

Thought about going out with a positive guy, but worried ...

In a relationship, but not confident about condoms ...

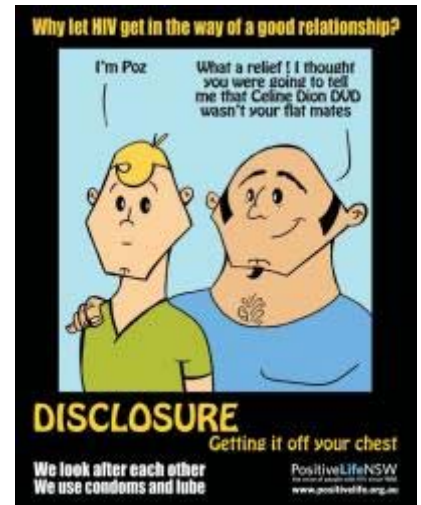
Heard about viral load, but not sure what it means for you ...

Thinking about how to tell someone you like that you are positive?

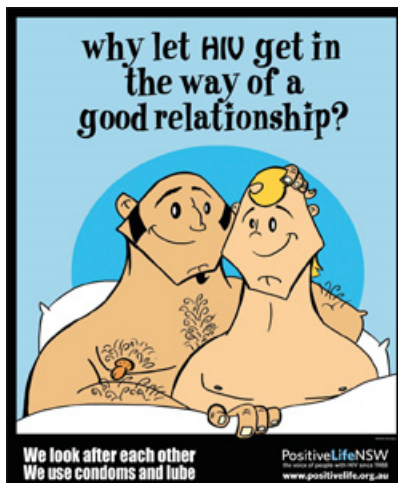
Looking after each other in serodiscordant relationships (where one partner is HIV positive and one partner is HIV negative) includes everything from communication to condoms. In our new campaign **Sero Disco (Why let HIV get in the way of a good relationship?)** we try to give you some practical answers to questions you might have asked yourself at some time. Does undetectable mean un-infectious? Is pulling out okay? How safe is oral sex? This campaign also covers disclosure and possible rejection, intimacy and keeping it hot as well as ending relationships.



discussion groups, which formed the background to the campaign point to some possible reasons for this. Being in a relationship can bring some vulnerabilities with it like the need to trust, the playing out of relationship dynamics (one person may be more assertive), the break down or change in relationship agreements and so on. Sero Disco (Why let HIV get in the way of a good relationship?) will give you some ideas on how to deal with some of these challenges.



A lot of attitudes to sex and relationships are based on individual preferences. That is why this campaign draws on personal stories. You be the judge of what works for you.



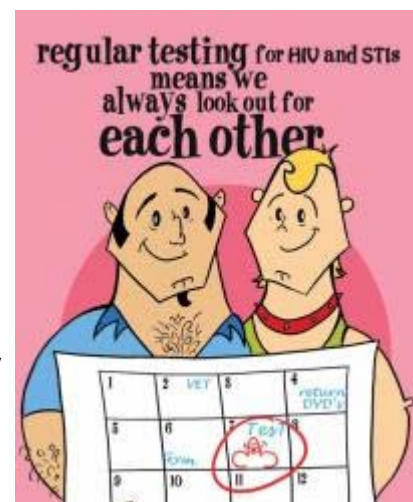
Many find at the end of the day love (and great sex) is less about HIV status and more about the connection between two people. So "why let HIV get in the way of a good relationship?"

A campaign by Positive Life NSW

www.positivelife.org.au

Research says 25% of people diagnosed HIV positive were in a relationship. Interviews and

Copies of the Magazine are available from People living with HIV AIDS ACT at Westlund House Resource Centre.



