

# poslink

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A close-up photograph of a hand holding a single stalk of grain, likely wheat or barley, against a blurred background of a field. The hand is positioned in the upper right, with the index finger and thumb gently gripping the stalk. The background shows a vast field of similar crops under a soft, hazy sky, suggesting a rural or agricultural setting.

## *Taking care of your mental health*



# MY JOURNEY TO RECOVERY

By Eric Glare

I feel great now. I am happy and content. But for a long time I thought that I had to put up with mental illness not believing life could be better. I persisted with mental healthcare and eventually recovery became a reality.

I contracted HIV in 1994. By the time I was diagnosed with HIV in 1997, I was identified as a *rapid progressor* with a damaged immune system of 72 CD4 cells/mL. My initial response to my diagnosis was to get on with life and live healthy, but sometimes ignore the impact of HIV. Fifteen years ago, I had a fight for my life when I contracted viral meningitis. The infection persisted for several months leaving my mental health in tatters. My career as a medical researcher was over. Ironically, I had done HIV brain research but now my own brain was struggling.

I was referred to counselling and I decided from the outset I would talk about everything. My psychiatrist turned out to be a great match understanding me both as a scientist and as a gay man. The conversation flowed easily and I got to understand myself and my response to situations. Often people criticised me for being too negative and that I should look on the positive side of things. I tried being positive but pretending to be positive just made me more irritated. However, in counselling I was able to deal with the negatives in my life by cutting them down to size or eliminating them altogether. Now I am positive and optimistic and it is a good feeling because it is realistic.

Unfortunately, antidepressant medication did not work and, after my mental health

deteriorated further, I was diagnosed with bipolar type II. My mood began rapid cycling between days of depression and up moods of hypomania characterised by frustration and irritability. The depression was debilitating and I often felt like I was wearing a lead coat that was weighing me down. Even choosing a coffee cup was difficult. In the hypomania, my mood was fast and at times I was so impulsive, while feeling overtly frustrated, that it put my life in danger. I was bursting with irritability and it was impossible to distract myself from it or settle enough to do ordinary things like cooking or washing the dishes.

It took a year of trying antipsychotics to bring the cycling to an end. However, effective doses were too sedating and I had break-through symptoms with lower doses. I would stay on a sedating dose for as long as possible but eventually it was as though the lights were on but no one was at home. Over a decade, I did have some good times but mostly I was fighting symptoms, either poor mood or treatment side effects or both.

Amongst these symptoms I got diagnosed with HIV-associated neurocognitive disorder (HAND). Mostly HAND affected my short term memory, attention and concentration and tasks like finding words. It seemed living with HIV was a big load on my brain.

Relationship issues stimulated depression and my mood was stuck in a major depressive episode. I had lost hope. I was sedated by my medications but it was not working. I knew I could not live long term like this. So I went

to my psychiatrist and said we have to change something. It was a pivotal moment. I was prescribed a new antipsychotic.

From the outset my brain felt clear and once I had been weaned off the old treatment, I had no side effects. My brain was free to think. I no longer had a HAND diagnosis and my mood stabilised. I have been through difficulties of concern to me but in the three years since starting new treatments I have had no down time at all and my resilience continues to surprise me. This new normal is a stable mood like I have never experienced before in my life.

I have found the right treatments for me both in terms of medication and in counselling. The most important was learning to be proactive with my psychiatrist. I talk about issues early, making it his responsibility to look after my mental health. I am very glad I persisted with care.

In my campaign to return to work, I have tested my brain's capacity through taking on volunteer work. In 2017, amongst a number of Positive Speaker Bureau presentations, I delivered keynote speeches for the Health Minister's launch of the Victorian HIV strategy, for World AIDS Day and a conference presentation on living with HAND. The barriers to work were no longer there and I kept feeling surprised that I could do tasks quickly and efficiently. My old friend the brain is back and wants to do something meaningful.

