaged schools or NGO's miss out on hearing our speakers.



# Positive Women Victoria

## Support Calendar 2009

### FEBRUARY

Sat 21 Family Picnic  
Thu 26 Drop-In

### MARCH

Thu 12 Drop-In  
Fri 13 Members lunch  
Thu 26 Drop-In  
Tue 31 Education Session

### APRIL

Tue 7 Activity  
Thu 9 Drop-In  
Fri 17 Members Dinner  
Thu 23 Drop-In

### MAY

Thu 7 Drop-In  
Fri 15-Sun 17 Retreat  
Thu 21 Drop-In  
Tuesdays - 5, 12, 19, 26  
at the *Positive Living Centre*

### JUNE

Thu 4 Drop-In  
Sat 13 Family Event  
Thu 18 Drop-In  
Tue 23 Education Session  
Thursdays - 4, 11  
at the *Positive Living Centre*

### JULY

Tue 14 Members Activity  
Thu 16 Drop-In  
Fri 24 Dinner Members

### AUGUST

Thu 13 Drop-In  
Fri 21 Members Lunch  
Thu 27 Drop-In  
Tue 31 Education Session

### SEPTEMBER

Fri 4 Dinner Members  
Thu 10 Drop-In  
Tue 15 Members Activity  
Thu 24 Drop-In

### OCTOBER

Thu 8 Drop-In  
Sun 18 Family Event  
Thu 22 Drop-In  
Tue 27 Education Session

### NOVEMBER

Thu 5 Drop-In  
Fri 13 Members Lunch  
Tue 17 Members Activity  
Thu 19 Drop-In

### DECEMBER

Thu 3 Drop-In  
Fri 11 Xmas Dinner

# Straight Arrows

## Support Calendar 2009

### February

13th 14th 15th  
Camp Seaside  
Family Camp

### March

5th 6th  
ASHM Short Course  
HIV Medicine

### April

Dinner. Date to be confirmed  
BBQ & Footy

### May

8th 9th 10th  
Men's Only Retreat

### June

Date to be confirmed  
Myths and Facts

### July

26th  
Ten Pin Bowling

### August

31st  
Men's Only BBQ  
PLC

### September

24th  
Dinner

### October

21st  
Women's Swim & Lunch

### November

Date to be confirmed  
Retreat for men and women who  
are heterosexual

### December

11th  
Xmas Party



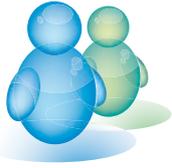
**GET FREE!**  
**QUIT**  
**IN '09**  
A free course to help you quit smoking.

- \* Give your lungs and heart a break
- \* Free up some extra spending money
- \* Look and feel great in '09!

### **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





## 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

INFORMATION • SUPPORT • REFERRAL

HIV & SEXUAL HEALTH

**Connect**

1800 038 125

www.connectline.com.au

## Revisoning Group

“Do people around you make you angry and frustrated? Do you hurt people you care about? Finding it hard to express your feelings without exploding? Feeling anxious and confused about your behaviour? The VAC/GMHC runs a group for gay and bisexual men, called ReVisoning, where you can learn about breaking patterns of controlling and abusive behaviours. The group, intended to build your confidence and self-control, helps you deal constructively with conflicts and difficult emotions in your relationships and other parts of your life. The group is due to start mid February and we are looking for participants now. For more information call 9865 6700 from 2–4pm Monday to Friday and speak to the duty worker, or email trish\_thompson@vic aids.asn.au

## Thank You! From HIV Futures

Many Poslink readers would recently have participated in the latest round of the HIV Futures study – HIV Futures 6. On behalf of all those involved in the study, we would just like to extend a very big thankyou to everyone who assisted us in promoting the project and, of course, everyone who took the time to complete the questionnaire!

As with previous HIV Futures surveys, people have been incredibly generous with their time, filling in what is a fairly long and complex questionnaire.

So far, we have received over 1000 responses, which is fantastic.

As always, a report of the results will be made available to HIV/AIDS organisations and the community. Stay tuned for a summary of results in a future edition of Poslink.

Thanks again!

Jeffrey Grierson and Jennifer Power  
Australian Research Centre in Sex,  
Health and Society

## Newly HIV Positive? We need your help!



**Who?** • Men who have been recently infected with HIV can participate in this study. 'Recently' means anytime in the last 12 to 24 months.

**How?** • Go to [www.hivss.net](http://www.hivss.net) and enter this code: **sc2007-001** to start the survey. **Participation is anonymous and confidential.**



**Why?** • We need to hear YOUR story! This study is key in the development of health and educational promotions that matter to men who have sex with men. Your participation is **VITAL** to its success!



**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) 9526 4500



# A new booklet for people recently diagnosed with HIV

Information on a range of issues including treatments, safe sex, looking after your health and the stages of adapting after diagnosis.

Includes real-life stories from people who have been diagnosed with HIV.

**Next Steps**  
 NOW AVAILABLE FROM YOUR LOCAL AIDS COUNCIL OR PEOPLE LIVING WITH HIV/AIDS ORGANISATION




## DiversityLink



**DiversityLink** is an e-mail list for and about people living with HIV/AIDS from culturally and linguistically diverse (CALD) backgrounds run by the Multicultural HIV/AIDS and Hepatitis C Service in NSW.

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

To join send an email to: [info@multiculturalhivhepc.net.au](mailto:info@multiculturalhivhepc.net.au) and for more information, call (02) 9515 5030 or visit [www.multiculturalhivhepc.net.au](http://www.multiculturalhivhepc.net.au).

# Caring for your heart



The HAART to Heart Lipid Monitoring Service offers a free serum lipid test\* for people living with HIV/AIDS (PLWHA) who are taking HIV medicines.

## FREE TEST

The Lipid Monitoring Service will be run at

**THE ALFRED HOSPITAL  
ID Outpatient Unit (Level 2)**

You can book a 30-minute appointment between

TUE 17<sup>th</sup> March -  
SAT 21<sup>st</sup> March

and

TUE 24<sup>th</sup> March -  
WED 25<sup>th</sup> March

Please contact

**Dell or Jenny  
03 9076 6081**

**INCLUDES A  
FREE CHAT  
WITH A DIETICIAN**

for your free  
appointment.

Ask for the brochure *Caring for your heart*, which explains the importance of managing cardiovascular risk and provides more information about the HAART to Heart Lipid Monitoring Service.



## 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.

Disclaimer: Poslink is an independent publication of PLWHA Victoria. The views expressed in Poslink are those of the authors and do not necessarily reflect the views of PLWHA Victoria or its sponsors except where specifically stated. Submission of materials to PosLink will be understood to be permission to publish, unless otherwise advised. While all care is taken to ensure the accuracy of information in PosLink, the information contained in this publication is not intended to be comprehensive or current advice and should not be relied upon in place of professional medical advice. You should seek specialist advice from a medical practitioner in relation to care and treatment. Poslink makes no warranties or representations about content or information in this publication, and to the extent permitted by law exclude or limit all warranties and representation and any liability for loss (including indirect losses), damage and expenses incurred in connection with, or reliance on the content or information contained in, Poslink. The intellectual property rights in all materials included in Poslink are either owned by, or licensed to, PLWHA Victoria and all rights in those materials are reserved.