<p style="text-align: center;">Contents</p> <p>3.ASHM</p> <p>4. Its all about balance?</p> <p>6. Nurse Philip</p> <p>7. Brenda</p>	<p>As you are all aware, POSITIVELY is a monthly publication for people living with HIV/AIDS in the ACT and surrounding districts. Currently we are looking for people to assist us with the publication e.g. writing groups. No experience is necessary as we will provide training in all aspects of publishing from writing articles through to the printing stage. If you can spare a couple of hours from time to time please drop into the office for a chat or give Marcus a call. Positively is a monthly publication produced within the ACT with funding from the ACT Dept of Health. Submissions for the next edition are due on Wednesday 27 March Opinions expressed in this publication do not necessarily reflect those of the editor, publisher, nor PLWHA ACT.</p>
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Positive Support Services in the ACT and surrounding areas

<p>People Living With HIV/AIDS ACT</p> <p>Provides support for HIV+ people in the ACT through a newsletter and links with other PLWHA organisations throughout Australia. We also provide individual support with advocacy and representation on health and other issues, and referral to other agencies. Ph 6257 4985</p> <p>Positive Support Network</p> <p>HIV+ people get together to offer support and share information. PSN is mostly a social occasion where people can share the experience of being HIV+ over a free meal, without the formality of a structured meeting. Dinner on alternate Tuesdays. Ph 6257 4985.</p> <p>Positive Women's Group</p> <p>The Positive Women's Group meets for social activities throughout the year. For information on the group's gatherings or if you would like to suggest some activities contact Marcus, Nada or Stephanie on 6257 2855 or 6257 4985</p> <p>Trevor Daley Fund</p> <p>The Fund provides assistance for people with HIV/AIDS who are experiencing financial hardship, for the part payment of bills, a treatments allowance and some other costs. Applications can be made to the TDF Committee by any service provider. For more information call the TDF on 6257 2855.</p> <p>Counselling</p> <p>Stephanie Buckle is the AIDS Action Council counsellor. Free consultation available to all HIV+ people, their partners, carers or significant others. Phone 6257 2855 to make an appointment.</p> <p>Jane Keany is the counsellor for the ACT Division of General Practice HIV/AIDS Program, and offers subsidised counselling services for people infected with or affected by HIV, their significant others and people at risk of HIV infection. Jane is available at the Interchange General Practice. Phone 6257 3004 or 0402 222 408 to make an appointment</p>	<p>Health Maintenance and Treatments Information</p> <p>All enquires to Marcus Phone 6257 2855</p> <p>Nutrition</p> <p>Consultation with a dietician from The Canberra Hospital is available free at the Canberra Sexual Health Centre. Appointments necessary. Phone Canberra Sexual Health on 6244 2184.</p> <p>An HIV specialist nutritionist from Melbourne will be visiting quarterly. For further info contact Marcus on 6257 4985</p> <p>Canberra Sexual Health Centre</p> <p>Co-located with The Canberra Hospital. Free service available (no Medicare card is required) for testing and treatment of STIs, HIV clinic and counselling for issues such as safe sex, relationships and sexual functioning problems. Walk-in consultations available for urgent matters. Call on 6244 2184 to make an appointment.</p> <p>Library</p> <p>PLWHA and the AAC have an extensive range of books and videos for your enjoyment.</p> <p>Educational books on HIV issues, cooking, Sci-Fi and general reading material just to name a few of the areas covered. If you would like to borrow any of them please see Lynn or Mandi at the AAC reception desk who will sign them out to you and explain the borrowing conditions. We also have a number of new books in the library this month.</p>	<p>Greater Southern Area Sexual Health and Hep C Service</p> <p><u>Sexual Health Counsellor/Educators</u> Angela Trevaskis Queanbeyan, Braidwood, Yarrowlumla Shire Ph- 02-6298 9233 Mobile 0428 972 414</p> <p><u>Aboriginal Sexual Health HIV/AIDS Worker</u> Sharyn Medway Ph 02-4827 3913 Mobile 0429 985 606</p> <p><u>Sexual Health Nurses</u> Christine Taylor - South Coast, Batemans Bay - Eden Ph- 02-4476 2344 Mobile 0427 219 874</p> <p>Shannon Woodward & Lee Constable Queanbeyan-Goulburn Region Ph- 02-6298 9213 mobile 042 789 3247</p> <p>Margaret Trail Albury 02 6058 1839</p> <p>Robyn Ridley & Sally Anne Brennan Wagga Wagga 02 6938 6492</p> <p>Sally Daveron Griffith 02 6966 9930</p> <p><u>Clinical Nurse Consultant</u> Alison Kincaid Albury 02 6058 1831</p> <p><u>Sexual Health Physician</u> Dr Katherine Turner Ph 6298 9213</p> <p><u>HIV/AIDS Related Programs Manager</u> Michael Bolton Ph: 02 6923 5774</p> <div style="border: 1px solid black; padding: 5px;"> <p>The Fine Print PLWHA ACT 16 Gordon Street Acton ACT 2601 GPO Box 229 Canberra ACT 2601 Phone 02 6257 2855 Fax 02 6257 4838 email: plwha.act@ aidsaction.org.au</p> </div>
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ASHM 2008: Older and HIV+

