

poslink



The Newsletter of
People Living with HIV/AIDS
Victoria Inc

Education, Information
& Representation

Issue 53 October 2010
ISSN 1448-7764

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Community gives generously



Christmas came early this year for the PLWHA Victoria Christmas Hamper Appeal with a donation of over 700 presents from Sircuit Bar's GIVE Dance Party in July. GIVE provided partygoers with an opportunity to be part of a great gesture of goodwill by wrapping and giving their own gift as price of admission. These gifts – ranging from sleepwear and shaving kits to books and biscuits – will be given to PLHIV who have to spend Christmas in hospital.

PLWHA Victoria Vice President Sam Venning, who accepted the gifts from Sircuit, said he was overwhelmed with community generosity. 'Everyone's been so generous. We're really pleased with the result and we'd like to say a big thank you to the community and to Sircuit for making it all

happen. Christmas can be a difficult time because of the expectation people will spend it with family and friends, so the hampers are a welcome reminder that our community still cares about people with HIV/AIDS'.

Each year on Christmas Day, staff and volunteers visit approximately 50 people living with HIV/AIDS in hospital and alone at home and give them hampers full of a variety of indulgences and gifts. In the past this has included e.g. slippers, t-shirts, CDs, bath products and cakes, and has been supported by a number of organisations and individuals including Big W, Peter Alexander Sleepwear, Paul Bangay, Mercedes-Benz, DTs and Anglicare Victoria.

If you would like to donate to the Christmas Hamper Appeal, please contact Suzy Malhotra at PLWHA Victoria on 03 9865 6772 or at smalhotra@plwhavictoria.org.au.



David Westlake, Jon Colvin and Sam Venning.
Photo supplied by Andie Noonan Southern Star.



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Poslink is sponsored by unrestricted educational grants from:

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The Positive Speakers Bureau is sponsored by unrestricted educational grants from:

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Note from the president | Paul Kidd

A few weeks ago, I attended the launch of the Michael Kirby Centre for Health and Human Rights, at the Positive Living Centre in Prahran. The walls of the PLC had been hung with a number of panels from the AIDS memorial quilt for the occasion, and as always these provided a moving testament to the lives we have lost to HIV.

Looking around the walls, I was struck by how young all the men and women who had been memorialised were. Most were in their twenties and thirties, and the oldest I could see was 44 years old, when they died.

It is a terrible tragedy that we lost so many young lives, but those quilt panels also provide a stark reminder of how much our experience of HIV has evolved. Because today, we are more concerned with people growing old with HIV than we are with dying young.

Getting older usually creates health challenges for everybody, regardless of HIV status, but for people living with HIV the problems are often more pronounced. Positive people are more likely to develop conditions normally associated with older age, such as heart and artery disease, diabetes and bone disorders, and they tend to develop them younger than their HIV-negative counterparts.

There is also some evidence that low-level inflammatory processes associated with HIV infection can accelerate the normal ageing process, and of course there is the question, still to be answered, of what the impact will be of many decades of HIV treatment for the growing population of people with HIV.

“The fact that we are living longer is certainly something to celebrate, but we want to ensure that positive people remain in the best possible health as they age, and as a community we need to be prepared for the challenges of supporting a growing number of positive people who will need care in the future due to old age, illness, or both”.

The importance of ageing as an emerging issue was highlighted in the recently launched Sixth National HIV Strategy, which sets goals for improved standards of care and workforce development to support an ageing population of PLHIV. All state governments, including Victoria's, have signed on to this strategy and we'll be holding the government accountable to ensure its goals are met in coming years.

Here in Melbourne, PLWHA Victoria recently co-hosted a roundtable meeting of HIV agencies and service providers looking at issues for ageing PLHIV in this state, and the need to work with aged care providers, both residential and in-home care, to improve awareness of HIV issues and combat the discrimination and stigma that people with HIV have sometimes experienced in this area. Some of the stories that were shared by participants in that roundtable were quite shocking, with positive people in aged care being segregated, avoided by staff and in one disturbing

story, inappropriately medicated, all because of the ignorance and fear that so many people still harbour about HIV. Challenging and ending that ignorance and stigma is a clear priority.

Internally, the PLWHA Victoria Board is currently working on a broad-based advocacy review which will include an examination of ageing issues and help us set priorities for working with government and service providers. We'd like to hear from you if you have particular concerns or thoughts about where action is needed.

This is a big issue and it will take time to identify what is needed to help support wellness in older positive people. In the meantime we are looking at expanding the range of activities we can provide to help individuals take control of their health, such as the popular Quit program for smoking cessation, and programs in development to help with diet and nutrition, alcohol and drug issues, exercise and more.

If you'd like to know more about issues associated with HIV ageing and what you can do to reduce their impacts, I recommend getting hold of a copy of *Ahead of Time: A practical guide to growing older with HIV*, published earlier this year by AFAO and NAPWA. Copies of this booklet can be obtained from the PLWHA Victoria office.

Finally I would like to thank all those who attended the Annual General Meeting on Sunday 10 October. It was a great afternoon to celebrate the achievements of PLWHA Victoria. I wish to welcome Ben Riethmuller and Michael Casley to the board and look forward to working with them and the other members of the Board to continue to support PLHIV in Victoria.

AGM celebrates list of achievements

Shannen Myers

PLWHA Victoria hosted the Annual General Meeting (AGM) on Sunday 10 October at the Positive Living Centre which celebrated the achievements for 2009-2010 and elected the board for 2010-2011.

Paul Kidd (President of PLWHA Victoria) opened the AGM with his report, which detailed the high-quality of programs that support, educate and advocate for PLHIV. These programs included the highly regarded and professionally delivered Positive Speakers Bureau, Treatment Interaction Events, peer support education forums and the HIV and Sexual Health Connect Line.

Kidd stated that the PLWHA Victoria Board for 2010-2011 has an important and committed role in supporting positive people in wellness as well as illness. 'We will help positive people develop self-advocacy skills, support financial independence and economic participation, build social inclusion and advocate for HIV-specific and mainstream services to evolve to meet the changing needs of a positive community'. Kidd noted that the Board formally adopted a new Strategic Plan for 2010-2013 in June, and an action plan for 2010-2011 is now in place to begin delivering an ambitious set of initiatives.

While Kidd acknowledged the hard work of the PLWHA Victoria Board, he stated that 'there are big challenges ahead which will require intensive effort from our organisation and our community partners in the coming years'.



Executive Officer Sonny Williams.