The Positive Speakers Bureau is run by and for HIV positive people who are highly trained public speakers and presenters. To find out more visit [livingpositivevictoria.org.au](http://livingpositivevictoria.org.au)

# LIVING WELL WITH HIV: IT'S IN YOUR CONTROL

By Trish Thompson

*Living with HIV in 2018 tends to mean being as physically healthy as the general population. But it can still feel like a daunting prospect to have to manage a health condition in such an on-going way, especially when there are parts of the community—including some health professionals—that still lack an understanding of HIV. Stress and encountering stigma can contribute to a number of health problems. So what can be done to stay on top of things?*

## TAKING CARE OF MIND AND BODY

We now know more about the mind-body connection, or that our minds and bodies work in partnership and influence one another to help us live well. Remember the last time you had a bad cold or flu? Everything seems so much worse when we feel sick! And when we recover it's like the sun has come out again. The good news is that there are lots of strategies that we can put in place that can keep the sun shining. Having a balanced diet and exercising regularly are brilliant ways to take care of both mind and body alike. But there are some things we can do that particularly target our mental health.

## SOCIAL CONNECTION

How we experience human contact 'in the real world' has a big impact on our health and wellbeing. While researching this article, I came across a TED talk in which psychologist Susan Pinker presents research listing factors that predict living a long life. She visited a village in Sardinia, which has the highest rate of people who live to over 100 years. Surprisingly, breathing clean air, having high blood pressure treated or being lean as opposed to overweight are quite low on the list. The predictive factor that topped the list was social connectedness.

This is about talking to our neighbours, to the person who makes our coffee or smiling at the other person walking their dog. It is about being in a book club or showing up to the local primary school fete. It's catching up with friends in person, not just on Facebook. Pinker explains that simply making eye contact with somebody is enough to release oxytocin and lower your cortisol levels. This means a boost to mood and a decrease in stress. And what about the Sardinians referred to in the TED talk? They lived in tight-knit communities, never going a day without human contact.

## DECLUTTERING OUR MINDS

With the ubiquitous smart phone in all of our pockets, our minds don't get much of a break. We can be engaged by thousands of bits of information every day. Sounds great, but increasingly my clients are saying that they think their minds need a rest. The thing we might use to 'have some down time' can also actually over stimulate our brains. Our minds can get loaded up, not only by lots of external information but also by our reactions to this information. For example, we might see something on social media and then we can start thinking about how everyone else is having more fun.

So when I think about looking after our mental health, I'm not just thinking about things like getting help for issues like anxiety and depression. Of course this is also very important. I'm thinking about allowing our minds to have some free time. To daydream, or meditate or notice what is going on in the here and now. To go to the park with the dog and actually see the grass and trees. To hop on the train and notice the expressions on the faces of fellow travelers. To feel the sunshine on our faces or hear the birds call out to one another in the morning. In other words, to be more present. You might have heard about this thing called 'mindfulness'. It is mostly about living our lives in real time, to be connected to what is happening around us. Being mindful more often creates space in our brain. And it is OK not to fill that space.

## BRINGING IT ALL TOGETHER

Given we all can't move to the Mediterranean, what is the take home message? It is that isolation is not good for us. I have heard many of my clients living with HIV say that at times they feel that the stigma that still exists (but less so thanks to the tireless educational work of many) forces them to retreat. And so we talk about venturing back into the world, and finding those connections, whether they are at work, with family or maybe through a community-based organisation such as Living Positive Victoria. So consider finding some opportunities to be present to the world you live in, and connect with others in person, not just online. Your mental and physical health will thank you for it.

*Trish Thompson has more than 22 years of experience in counselling and psychotherapy and is a guest presenter at the Phoenix workshop for newly diagnosed.*

*Susan Pinker's TED talk 'The secret to living longer may be your social life' can be found at [ted.com](http://ted.com)*



# STIGMATISING DRUG USE IS A BARRIER TO SUPPORT



**Adam Bourne**

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**To support HIV positive men to manage their drug use better it is essential to understand the personal, social and sometimes sexual contexts for use, writes Adam Bourne.**

Gay and bisexual men use drugs more commonly than their heterosexual counterparts. This is true in every country of the world where we've thought to ask the question, or disaggregate the data. Here in Australia, gay and bisexual men are more than twice as likely to have used an illicit substance in the last year compared to heterosexual men<sup>1</sup>.