From the November 2008 issue of Positive Living by John Daye

HIV and ageing has generated a lot of interest recently. The advent of highly active antiretroviral therapy means that we now have HIV-positive people living longer, many will survive into old age.

In recognition that we are starting to see a 'greying' of the epidemic, the ASHM conference this year presented a plenary session on HIV and ageing and there was an unprecedented coverage of material around the issue.

In the plenary session Professor Bruce Brew talked about neuro-degeneration and the effects of ageing on the brain in HAART treated patients and how this is becoming an increasing concern. Amongst many points he mentioned the significance of having effective drugs that will penetrate the central nervous system to reduce the development cognitive impairment or dementia.

In his presentation Dr David Nolan from Perth acknowledged that long-term HIV treatment now incorporates an increased awareness of age-associated conditions such as cardiovascular and metabolic diseases, osteoporosis, cognitive decline, and the risk of malignancy.

Professor Marion Pitts from ARCSHS presented a paper on *Growing old disgracefully with HIV*. She said "ageing brings with it new challenges that may be related to the ageing process itself, to living longer with the virus, and living longer on treatments. We simply do not know what the effects of HIV will be in the very long term, there is some evidence of premature ageing associated with HIV, but there are also indications that older HIV-positive people actually have better well-being.

Kathy Triffitt from Positive Life NSW presented a very interesting paper titled *Getting on with it again*, which is also the name of a booklet

<http://positivelife.org.au/getting-on-with-it-again> that they have developed based on stories and interviews and shares some strategies for change and enhancing life. Her paper examined activities undertaken by Positive Life in its policy work, group discussions, peer support and systemic advocacy with people who are living longer with HIV. Kathy noted that by incorporating and sharing personal strategies for change and enhancing quality-of-life, we promote the capacity at a community level to negotiate the challenges of living longer with HIV. Other activities about ageing within Positive Life were presented including material by Rob Lake. He noted that peer-support, social opportunities and engagement are key requests from older gay men living with HIV. "One of the lessons for us is to recognise diverse needs, seek as much evidence as possible about those needs and refine services to meet them."

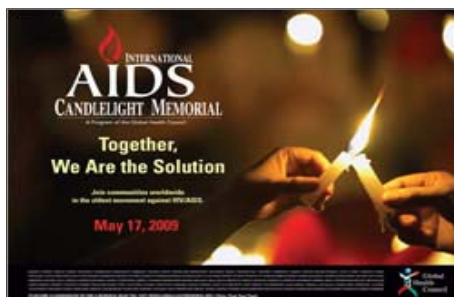
Trish Langdon, Executive Director of the West Australian AIDS Council said in a press release from the conference that "many aged care workers have not had much experience dealing with HIV and AIDS." She said, "much needs to be done to make sure that people with the virus, who are having to deal with a complex range of health issues, can get the level of care they need. This is going to be quite challenging for the next 5 to 10 years." It was clear from the conference that there is a great deal of work ahead of us in dealing with HIV and ageing in the future.