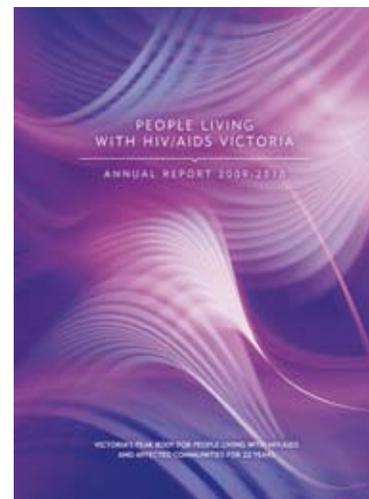
Sonny Williams, Executive Officer, highlighted three key achievements for the organisation in 2009-2010; the production and distribution of the DVD 'Changing Voices,' a series of narratives from 12 HIV positive people; 'Closer', a book communicating the reality of living with HIV; and the World AIDS Day Launch which was attended by Victoria Health Minister Daniel Andrews.

Williams stated that the organisation is continuing to grow, not only with its membership, but also staff capacity. He thanked the PLWHA Victoria staff for their hard work and dedication to the agency and community. 'The roles that staff have taken on, at times had unique and unusual challenges attached and I am pleased to say they have always been acquitted with the utmost professionalism'.

PLWHA Victoria welcomes to their Board for 2010-2011 two new members - Ben Riethmuller and Michael Casley. 'It is encouraging to see new faces on the Board for the new financial year and even more

encouraging that nine of the previous Board members will continue in their positions' Williams said.

PLWHA Victoria's Annual Report 2009-2010 is now available and reflects the depth and diversity of the work carried out by PLWHA Victoria. 'We are proud of our organisation's achievements this year, and with our new strategic plan and mission statement, we will continue to add to our list in 2010-2011 by breaking down barriers and showing the PLHIV community that they are supported'.



Please visit:

www.plwhavictoria.org.au

to download your copy.

Speaker honoured with PSB annual award

| Max Niggli

The PLWHA Victoria Positive Speakers Bureau Annual Award is presented to an organisation, sponsor or individual that has made an outstanding contribution to the further development of the Positive Speakers Bureau. The recipient of this award will have as past recipients strengthened the capacity of the Bureau to deliver its vitally important work of reducing HIV stigma and discrimination in the wider community and raise awareness of the issues of living with HIV.

This year, the Annual Award has been presented to Peter Davis who has made an extraordinary contribution to the Positive Speakers Bureau and the HIV response since the mid eighties.

Peter has been a board member at the VAC/GMHC and PLWHA Victoria, a founding member of Straight Arrows and a convenor of the Positive Speakers Bureau in the mid-nineties. He is a regular speaker about HIV and other blood borne viruses in Victorian secondary schools. Peter has worked as a documentary freelancer for ABC Radio National and was co-producer of Positively Primed / HIV Plus at 3CR. He is also a creative writer and poet, having been published in *The Age* as well as various literary journals.

Peter recorded many PLHIV stories in the mid 1990s and his latest contribution has been as the Volunteer Project Worker for the Positive Speakers Bureau creative writing workshops and as well as Volunteer Editor for the book of PLHIV stories called 'Closer'.

Peter developed the project description, sourced a creative writing workshop facilitator – the incredibly talented Angela Costi -



Peter Davis (Photo supplied by Alise Black Photographic Studio).

and worked collaboratively with all involved. He utilised his literary, documentary, editing and creative skills to build the book of creative writing by some of our PLHIV speakers. He strongly believes in the involvement of PLHIV at all levels in the HIV response.

His original in kind contribution for this project was 170 hours; however Peter spent double that time in creating 'Closer'. This project was the culmination of five years work from an idea to the final product with many hurdles along the way. As he and I realised how powerful the stories were, Angela and Peter supported the writers with the editing of their stories. Remarkably they were of such high quality that little rewriting was required – a testament to them and the writers. As the editing process proceeded, Peter asked two talented

artists to contribute their artistic talent to the book and Larissa MacFarlane and Jan Palethorpe donated all of their work to the book – another example of the voluntary commitment by so many to PLWHA Victoria.

The creative writing workshops were funded by Oz ShowBiz Cares – Equity Fights AIDS and they subsequently sponsored the printing of 'Closer'. We are indebted to their support in publishing a book of such quality.

"Closer" was launched alongside the DVD 'Changing Voices' by the Chief Medical Officer in March 2010, to considerable acclaim. The book is testament to Peter's extraordinary talent and voluntary commitment to PLWHA Victoria and we sincerely acknowledge his huge contribution to this project.

Peter Davis:

'I feel proud to have received this award having been a convenor in the nineties. It is a great program and many of our goals have been realised'.

'The Bureau is a great way for positive people to meet, work together and understand each other's lives'.

'The message talks deliver especially to the year 9 students, you can see is still new and important'.

'I would like to dedicate this award in memoriam to many of the positive men and women I worked with in the nineties who are no longer with us'.

PLWHA Victoria commends Peter's involvement to the ongoing development of the Positive Speakers Bureau and this award recognises how exemplary his talent and support continues to be after 25 years.

News Briefs | September - October

Tenofovir microbicide halves genital herpes infections and appears safe.

One of the most unexpected and exciting results of the CAPRISA trial of a successful microbicide was that the gel also reduced the risk of infection with the genital herpes virus, HSV-2, by 51%. In other words, of trial entrants who did not already have HSV-2, women using the gel were half as likely to acquire herpes as women using the placebo.

The link with protection against herpes was only discovered at the end of the trial because, in order to avoid 'unblinding' it, herpes serology was not assessed during the trial but only from stored samples when it finished.

CAPRISA principal investigator Salim Abdool Karim explained that the trial included assessments of herpes infection because tenofovir had a similar molecular structure to drugs used on herpes viruses, such as cidofovir.

Herpes is a global sexual health problem – not only because in some people it causes unpleasant symptoms but because a number of ecological studies have shown that having herpes at least doubles the chance of acquiring HIV. However randomised controlled studies using anti-herpes drugs to prevent people acquiring or transmitting HIV have produced disappointing results.

Herpes infection is extremely common, with 20% of sexually active adults having it globally and 50 to 60% in South Africa, and is the rule rather than the exception in people with HIV, with about 80% of HIV-positive people also having HSV-2.

Ninety per cent of herpes infections are asymptomatic and do not produce lesions. Instead the area near the initial infection site becomes subclinically inflamed: the skin sheds large amounts of herpes viruses and immune cells in the area become highly activated – and therefore both highly susceptible to HIV infection and much more productive of HIV if they are already infected.

In the CAPRISA trial, the HSV-2 infection rate at trial entry was 48.8%. There were 426 women in the trial who did not already have herpes at trial entry and who completed the trial, 202 of whom received the tenofovir gel and 224 the placebo.

There were 29 new HSV-2 infections in women using tenofovir and 58 in women on placebo, yielding annual incidence rates of 9.9% and 20.2% respectively, meaning that tenofovir prevented 51% of infections.

However, there was no evidence of a causative link between herpes and HIV prevention. Nearly half the women in the trial already had herpes at the beginning of the trial and these were not more likely to acquire HIV than women who started herpes-negative. Tenofovir prevented herpes and it prevented HIV infection, but it seemed to do so independently and there was no evidence that preventing infection by one virus caused fewer infections by the other.