This may not be surprising to anyone who has worked in gay men's health and well-being or, indeed, has spent much time in gay social venues all around the world. What is less commonly known is that this higher rate of drug use is not uniform – it's not spread equally among gay and bisexual men and in fact there are certain sub-populations who are much more likely to be using drugs. This is especially true for gay or bisexual men living with diagnosed HIV where crystal methamphetamine use is three times higher compared to HIV negative or untested men<sup>2</sup>.

There are two common explanations for why drug use is so much higher, although neither is perfect<sup>3</sup>. Firstly, a great deal of research tells us that people living with HIV often experience higher rates of mental ill health, particularly in the years following a diagnosis, and that some can find it difficult coming to terms with their HIV status. This sense of internalised stigma, or stigma and discrimination that people living with HIV experience from others, can lead to using drugs as part of a cognitive escape mechanism. An alternative explanation is that people living with HIV who use drugs have, on some level, a tendency towards risk-taking (perhaps a personality trait) that results in both the use of illicit substances and engagement in sexual behaviours that put them at a higher risk of acquiring HIV in the first place.

Neither of these explanations are adequate and while one may be true for an individual man at a certain point in time, they do not account for the diversity of experience. It is especially important to note that each of these explanations arises from a deficit model – the idea that there is something wrong that drugs help to overcome or alleviate.

The motivations for using drugs are, in fact, much more diverse. Most research in this field has focused on the use of drugs among gay and bisexual men in sexual settings also known as 'party and play' (PnP) or 'chemsex'. I was involved in work on this topic in the UK which identified a core set of motivations for using drugs during sex among HIV positive men<sup>4</sup>. Some of these motivations related to overcoming problems they were experiencing with sex (such as a loss of libido or a lack of sexual confidence) but many others related to enhancing aspects of sex that



are valued. Men talked about how drugs helped them to have sex for longer and facilitated particularly intense sexual sensations. Others reflected how sex on drugs could be intimate and connected, especially if they managed to get to the same 'level' as their sexual partner.

These findings are reinforced by a recent paper published with colleagues at the Australian Research Centre in Sex, Health & Society. The paper examines the use of stimulant drugs among HIV positive men and finds evidence that this can be a very social activity<sup>5</sup>. Men in this study who used stimulants reported significantly higher levels of resilience, reported less HIV related stigma and reported a greater sense of social support compared to men who did not use stimulant drugs. It is important not to draw a causal connection between these outcomes (and, indeed other studies point to how drug use can pose a challenge for maintaining friendships), but the data do remind us that there are diverse dimensions of drug use that some men undoubtedly value.

Many men use drugs on a regular basis and are able to do so in a safe, managed way that keeps them from harm. This is not the case for everyone and some struggle to use drugs in a controlled way, exposing them to mental and physical health harms. For example, regular and large doses of crystal methamphetamine can lead to anxiety or paranoia attacks, and drugs such as GHB can leave men easily exposed to overdose. To support HIV positive men to manage their drug use better, it is essential that drug use services understand the personal, social and sometimes sexual context of use. While problematic drug use can result from instability or arises in attempt to overcome personal problems, there are also genuine positive outcomes of using drugs for some that are crucial to acknowledge. Demonising drug use in general only perpetuates the very stigma that can act as a barrier to men accessing help when they need it.

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- 3 Melendez-Torres G.J, Bourne A (2016) Illicit drug use and its association with sexual risk behaviour among MSM: more questions than answers? *Current Opinion in Infectious Diseases*, 29(1), 58–63.
- 4 Weatherburn P, Hickson F, Reid D, et al. (2017) Motivations and values associated with combining sex and illicit drugs ('chemsex') among gay men in South London: findings from a qualitative study. *Sexually Transmitted Infections*, 93(3), 203–206.
- 5 Power J, Mikołajczak G, Bourne A et al. (2018) Sex, drugs and social connectedness: wellbeing among HIV-positive gay and bisexual men who use party-and-play drugs. *Sexual Health*, 15(2), 135–143.

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