John Daye is NAPWA Co-convenor of Health, Treatments and Research.

PLWHA Lunch & Dinners

PLWHA. ACT provides a light lunch every Wednesday for our members between 12pm and 2pm. and PSN Dinners every second Tuesday evening starting at 6pm at Westlund House. What we need from our members is some ideas and suggestions of what other events they would like to do around these lunches and dinners. Some social events already suggested by our members include a visit to the National Portrait Gallery before or after Tuesday lunch, card or board games around some meals, maybe watch a movie (out or in) or video before or after a Tuesday Dinner. What we require is members who frequently attend the lunches and dinners who would like to participate in any of these activities or would like to suggest any others to please contact us at PLWHA on 62574985 or come in and talk to us about your ideas.

Mick



The Candlelight Memorial

The International AIDS Candlelight Memorial, a program of the Global Health Council, is one of the oldest and largest grassroots mobilization campaigns for HIV/AIDS awareness in the world. Started in 1983, the Candlelight Memorial takes place every third Sunday in May and is led by a coalition of some 1,200 community organizations in 115 countries hosting local memorials that honor the lost and raise social consciousness about the disease. The

Candlelight is also much more than just a memorial. It provides opportunities for leadership development, policy advocacy, partnerships, and improvement of community mobilization skills. With 33 million people living with HIV today, the Candlelight continues to serve as an important intervention for global solidarity, breaking down barriers, and giving hope to new generations.

HIV its all about Balance

Scott: Living within boundaries

From the July 2008 issue of Positive Living
• By Bill O'Loughlin

Over the last eighteen months Scott has stopped smoking and cut his drug use. He's had to find different ways to fill the weekends. Doing that without getting bored was a struggle at first, but Scott has now managed to get into a groove.

'I wouldn't say I was addicted to anything. But there were situations where I was dependent on my speed, cigarettes or e's. And those were every weekend!'

Regular drug use was taking a toll on his relationship. 'My partner of many years, we were worst enemies. It was like two dogs tied to the one chain. It was a period of testing the boundaries of being diagnosed HIV-positive. But, only from hindsight, realising I didn't accept the diagnosis.'



around smoking. 'I would have a cigarette and think "I really didn't need that. Why did I have it?" Getting up of a morning and thinking "where's my asthma puffer so I can have my first cigarette because the coffee's ready." And going "this is really silly", and not knowing why. But I would have it. There was this complete blockage in my brain around reason when it came to wanting to give up.'

'I was also tied in with the weekend socialising. God, I look back at that now and laugh at myself, it was getting boring and a waste of money. Monday mornings were becoming harder.'

After six months things started working out. 'I started losing weight and now I'm only two kilos off my original weight.'

'The biggest benefit for me has been the management of my asthma. I don't even have Ventolin, my treatment for asthma, in the house now. I still use my preventer once a day. I was using it four times a day before. It's been a huge change for me.'

While smoking causes damage to the lungs and can exacerbate respiratory conditions such as asthma, there is also evidence that demonstrates that people living with HIV who smoke are more likely to

get infections and AIDS defining illnesses that affect the chest. For example HIV-positive smokers are more likely to develop PCP pneumonia and oral thrush compared to non-smokers. Also, illnesses such as emphysema occur more commonly in HIV-positive smokers compared to HIV-negative smokers.

At times I was dependent on my speed, cigarettes or Ecstasy. When I got sick with pneumonia it was a wake-up call.

Now I realise it all comes down to keeping my life balanced.

Managing HIV. It's about balance.

For more information on balancing health and life, contact your local PPHSA organisation or AIDS Council.



Scott's other big change was around drug use. 'Our drug taking phase was in

After his diagnosis, Scott had submerged himself into a drug culture. 'It was like daring myself to see how far I could go as a positive person. It was quite strange behaviour, and I've only been able to talk about it in hindsight.'