However, the trial was not powered to detect such synergistic effects and Salim Abdool Karim could not rule them out.

There appeared to be no safety or behavioural concerns flagged up by CAPRISA 004, Salim Abdool Karim said.

One concern has been that ARV-containing microbicides might cause resistance, but there was no HIV resistant to tenofovir found in any woman who became infected, and no kidney toxicity (a potential tenofovir-

related side effect). There was a somewhat increased rate of mild diarrhoea in women using tenofovir which was statistically significant (17% versus 11%, $p=0.015$), of unknown origin.

There were 53 pregnancies in 52 women in the study. Women found to be pregnant were excluded from the study, so the CAPRISA 004 study was unable to establish whether tenofovir gel was safe during pregnancy.

Importantly, there was no deterioration in condom use rates reported by the women during the study. The blinding worked: participants were asked whether they thought they were getting tenofovir gel or the placebo, and exactly 50% of women who thought they were getting tenofovir gel were actually on placebo. Women who thought they were on tenofovir had the same baseline and longitudinal condom use rates as women on placebo.

www.aidsmap.com

Scientists reveal HIV cell mystery

Julia Medew

MELBOURNE researchers have discovered a crucial mechanism of HIV, boosting hopes of a cure for the virus that affects more than 33 million people worldwide.

The co-head of the Burnet Institute's Centre for Virology, Sharon Lewin, said researchers had worked out how HIV entered a group of cells in which the virus tends to persist, even when someone is receiving antiviral treatment that reduces the virus to undetectable levels. Professor Lewin said the "resting cells" had been a significant barrier in the search for a cure because the virus seemed to hide in the cells and reignite when people stopped treatment. "This is the first time we've identified how

HIV gets into these resting cells," she said. "That's important because when people are on treatment, it doesn't target the virus in these cells ... so whenever you stop treatment, the virus comes straight back up again within two or three weeks.

"One of the major reasons why that happens is because the virus hides in these resting cells." Professor Lewin said the finding meant scientists could start trying to find drugs that block the virus from entering the resting cells or push the virus out of them.

"It's a really good model for screening new drugs that could get rid of these infected resting cells so I imagine other investigators and pharmaceutical companies will be very interested in it," she said. The director of the Burnet Institute, Professor Brendan Crabb, described the discovery as a breakthrough, which heralded the beginning of a new chapter in the fight against HIV and AIDS. "We've been working on the virus for 30 years and it's really only now that we're beginning to see that a cure for HIV might be achievable and needs to be a major scientific priority," Professor Crabb said.

The research, which was published in the Proceedings of the National Academy of Science this week, involved scientists from Burnet, Melbourne's Alfred hospital and Monash University, among others. Professor Lewin, who is also director of the Alfred's infectious diseases unit, said the research came as she was preparing to trial a new drug on patients that could push the virus out of resting cells.

The number of HIV diagnoses in Australia increased by 38 per cent from 718 in 1999 to 995 in 2008, when about 17,000 Australians were living with HIV.

The Age -

September 22, 2010



QUAD Trial

This study will compare the safety and efficacy of a single tablet taken once daily - the Quad pill which contains fixed doses of elvitegravir (an

experimental integrase inhibitor) + emtricitabine and tenofovir (Truvada) + GS-9350 (an experimental boosting agent) - versus a regimen containing ritonavir-boosted atazanavir + Truvada.

Who can enrol in this trial?

You may be eligible to participate in this trial if you meet the following criteria:

- At least 18 years old.
- Have never taken HIV treatments.
- Viral load at least 5000 copies/ml.

This is a summary of key inclusion and exclusion criteria for this trial. There may be other criteria which may exclude some people from participation in this trial. Some laboratory tests may also be required. Consult your doctor, about the full range of exclusion and inclusion criteria.

If you are interested in enrolling in this trial:

Before making the decision to participate in any clinical trial, NAPWA recommends that you discuss the potential benefits and risks of participation with your treating doctor. Your doctor can also provide advice about your eligibility to participate in the trial.

www.napwa.org.au



AFAO welcomes funding increase

The Gillard Government will increase Australia's commitment to the Global Fund for AIDS, TB and Malaria by \$255 million – or 55 percent – over the next three years.

The move has been welcomed by the Australian Federation of AIDS Organisations (AFAO), though the organisation believes more needs to be done in the Asia Pacific region.

"We congratulate the Government on this very substantial 55 percent increased pledge to the Global Fund in tight financial circumstances and we believe it is very appropriate in light of Australia's far better financial

outcome from the global recession than nearly all other major contributors to the Global Fund," AFAO executive director Don Baxter (pictured) said.

"[But] the overall pledges by the richer countries fall well short of the Global Fund's target of \$20 billion and the \$11.7 billion pledged will mean HIV prevention and treatments programs will fall further behind the pace of the virus. After making welcome though inadequate inroads against the virus over the last five years we will now go into reverse at the global level.

"This means more premature deaths and social disruption and more costs in the longer term — but in this context the Australian Government has done well."

Baxter said that while increased funding for the Global Fund was welcome, the Government should not stop there.

"HIV epidemics in our Asia Pacific region are being driven by injecting drug use and increasingly by male-to-male sex," Baxter said.

"The Government's AusAID HIV Strategy correctly prioritises sex between men as the main emerging priority of concern but its funding allocations to date still do not reflect this priority at all.

"Time is running out to intervene in the rampant epidemics among men who have sex with men sweeping through Asia's poor megacities and allocations to intervene in these epidemics must be made as soon as possible.

"We all know what needs to be done — we just don't have the funding to do it.

"We are calling on the Government to inject a further \$30 million over five years into prevention and support programs in our near Asian neighbours."

Star Observer -

October 13, 2010

All views expressed in this section are the opinion of the authors and are not necessarily those of PLWHA Victoria, its management or members.

AIDS 2010: A positive light?

| David Menadue

There were many speakers at this year's World AIDS Conference who were trying to see things in a positive light. Opening Plenary speaker Professor Sharon Lewin from the Alfred Hospital in Melbourne took a proactive look at the strategies researchers needed to take to find a cure for AIDS. President Bill Clinton ended his up-beat speech on better ways to fund HIV with the observation that scientists had found in the creation of matter that there were "slightly more positive ions than negative ones". In an address which spoke of the success of circumcision roll-out in many African countries and some improvement in the use of antivirals to prevent vertical transmission, Bill Gates suggested that "if we did everything that we have now, we could reduce infections by 90% in many countries".

In a conference with few treatment surprises, Professor Lewin laid out potential strategies for a cure. These included "the sterilising cure" or traditional model, which sought to eliminate HIV-infected cells. There were difficulties with current antiviral approaches that could not eliminate the latently infected cells which hide in reservoirs in the body. She saw potential for the use of new T-cell activation inhibitors, gene activation and genetic therapy to make T-cells resistant to HIV. New research was proceeding funded by the NIH in America which might lead to new treatment approaches in a few years' time.