'To me the whole drug thing was a real destruction, instead of accepting the diagnosis. Not that I've ever been a person going around feeling badly done for by it. I don't at all. My decisions are my decisions and the outcome is something I live with.'

Scott made the scene the centre of his life. 'I feared that if I didn't, then HIV would be the centre of my life.'

The first big change for Scott came when he got bored with his routine

'I ended up in hospital with [pneumonia](#), not HIV related, probably lifestyle pneumonia. It was a wakeup call.' This was the impetus for Scott to stop smoking. 'I'd promised I would never stand in front of a hospital with a drip trolley having a cigarette. I kept that promise. It was pretty hard. I had my partner's support, he jumped at the opportunity.'

'I made the stupid mistake of telling everybody. So everybody was watching. They also saw me put on about 15 kilos. So I started thinking "well smoking is an appetite suppressant. If I start smoking again I'll lose the weight." Then the fear of God went into me that I'd end up being a fat smoker. So I thought "I've got to stick this out."

the speed era. I think we hunted down the last batch of speed sold in the gay scene. We made an informed choice that we weren't going to get into crystal. We tried it and there's one thing about being fucked Sunday night, it's another thing not being able to go to sleep 'till Tuesday. That's a whole different boundary to deal with. As crystal came on the scene we thought "now hang on, time to put the brakes on here."

The hardest thing was finding ways to fill the time. 'There are only so many games of Scrabble you can play. Saturday night TV is shit. Sundays you can kick around but Saturdays used to be so long.'

'It was hard learning to socialise differently. If you go out for a beer at

11 and you're tired, maybe that's normal - so go home, no race to keep going till 10 the next morning. There always seemed to be that challenge.'

It was difficult for Scott. Putting the brakes on using drugs also meant changes in his social networks. 'You don't want to think that people you used to associate with are bad because they're still doing it, but over time you lose contact with that group of friends.'

'It was quite a discipline. I remember once laughing, if this is what it's like to be straight every weekend, this is really sad.'

Now Scott and his partner have restructured their weekends around other activities. 'More outdoor stuff, a lot more.'

'We live near a 7 km bay walk. I really like getting home and walking. Not saying "I'm really tired because of the day at work."

'There's certainly a lifestyle and health outcome. Little things, like if you're not tired then you're not irritable around other people. And looking back at moments of psychosis, of paranoia about something, and thinking "that's really weird". Those things don't happen any more.'

'I always said that I was on top of my diagnosis. I think everybody does until they've lived longer with HIV and understand themselves better. Then they look back. Certainly I've looked back to periods where I had thought "this isn't an issue" and gone "wow, hang on, it really was because where I'm at now proves that."

'I have more time to give to my health, and friends and family, and work. Giving all that time to activities that give something back to me. I feel better and more positive. I feel more in control, that's been the better outcome.'

'It all comes down to balance. I've made changes and adjustments but it certainly doesn't mean I've become this carrot eating health freak who is anti- everything.'

'My HIV isn't going to go away but I can do a hell of a lot to make it better. I put that down to acceptance of where I'm at. Realising that there's so much opportunity. It's all about balance at the end of the day. That's what it all comes down to: keeping your head strong, keep it balanced, keep everything around you balanced.'

'I'm at a point now where I'm not looking for those destructions. I'm quite able to talk about being positive and what that means to me. I think getting to that point also means, I'm never going to have a child, but this HIV is the next best thing. I clothe it, I feed it, I look after it, I educate it, and I keep it warm. It's never going to go away, it's always going to be dependent, but the more I look after it the kinder it is to me.'

'I'm fearful of slipping into old habits, but that won't happen. I'd love to take up smoking again. But I'd love to not have asthma as bad again. So I weigh that up and there's no choice.'

'My biggest fear is of being in a bar in six months time trashed with a cigarette in my hand and standing under a picture of me saying "healthy living." That's my biggest fear!'