The most excitement around treatments came from the announcement of the results of the CAPRISA microbicide trial in South Africa. The trial showed a 50% reduction in infections in women

who used the vaginal gel (containing Tenofovir) after twelve months and 39% after 30 months. While this is not a huge breakthrough, it does show a benefit in microbicides that will mean there is value in further developing them. There are suggestions there may be a microbicide for women on the market by 2014 and possibly an anal microbicide by 2018—admittedly a long time away.

There was also an interesting panel session on when to start antiviral therapy. Professor Steven Deeks from the University of California (San Francisco) commented on the recent US Guidelines which have been changed to recommend starting treatment at 500 CD4s. The UNAIDS endorses a start at 350 (also the current Australian guidelines). Deeks said people needed to weigh up the benefits: maybe starting at 500 may only give you an extra few years' life expectancy (say 40 instead of 37) but the new information about inflammation and ageing in PLHIV was suggesting that stopping viral replication earlier may have real advantages to future quality of life considerations.

Focus on Human Rights

In an epidemic though where 7400 people are infected and some 3000 die every day, no one could put much of a positive spin on the ongoing global crisis HIV will be for many years to come. President of IAS Julio Montaner was scathing of the G8 and G20 countries' decisions to reduce new funding for the Global Fund, saying that when banks needed bailing out in the financial crisis, money was found but "for global health, the purse is always empty." Montaner gave a special emphasis to the fastest growing epidemic in the

world, in Eastern Europe where only 23% of the HIV-positive population receive antivirals and every fourth person with HIV is in prison.

The conference theme of "Rights Here, Right Now" was focussed on decriminalisation of injecting drug use. Over 10 000 people signed the conference's Vienna Declaration calling for the incorporation of scientific evidence into country's illicit drug policies and treatment rather than prosecution. The most powerful presentation I saw at the conference was from a former prisoner in the Ukraine, Dmytro Shermebey from the All-Ukrainian Network of PLHA who showed photos of appalling conditions in prisons in his country, where 15-30% of the prison population has HIV.

Many speakers referred to the need for countries to decriminalise homosexuality as a part of their response to defeating HIV. This included UN Secretary-General Ban Ki-moon who also spoke about the need to encourage PLHIV to come out about their status and this could only occur if there was reduced stigma around HIV and less fear of punishment or prosecution.

Sex worker activists were ever-present at the conference with their red umbrellas and shouts of "repeal your laws off our bodies" at the Opening Session signalling a week of ongoing protests. In the Jonathan Mann lecture at this conference, sex work advocate Meera Saraswathi from India spoke of successful interventions with sex workers in parts of her country where the women and some transgenders were asked to run condom programs and were able to get the government to agree to a Bill of Rights.



She also asked why the next World AIDS Conference is to be held in Washington DC when Cheryl Overs, an Australian sex worker was recently refused entry into the US because of supposed prior sex work charges.

Long Term Complications of ART

My main interest in attending this conference was to find out the latest on ageing with HIV. In a session on the long term complications of ART, Dr Paddy Mallon from Ireland said that there was evidence of lower bone mineral density in about half the HIV-positive people studied in cohorts to date, leading to a greater risk of osteoporosis and osteopenia. This contributed to a higher prevalence of fractures in HIV-positive people occurring at an earlier age (50s and 60s) than their HIV-negative peers (where it usually occurs from the 70s). Nearly all ARV regimens contribute to the bone loss experienced. Dr Mallon said it was uncertain whether Vitamin D supplements will help to solve the problem although they were beneficial to general health.

Another presentation in this session looked at PLHIV and the increased cardiovascular risk. Dr George Behrens from Germany said that while the DAD study showed cardiovascular disease only contributed to 10% of deaths, clinicians needed to look at risk factors in positive people at a younger age and where possible, change therapy to reduce the risk. We now know that HIV infection itself interferes with systemic inflammation in the body and that some drugs contribute to this as well. Protease inhibitors such as Indinavir and Lopinavir added to the risk but the research was still unclear about the role of Abacavir. Diet modification to reduce lipids, giving up smoking and managing diabetes and blood pressure abnormalities were important interventions.

In the sensitive subject of HIV in the brain, Dr Victor Balfour from UCSF in the US said that cognitive impairment was the "silent epidemic" of HIV. It is an active disease, immunologically based, with some cohorts such as ACTG showing up to 39% of the positive population has some impairment when commencing treatment.

The good news is that HIV-associated dementia is rare, affecting only 1-2% of the population. HIV-Associated Neurological Disorder (HAND) was more prevalent, with, for instance, some patients finding multi-tasking difficult. A job that might take someone with no problems 8 hours to do may take someone with HAND 10 hours. Contrary to some perceptions there are things people can do to improve brain function: stopping smoking, getting regular exercise, staying at work or getting involved with thinking tasks can help.

HIV and Ageing is becoming a major topic of discussion here in Australia with a recent NAPWA (National Association of People Living with HIV/AIDS) forum on the subject looked at ways to prepare for these issues here. Hopefully the topic will achieve more coverage than the couple of sessions which were allocated to it at this conference at AIDS 2012 in Washington. Let's hope there is more news on a cure as well!

Eat, Drink and be Positive | Soy - Is it really good for you?

In nutrition, there has been a lot of buzz about soy. Soy foods are becoming increasingly common with many processed foods such as meat products, baby formula, cereal, biscuits, and cheeses, just to name a few, all containing soy in some form.

Soy is not always listed on the ingredients label as soy. It may also be shown as vegetable oil, lecithin, or hydrolysed vegetable protein. But is soy good for you or bad for you?

Why Soy Can Be Good

Soy is a complete protein as it contains all of the essential amino acids that the body needs. It is one of the only vegetable proteins that are listed as complete, with amaranth being the other. Amino acids are vital as they are responsible for the maintenance and repair of the body's muscles, tendons, ligaments, organs, glands, nails, and hair. They are also responsible for helping the body to make hormones, neurotransmitters, various body fluids, and enzymes that trigger particular bodily functions.

Soy foods are nutritionally valuable as they are high in fibre. As well, they are high in folic acid, B vitamins, potassium and iron. Just half a cup of tofu can provide you with much of your daily requirements of protein, calcium, and iron. Soy is also very high in isoflavones, which have strong antioxidant properties. These antioxidant properties means that soy is useful for repairing and preventing damage that may occur as a result of pollution, exposure to the sun and even the free radicals that are produced by normal bodily functions.

Soymilk is rich in calcium, so it is a good substitute for people that are lactose intolerant. Soy foods can help

to protect and build bone density in women that have gone through menopause, therefore lowering the risk of Osteoporosis. Soy may also be helpful for males as a substance that the body releases after eating soy binds to dihydrotestosterone (DHT), inhibiting and stopping the hormone that causes male pattern baldness, acne, and hirsutism.