'The other thing I'm also finding interesting is that, as I'm getting older, even though I'm still quite young, everybody else is getting older. Like I'm dropping off that scene. Slowly more people are no longer out there every weekend. The other week we just slipped up town for a couple of drinks, it's the first time for ages. I might as well have walked into a bar in London. 18 months ago I would have known everybody. And I think that just says that people move on. People change.'

Managing HIV. It's about [balance](#).



Is he thinking what I'm thinking?

www.thinkagain.com.au

DENTAL HEALTH PROGRAM

We would just like to remind all people living with HIV/AIDS (PLWHA) about the Dental Health Program that has been set up in partnership with ACT Dental Health which aims to improve the dental health of PLWHA. The HIV/AIDS Special Needs Dental Health Program provides priority services for those on low incomes and on Centrelink benefits. All eligible clients of the AAC will be referred to ACT Dental Health and placed on a waiting list to receive treatment as soon as possible. The advantage of this program is that you will receive priority over those on the normal waiting list.

In addition, AAC clients who are also on Methadone or Buprenorphine treatment are entitled to one free examination, scale and clean each year.

While other services will still attract a fee, adult restorative services are capped at \$250.00 per year while child and youth services are capped at \$40.00. The Trevor Daly Fund may be able to assist eligible clients with fee payment. Enquiries should be made to the manager of the Community Support Services Unit (CSSU) for eligibility.

For more information on any aspect of the Special Needs Dental Health Program please contact Nada at AAC or Marcus at PLWHA. An information pamphlet has also been produced and is now available.

Please note that the current cost of an emergency visit is \$32.50 as at the 1.02.2008

Nurse Philip

I am trying to deal with another outbreak of shingles at the moment. Is there anything that I should be doing or avoiding so that it doesn't happen again? Why does it keep coming back?

Shingles is a reactivation of a varicella zoster virus (VZV) infection (this is the virus that causes chicken pox, commonly acquired in childhood). When a person recovers from chicken pox, the virus doesn't leave the body. Instead, it moves into nerve cell bodies near the spine and doesn't cause any symptoms until it is reactivated. When this happens, the virus reproduces and moves along the nerve cells to the ends of the nerves.

This reactivation of virus in the nerves causes inflammation, which is usually associated with pain, numbness or tenderness at the skin. There is often skin redness with lesions, which may blister and burst before settling down; this may take three to five weeks. The area affected by pain and skin changes tends to be restricted to a band around one side of the body only, from the midline at the front to the midline at the back. This reflects the location of the ends of the nerves that are associated with the affected nerve body.

Although shingles can affect anyone who has had a previous infection with the varicella virus, it tends to affect those over the age of 50 and those with impaired immune function. For people with HIV, having a CD4 count of less than 350 increases the likelihood of getting an attack.

The shingles lesions shed virus from the time the blisters develop to the time that the sores crust and heal. The virus can be passed from the affected site and cause chicken pox in someone who has no previous VZV infection or immunity (from vaccination). Keeping the lesions clean and dry and protecting them

with clothing or a light dressing if necessary will minimise the risk of bacterial infection and also reduce the risk of passing the virus on to others who are susceptible. If your household contacts include susceptible pregnant women or HIV positive children, speak to your doctor about extra measures that might be needed to protect them from VZV infection.

Post herpetic neuralgia is the persistence of pain after the skin lesions have settled; it occurs in about 20% of people who have had shingles. Fortunately however, HIV positive people who get shingles tend to have fewer problems with painful post-herpetic neuralgia; this is possibly because they have a reduced ability to raise the inflammatory response that leads to pain.

There are medications that can be taken as a short course of treatment to reduce the severity and duration of shingles outbreaks. They work best if started within 48 to 72 hours of the first appearance of symptoms of an attack. This means taking them as soon as you can after you notice the first bit of pain, tingling or numbness. In rare instances, VZV develops resistance to the usual antiviral medications, which lose their effectiveness as a result. If you suspect this, let your doctor know so that you can work out if you need another type of antiviral treatment. For shingles pain and post-herpetic neuralgia, first try over-the-counter pain medications; they will usually be adequate. If this doesn't work, talk to your doctor about alternative medications.