Soy is noted for its ability to lower the levels of cholesterol in the blood. It particularly works on the "bad" cholesterol, known as LDL cholesterol.

Traditional soy foods are the best as they are relatively intact, the whole bean is being used, and they are usually fermented. These forms of soy include tofu, tempeh, miso, natto, and soy sauce.

Why Soy is Potentially Bad

One problem that may have occurred as a result of soy's popularity is that many manufacturers do not use the whole soy product in their foods. Instead, they use the protein with its isoflavones, so they can still claim the health benefits of soy without having to use the whole product. The protein with the isoflavones is called soy isolates.

Because so many manufacturers use soy isolates, children that have been fed soy formula as infants may have received as much as estrogen as what is contained in five contraceptive pills, on a daily basis. Because of this, it is a good idea that soy formula be used only for children that are lactose intolerant or are unable to be breastfed.

There are also other doubts about the benefits of soy. One such doubt is if whether soy products will actually



lower a person's cholesterol levels. Another doubt is whether soy or soy isoflavones are useful for reducing menopausal symptoms such as hot flushes.

Soy foods also increase the body's need for vitamin D, and it requires the body to need more vitamin B12. This is because the body is unable to utilise the vitamin B12 that is present in soy. Soybeans are high in phytates, an organic acid that makes it difficult for the body to absorb essential minerals such as calcium, iron, magnesium, and zinc. Phytates are resistant to cooking and can only be reduced by fermentation techniques such as those used to make miso or tempeh.

It is always recommended that you consult your doctor or nutritionist/dietician before changing your diet.

Source: Natural Therapy Pages <http://www.naturaltherapypages.com.au/article/Soy>. August 25 2010.

Reader's Recipes

Breakfast Special

Cate's Strawberry and Ricotta Muffins



375g (2 1/2 cups) self-raising flour
 1 tsp ground cinnamon
 150g (2/3 cup) caster sugar
 2 eggs
 60g (3 tbs) unsalted butter, melted
 250ml (1 cup) milk
 1 cup full-fat ricotta
 250g punnet strawberries, washed, hulled, quartered
 Preheat oven to 180°C.

Line a 12-hole muffin pan with 12 muffin cases. Sift the flour and cinnamon into a large bowl. Add the caster sugar and stir to combine.

Place the eggs, butter and milk in a jug and whisk to combine. Add the liquid ingredients to the dry ingredients and stir until just combined. Stir three-quarters of the ricotta and strawberries into the mixture. Place heaped tablespoons in each muffin case.

Top each muffin with pieces of remaining strawberries and a little of the remaining ricotta.

Bake in the oven for 20-25 minutes or until golden.

Darren's Smoked Salmon and Zucchini Fritters

2 eggs
 1 1/2 tablespoons olive oil
 1/2 cup milk
 1 1/2 cups self raising flour
 100g smoked salmon, thinly sliced
 2 large zucchini, roughly grated
 1 tablespoon chopped dill

Combine eggs, olive oil and milk in a large bowl. Add flour and whisk until smooth. Stir through smoked salmon, zucchini, dill, salt and pepper.

Spray a large non-stick frying pan liberally with oil spray and heat over medium heat. Spoon 1 tablespoonful quantities of the smoked salmon mixture into the pan, allowing room for spreading. Cook for 2-3 minutes each side or until golden underneath and cooked through. Remove and keep warm. Repeat with remaining smoked salmon mixture, regreasing the pan with oil spray between each batch.

Serve with a simple green salad and sweet chilli sauce on the side.



Oliver's Creamy Porridge and Stewed Rhubarb

2 bunches rhubarb, leaves and ends trimmed, cut into 3cm lengths, washed well
 1/3 cup (75g) caster sugar
 1 cinnamon stick, broken in half
 2 cups (180g) rolled oats
 3 cups (750ml) milk
 1 cup (250ml) pouring cream

Place rhubarb and sugar in a medium heavy-based saucepan. Stir over low heat until sugar dissolves. Increase heat to a gentle simmer. Cook, uncovered, stirring occasionally, for 10-12 minutes or until rhubarb is just tender. Set aside. Serve warm, at room temperature or cold.

To make porridge, combine oats, milk and cream in a medium saucepan. Cook over medium-low heat, stirring often, until thick and creamy and oats are very tender. This will take about 10-15 minutes. Add more milk, if necessary, to get desired consistency.



Bethany's Crunchy Toasted Muesli

16 dried figs, chopped
 1 cup each sultanas, dried cranberries
 150g dried apricots, chopped
 1kg rolled oats
 200g slivered almonds
 50g sunflower seed kernels
 250g pepitas (pumpkin seed kernels)
 1 tbs ground cinamon
 Finely grated rind of 2 oranges
 100ml canola oil
 2 tsp vanilla extract

Preheat oven to 160°C. Combine dried fruit in an airtight container and seal. Combine oats, almonds, seeds, cinnamon, rind, and 1/2 tsp salt in a bowl. Whisk together oil, vanilla and 200ml water and drizzle over oat mixture then, using your hands, mix until well combined.

Spread mixture over 2 large, oiled oven trays. Bake for 1 hour, stirring occasionally and swapping trays halfway through, or until golden. Cool on trays then transfer to airtight containers.

enjoy.....

The neurology of AIDS | James May

James May talks with Dr Ian Paul Overall, Professor of Psychiatry at the Royal Melbourne Hospital about his forthcoming project, the Neurology of AIDS (third edition).

Since the start of the HIV/AIDS epidemic, neurological disorders emerged rapidly as some of the most significant complications of HIV disease progression. Despite considerable advances in Highly Active Antiviral Therapy (HAART), disorders such as peripheral neuropathy, myopathy, vacuolar myelopathy and cognitive abnormalities continue to pose a risk for PLWHA.

The Neurology Of AIDS textbook is currently being reproduced in its third edition after a highly successful second edition, published by Oxford University Press in 2003. It is a comprehensive text of the neurological, behavioural, motor sensory, cognitive, psychiatric and developmental aspects of AIDS as well as a review of the research into HIV infection and the nervous system.

The work provides thorough reviews of the epidemiology, psychological and psychiatric aspects of the neurological disease complex and aims to provide a thorough understanding of the clinical manifestations of HIV neurological disease.

The contributors represent some of the foremost clinical and basic science investigators in AIDS neurology worldwide. The resource covers a variety of topics including HIV, Biology, Immunology & Neurovirulence; the clinical and pathological aspects of disease; the social & behavioural consequences of HIV infection; the effect of HIV on the nervous system and Hep C co-infection.

There are also many personal stories that explore topics such as HIV dementia, neurological manifestations of HIV/AIDS, coping with depression, methamphetamine use, living with HIV in African communities as well as HIV and sexual dysfunction.

The text has been reviewed by the New England Journal of Medicine, the Journal of the American Medical Association and the Journal of Neurovirology.

What projects have you worked on & how did you come to be involved in HIV/AIDS?

I trained at the Institute of Psychiatry in London and have worked in the area for over 20 years. I always wanted to work in psychiatry and had a particular interest in doing research into the brain and brain disorders. HIV was a new, interesting and worrying health crisis at the time and I wanted to make a contribution to the field. We were the first to discover that HIV kills nerve cells in the brain. I wanted to explore the details of this, particularly now, in light of the fact that antivirals are unable to protect the brain completely from HIV infection.

I also worked in the United States for six years where I saw many people with HIV/AIDS and substance abuse issues.

I did extensive research into how methamphetamines can damage the brain and I also looked at HIV & Hep C co-infection. As well as undertaking research into psychotic states and schizophrenia.

Who are the people behind the Neurology of AIDS?

Ian Paul Overall: Professor of Psychiatry, Royal Melbourne Hospital.

Howard Gendelman: Professor of Neurology, University of Nebraska.

Susan Swindles: Professor & HIV Clinical, Medical Director, University of Nebraska.

Igor Grant: Professor of Psychiatry & Neurology, University of California, San Diego.

Stuart A Lipton: Professor & Director of Neuroscience & Aging, University of California, San Diego.

Howard Fox: the University of Nebraska.

Bruce Brew: Professor of Neurology at UNSW is also a very important figure.

How was the project conceived?

The Neurology of AIDS was conceived ten years ago by a bunch of people who got together every two years at a conference dedicated to HIV and neurology. However, it was initially the brainchild of the senior editor of the first edition, Howard Gendelman, MD.

We decided that a resource was needed to educate clinicians about all the factors associated with cognitive impairment in people with HIV infection, including depression and substance abuse. The first edition was a big success so we went ahead with a second edition. I was a senior editor that time around and it was a great success too. The textbook became the standard resource for HIV

neurology in universities and over 100 authors from all over the world were involved. Mostly clinical perspectives but many personal stories as well. The personal narratives are very important to remind us that we're dealing with people affected by HIV/AIDS. They greatly enhance the text and make it accessible to a wider audience.

What does the project hope to achieve?

Our research hopes to discover new treatments that can protect the brain from HIV infection. We hope to discover more about how HIV impacts brain function and may contribute to mental health disorders such as major depression. We already know that certain genes can make you more predisposed to depression and that it's very common among people living with HIV. These days, we rarely see people in the west with major HIV associated brain disorders, unless they haven't had medical treatment for some reason. However, major

cognitive disorders are still very prevalent in the third world.

The resource will be used by university libraries as well as physicians, neurologists and psychiatrists in the HIV/AIDS sector. These professionals need the most current data to provide the best care for clients with HIV/AIDS. The third edition is under way and may be followed up with a fourth edition if that's well received. It's a situation that's constantly evolving and we're always learning more about the cognitive impairment associated with HIV infection.

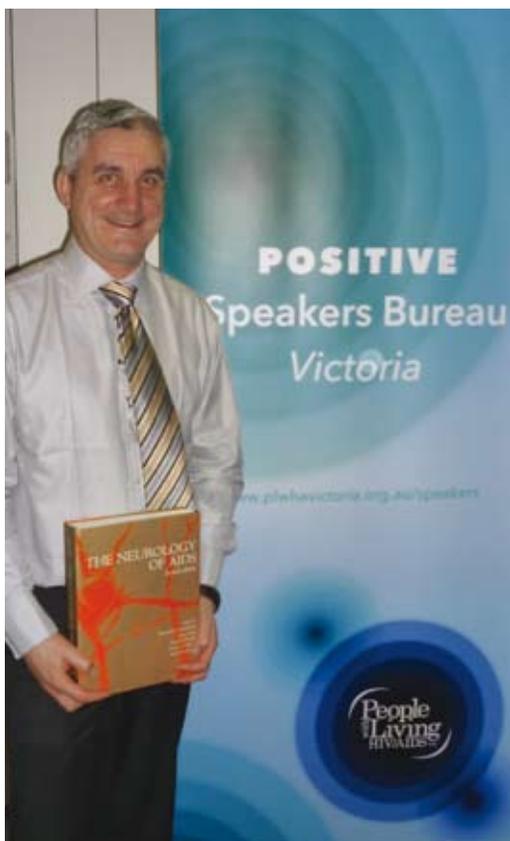
What are your plans for the future?

I took up a position as the Professor of Psychiatry at the Royal Melbourne Hospital in late 2009. There's around 200 staff in the department and our research team will continue working on HIV and psychosis projects and will look closely at major depression.

We're hearing more from physicians about PLWHA who are affected with mild memory problems and depression as well as cognitive impairment and issues around substance abuse. Physicians need advice about how to respond to this. These factors also play a key role in problems associated with adherence to medication.

It'll be interesting to view the changing demographics of HIV infection in Australia. In the UK, we're seeing more transcultural cases among refugees from Africa, particularly infections among women which are both challenging and disturbing.

Professor Everall would like to thank the members of PLWHA Victoria's Positive Speakers Bureau, Eric Glare PhD, Susan Paxton PhD, James May and Darren Kane, who contributed personal stories to the forthcoming third edition of the Neurology of AIDS.



Dr Ian Paul Everall.



Dr Ian Paul Everall with members of the Positive Speakers Bureau, James May, Eric Glare PhD, and Darren Kane.

Why do people use drugs? | David Tonkin

As the festive season approaches and people gain momentum towards 'party mode' I thought it may be timely to consider 'Why do people use drugs?' We need to take into account that it is almost impossible to avoid substance use of some kind given so many drugs are legal and medications are prescribed to assist and/or maintain health and wellbeing. If you are a person living with HIV at some point in time a regime of regular medications will most certainly become part of your life and day-to-day living.

Some drugs are illegal in society because they are seen to be inherently dangerous and the properties of the substances are presumed dangerous and cause harm. We should consider that some substances are embedded in our culture, but this does not mean they are safe. In Australia, the most commonly used substances are tobacco and alcohol. Ironically, both are legal and both produce the most number of deaths in this country each year. Data suggests that overall illegal drug use in Victoria declined between 1998 and 2004. Public attitudes are important in discussing substance use because if the drug is connected with feared or despised minorities, or embody some threat, then regulation and cultural change are not far behind.

From a social perspective, in the gay community the use of tobacco, alcohol and illicit substances has links to activities like social intercourse, sex, pubs, clubbing and dance parties. At a peer level, friendships and relationships whereby substance use is a norm, the risk of substance abuse is increased.