The best way to reduce the likelihood of getting recurrences of shingles is to optimise your general health. A major part of this is the use of antiretroviral medications (to reduce HIV viral load and increase CD4 count). In addition, good nutrition, stress reduction, sufficient rest, appropriate activity and avoiding excess drugs and alcohol will be of benefit.

Need Vitamins?

Don't forget that vitamins are available from the AIDS Action Council at cost price for all people living with HIV/AIDS within the ACT. If you have a current pension concession card you may be able to access your monthly treatments allowance. The \$5.00 dispensing fee is payable by all clients accessing this service and using their treatments allowance.

To minimise your dispensing fees pick up your vitamins for the month in one go - no more than one month's supply of vitamins will be given at one time.

While there are outstanding dispensing fees no further vitamins will be available!

Should you have further questions about this service please contact Marcus on 02 6257 4985 or Nada 02- 6257 2855



Brenda's Blenda

Brenda is on holidays at the moment, having just survived her Christmas party season, so I will be writing this month's Brenda's Blenda. But first a little plug for the next dietician clinic.

Most of us are aware that we may need to eat less to lose a little bit of weight, but what about if you need to gain some weight after having lost weight after a recent illness?

Weight control is a balance between the calories in the food you eat and the calories that your body uses through everyday living. Weight loss can occur through using more calories than you eat e.g. dieting, exercise or illness. Weight gain for most people is done by eating more food, alternatively you can eat the same amount of food you normally would but choose foods that are higher in calories. It is suggested that if you are trying to put on weight that you first increase carbohydrates followed by proteins and fats.

What are carbohydrates?

Carbohydrates supply energy to muscles, organs and the immune system. If your diet is poor in carbohydrates, your body uses its store of protein for energy, robbing muscles, organs and the immune system of the protein they need to keep functioning.

What are proteins?

Proteins supply energy to the body and are the building blocks on which muscles and organs like the lungs, heart and liver are made. Proteins are also used to repair body tissue and maintain the cells of the immune system.

What are fats?

Like carbohydrates, fats provide the body with energy, fat also insulates the body from the cold, protects internal organs and provides some vitamins and minerals. While fats provide important nutrients, it's the type and amount of fat we eat that can harm (or help) our health.

Part of the problem of trying to put on weight when you have been ill is that often you just don't feel like going to the effort because of many reasons that include loss of appetite, diarrhoea, nausea and vomiting or just having no energy, so you may need to change the way you eat and what you eat. Smaller meals spread throughout the day (breakfast, morning tea, lunch, afternoon tea, dinner and maybe a snack before bed time) are often easier for your body to handle and easier to prepare rather than three big meals that tend to leave you bloated with your body working over time to digest the food. By breaking the food down into small chunks and spreading it over the day you may find that your body can handle the digestion better and that you actually feel like eating.

Food glorious food is not only about eating the right stuff to keep us going; we also need to eat the correct stuff to keep us healthy. I am not a dietician, nor is Brenda; however we do have the services of Jenny McDonald who is! Jenny will be visiting again on the 17 March and as usual places are filling quickly. This is a chance to talk to a trained dietician who has worked with HIV positive people for many years and is realistic about what can be done. Jenny is not dogmatic about food, but works holistically with you over time to make the changes you would like. You do not

need to suffer from increasing weight loss, diarrhoea, nausea or vomiting, there are many simple strategies that can work and Jenny will work through them with you until solutions are found.

DIETICIAN'S CLINIC

Jenny MacDonald

will conduct a Dietician's Clinic
at the

AIDS ACTION COUNCIL

Westlund House

on

TUESDAY 17 March

Please call Mick or Marcus on
6257 4985 for further
information and to make an
appointment.