On an individual level, could it be that people simply self medicate to dampen the unknown anguish faced due to underlying life challenges yet to be dealt with or is the reality of the demons before them too much to handle? No matter what the reason is, people generally use drugs of some kind during their life. Understanding the extent of the substance abuse lies in the core diagnosis. Is the person dependent with daily life revolving around substance use, or is the substance use hazardous or non-hazardous.

“Undoubtedly both licit and illicit substance use must be controlled on many levels”.

One example of control in Victoria is the response that the community experience by police visibility and targeted interventions such as alcohol and drug testing for those who are on the roads during summer holidays, Christmas and New Year.

Compared to the general population, people who have problems with their drug use also seem to have increased risk of mental health problems. People in the community with mental health problems appear to have a higher rate of drug use problems.

Theories as to why this may be the case include:

- One problem may increase the risk of developing another.
- Mental illness may lead a person to use drugs, which then causes them to develop drug dependence and associated problems.
- Drug use and mental health problems may have a common cause.

Most commonly reported mental illnesses linked to drug use are anxiety, depression and schizophrenia. Anxiety is generally a normal human feeling. Everyone feels anxious when faced with a situation they find life threatening or difficult. While everyone can experience feeling sad, depression is more than just a low mood, it is a serious medical condition. Depression is the result of chemical imbalances in the brain with one in four women and one in six men suffering from depression some time in their life.

Symptoms can include:

- Feeling sad or depressed
- Loss of interest and pleasure in normal activities
- Loss of appetite or weight
- Inability to get to sleep or waking up early
- Having trouble concentrating
- Feeling tired all the time
- Feeling restless, agitated, worthless or guilty
- Feeling that life isn't worth living.

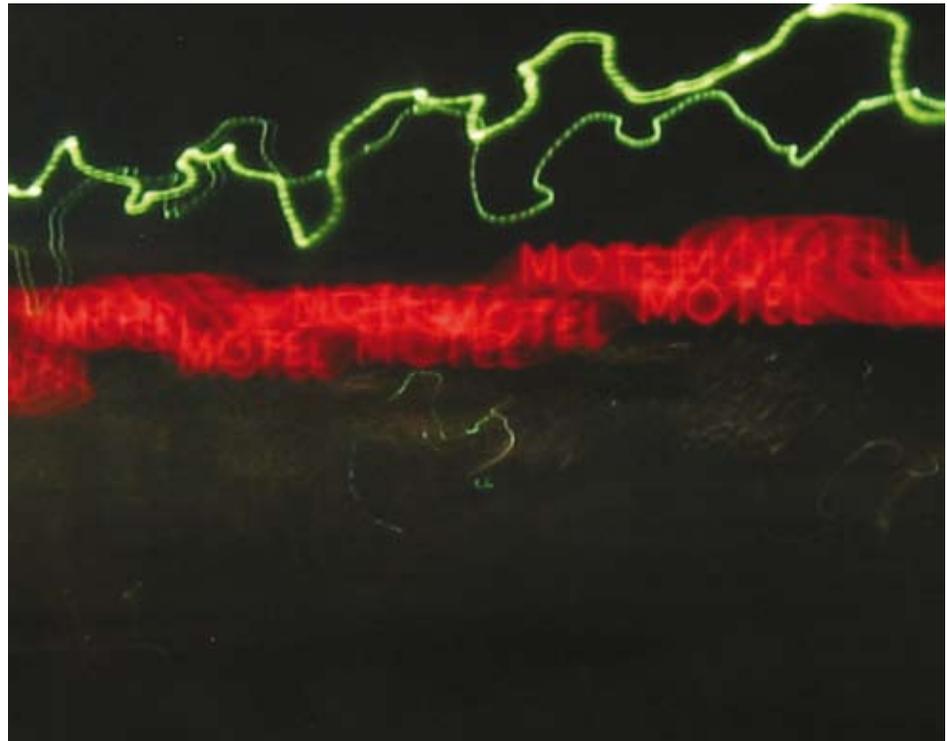
It is important to understand that the mental causes of depression may be caused by life stress, high anxiety, negative experiences and loss. Physical symptoms of depression such as, mental illness and treatment, inherited traits or chemical changes, can lead to drug and alcohol abuse.

Schizophrenia affects about one in 100 Australians at some time in their life and is an illness that affects the normal functioning of the brain. For example, a person might hear things that are really not there, causing them to experience the world in a confusing way. Schizophrenia usually begins in late adolescence or early adulthood, breaking down a person's usual way of thinking and feeling. People susceptible to schizophrenia may get 'triggered' into their first 'psychotic episode' if they become very stressed at some point in their lives or begin to use drugs such as cannabis, LSD or speed. Symptoms of schizophrenia may include:

- Social withdrawal
- Lack of motivation
- Delusions
- Inappropriate responses
- Hallucinations
- Confused thinking
- Lack of insight
- Thought disorders
- 'Blunted' emotions

The reduction of harm and the improvement of health is a key component in the Victorian strategy in addressing substance use and associated activities. The four key objectives of this strategy are to reduce supply, reduce demand, service delivery and reducing harm.

In Australia, many people who are dependent on alcohol also have an anxiety disorder or depression. Alcohol consumption can make mental health problems worse, and can place a person at risk of also developing dependence to alcohol.



For those who use cannabis on a regular basis, depression, anxiety and schizophrenia is more likely to occur. Many people who use amphetamines experience depression, anxiety and general psychological distress when they 'come down' from the drug or stop using it. Amphetamine users who have experienced mental health problems, like depression, before they began using the drug, often find that their mental illness gets worse when they use amphetamines. Finally, ecstasy use is often associated with a lifestyle of short-term high-energy output, also causing decreased appetite and sleep deprivation. Symptoms of ecstasy use may include a "hangover effect", loss of appetite, insomnia, depression, muscle aches and difficulty concentrating.

In treating substance abuse goals need to be determined and agreed upon. There are two major types of goals: abstinence from the drug, and controlled use. The 'stages of change' is a commonly used model to assess motivation to change substance use. Know how interested you are in changing your substance, do you feel you need to stop using, do you really want to stop, what do you feel you could do to get on top of you

substance use and how confident are you that you could achieve this?

If you are not sure or believe you have a substance abuse problem it is important that you liaise with your GP, and be prepared to have an open and honest discussion with your doctor to establish the most appropriate course of action for you to take, to promote your health and wellbeing. Through your doctor, a referral can be made to a counsellor for further support and the Medicare rebate can be accessed by this pathway to counselling.

Asking for help

If at any time you find yourself in crisis, it is important to 'Ask for Help'. Two great services are Lifeline 13 1114 or DirectLine 1800 888 236. Both services operate 24 hours, 7 days a week and will connect you with care by providing services in Suicide Prevention, Crisis Support and Mental Health Support.

References supplied by request:
navigates@iprimus.com.au

Camp Seaside

Camp Seaside is a camp run by Straight Arrows for families infected or affected with HIV/AIDS. The camp will be held at Wombat Gully Camp, Emerald Lake Rd, EMERALD, which is approximately one hour east of Melbourne. It is located in the magnificent Dandenong Ranges and the grounds are superb with excellent children's facilities.



The aim of the Camp is to provide respite to parents living with HIV/AIDS in a safe environment where issues affecting people living with HIV can be discussed amongst peers. The camp provides the opportunity for parents to network, support each other and rest, whilst the children are supervised by volunteers and have organised activities all weekend.

All meals are provided.

Each year we have new families/members applying for the camp, so places will be given to families who have not attended a camp before OR did not go on last years camp.

The camp runs from:

Friday 12 November to Sunday 14 November 2010

Phone or email us now to register your interest.

Ph: 03 9076 3792

Email: projectsofficer@straightarrows.org.au



Positive Women Victoria | Kellie Madge

Positive Women Victoria is now located at the Queen Victoria Women's Centre (QVWC) in Lonsdale Street, Melbourne. You can visit us at Level 1, 210 Lonsdale Street, Melbourne. Our new phone number is 9921 0860. Like Positive Women Victoria, the QVWC has a long history in supporting women's health and wellbeing.

We are housed within a women focused space and have access to many other services for women. Our recent Welcome Morning Tea was a great success with many from the HIV and the Women's Health sectors attending.

Health Promotion & Advocacy

For HIV-positive individuals, sex and relationships can be difficult in the face of HIV. Research indicates that sexual problems are more frequent in HIV-positive women than in women who are HIV-negative. The Straightpoz Study 2 found that HIV can "have a profound impact on people's sense of themselves as sexual beings and on their confidence and capacity to negotiate new intimate relationships".

The HIV Futures 6 survey report indicated that one third of female respondents (81 women) were "not having sex at the present time". Of the female respondents currently having sex, nearly all had told their partner that they were HIV-positive and over half of these individuals expressed fear of rejection during disclosure. For all women, increasing age, menopause and long periods of not being in a relationship are factors that affect their sex lives.

For HIV-positive women, other factors come into play such as fear of disclosure and transmission and lack of confidence in negotiating safe sex. Being underweight, having depression or lipodystrophy, a lower CD4 cell count and treatment side effects may also affect sex drive.

Positive Women Victoria will be providing resources for HIV-positive women around safe sex, relationships and disclosure. Our September newsletter included feature articles on Women, HIV and Sex and Treatment as Prevention. We were also pleased to have Maureen Matthews, B.A. (Hons), Dip Ed. Sex Educator working with us on a "Fun safe sex" workshop for members. Maureen is the Founder/Owner of Bliss For Women, an online women's sensuality shop and as a member of the Association of Sex Educators, Researchers and Relationship Therapists, Maureen regularly speaks with groups, at conferences and training events about sex and relationships.

Our "Fun safe sex" workshop encouraged member discussion about how to make safe sex fun in a confidential and supportive environment. Positive Women Victoria currently stocks the second-generation female condom, male condoms and lubricant FREE for our members, which will empower HIV-positive women in looking after their sexual health.

Member Support Health and Well-being Weekend

In August, Positive Women Victoria held our annual Health and Wellbeing weekend for members. The key purpose of the weekend is the provision of member-to-member peer support in a safe and comfortable environment. Members also participate in activities that promote

improved health and wellbeing. A large group of women attended the weekend, with a mix of new members and members who have been involved with Positive Women Victoria for many years.

On Saturday, the women participated in a brilliant "Soul Collage" workshop, a fun and insightful way to discover inner thoughts and strengths. Each member made a meaningful "soul card" to keep.

We held a Positive Steps information session, where the program was explained and women who have already participated shared feedback. This session evolved into a group discussion with women sharing experiences and stories and supporting each other. The women reported feeling "relieved" that they could talk openly and honestly about what they are experiencing, in a non-judgmental and safe environment. Saturday night became music night, with members bringing out musical instruments for a "jam session".

On Sunday, attendees received an energetic workout in the form of a drumming workshop. Staff from "Drummer Girl" brought West African djembe drums for everyone to teach drumming rhythms and African singing.

All the women had a fantastic time and it was beautiful to look around the circle and see all the smiling faces.

A counsellor from the Victorian AIDS Council was available over the weekend for members to access, a wonderful service for both newly diagnosed and long-term HIV-positive women.

Over the weekend, members also had time to use the pool tables, gym, tennis courts, table tennis, bikes and the pool.

There were also lots of walking and jogging tracks and each day members had the chance to walk to the lake and fed the alpacas. Evaluation and feedback showed that members had a fabulous time over the weekend, we look forward to another successful weekend next year.

Member Support - Positive Steps

Due to popular demand Positive Women Victoria are once again running the brilliant Positive Steps therapeutic peer support program. Previous groups have been very successful and have demonstrated a need to run the program for more members.

The aims of the Positive Steps program are:

- To provide opportunity for HIV positive women to explore the meaning of HIV in their lives.

- Improve mental health for HIV positive women.
- Provide information to women about living HIV, as it pertains to them.
- Increase support networks for HIV positive women.

Positive Steps provides an opportunity to discuss the issues that may affect the participants, in a safe environment, with other women in similar situations who can provide emotional and peer support. The program introduces women to concepts that will allow us to work through our issues. The next Positive Steps program will be in October.

Positive Women in the Community

The strong voice of HIV-positive women in the community continues with two HIV-positive women speaking about living with HIV to

around 150 young people at two universities and a further 50 students at a High School recently.

If you require support, are interested in providing other positive women with support, need resources or are interested in attending our events, please contact us on support@positivewomen.org.au or (03) 9921 0860.

Understanding Money | Free Resource

No matter who you are or what you earn, it's easier than you think to take control of your money. A few simple things done regularly can really make a difference to help take control of your money.

Financial literacy is a skill for life, no matter what your age or income. 'Understanding Money' is a handbook produced by the The Australian Government Financial Literacy Board, and can help you and your family meet your goals.



The handbook covers topics such as:

- Superannuation
- Credit Cards
- Debts
- Saving
- Insurance
- Budgeting
- Buying a House
- Retirement
- Buying a car
- Returning to study

The handbook also comes with a fold-out budget planner at the front to help you work out how much you earn and what you spend it on.

Simple things done regularly can make a real difference, such as:

- Having a plan for your money and sticking to it.
- Prepare a budget for yourself and keep it up to date.
- Establish a saving habit – save as much as regularly as you can.

The handbook will provide information on these and other issues to help you better understand your money issues.

Contact PLWHA Victoria 03 9865 6722 for your free Understanding Money handbook.

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- Understand your legal position
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- Give yourself peace of mind

For further information please call PLWHA Victoria on 03 9865 6772.

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



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poslink@plwhavictoria.org.au

Poslink is also available online to download at

www.plwhavictoria.org.au





Acknowledgement

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



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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 Address _____

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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