Please bring your latest blood
test results to the clinic.



www.treataware.net

Treataware, the national HIV treatments campaign launched by NAPWA last year.

The Treataware 1800 phone line has closed down as of 23 January after running for three months longer than originally scheduled. The other components of the campaign – the website 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 in February

Get a free and easy sexual health check!

Taking care of your sexual health is easy thanks to the

free and confidential

Sexual health Testing, Referral and Information Project (STRIP) available Westlund House

A check-up is quick and easy, and your results are available the following week.

Allow 30 to 45 minutes for your consultation.

10am to 12 pm -10.03.2009

For more information contact Mick or Marcus on 02 6257 4985

Is he thinking what I'm thinking?

www.thinkagain.com.au

Next Steps

An AFAO/NAPWA education resource for people recently-diagnosed with HIV infection.

This resource is an updated version of *A Positive Diagnosis*, originally published in 2003. The 2008 version was produced by the AFAO/NAPWA Education team (ANET) -



Workers Reference Group Update

The WRG held its first meeting for the year with Marcus, Mick, Jeff, Aslan, Kenn and Michael in attendance.

A major item for discussion was the National Association of People Living with HIV/ AIDS (NAPWA) Forward Plan; feedback was written up by Kenn and relayed to the NAPWA Board at their last meeting. Look out for further details about what is happening with NAPWA in the next edition of Positively.

Kenn and Michael have been attending the AIDS Action Council Board meetings on a joint basis, looking towards a changeover of the PLWHA ACT representative at a suitable time.

The Positive Women's Group Christmas Lunch went really well towards the end of last year and we look forward to more events that allow this group to get together on a regular basis. If you have any ideas for more events then please drop us a line

We are currently working on our own Forward Plan and are doing a review of the Strategic Plan to see if we are meeting our objectives. Part of the review is also an audit of our services to see where they fit into the Strategic Plan and how they can be enhanced to better meet your needs.

The WRG is always very keen to hear your ideas for activities and events so please don't be shy about coming forward. We can be reached by email at plwha.act@aidsaction.org.au or by mail at GPO Box 229 Canberra ACT 2601

Watch out for other planned events like 'Chinwag' and the Dietician Clinic coming up and please remember to take the time to RSVP or make a booking for events to avoid disappointment.

Regards Aslan

COMING EVENTS

Tuesday 3.03.2009

PSN Dinner 6pm Westlund House

Wednesday 4.03.2009

PSN Lunch & Op-shop

12.45 - 4.15pm

Tuesday 10.03.2009

Get a free and easy sexual health check

Bookings essential

10am to 12pm

Wednesday 11.03.2009

PSN Lunch & Op-shop

12.45 - 4pm

Tuesday 17.03.2009

PSN Dinner 6pm Westlund House

Dieticians Clinic—Jenny McDonald

Bookings Essential

Wednesday 18.03.2009

PSN Lunch & Op-shop

12.45 - 4pm

Wednesday 25.03.2009

PSN Lunch & Op-shop

12 - 4pm

Tuesday 31.03.2009

PSN Dinner 6pm Westlund House

Wednesday 1.04.2009

PSN Lunch & Op-shop

12 - 4pm

Thursday 2.04.2009

Chinwag 6.30, RSVP Essential

Teatro Vivaldi, ANU Arts Centre

Wednesday 8.04.2009

PSN Lunch & Op-shop

12- 4pm

Good Friday 10.04.2009

Westlund House Resource Centre closed

Easter Monday 13.04.2009

Westlund House Resource Centre closed

Tuesday 14.04.2009

PSN Dinner 6pm Westlund House

Wednesday 15.04.2009

PSN Lunch & Op-shop

12 - 4pm

Wednesday 22.04.2009

PSN Lunch & Op-shop

12 - 4pm

Tuesday 28.04.2009

PSN Dinner 6pm Westlund House

Wednesday 29.04.2009

PSN Lunch & Op-shop