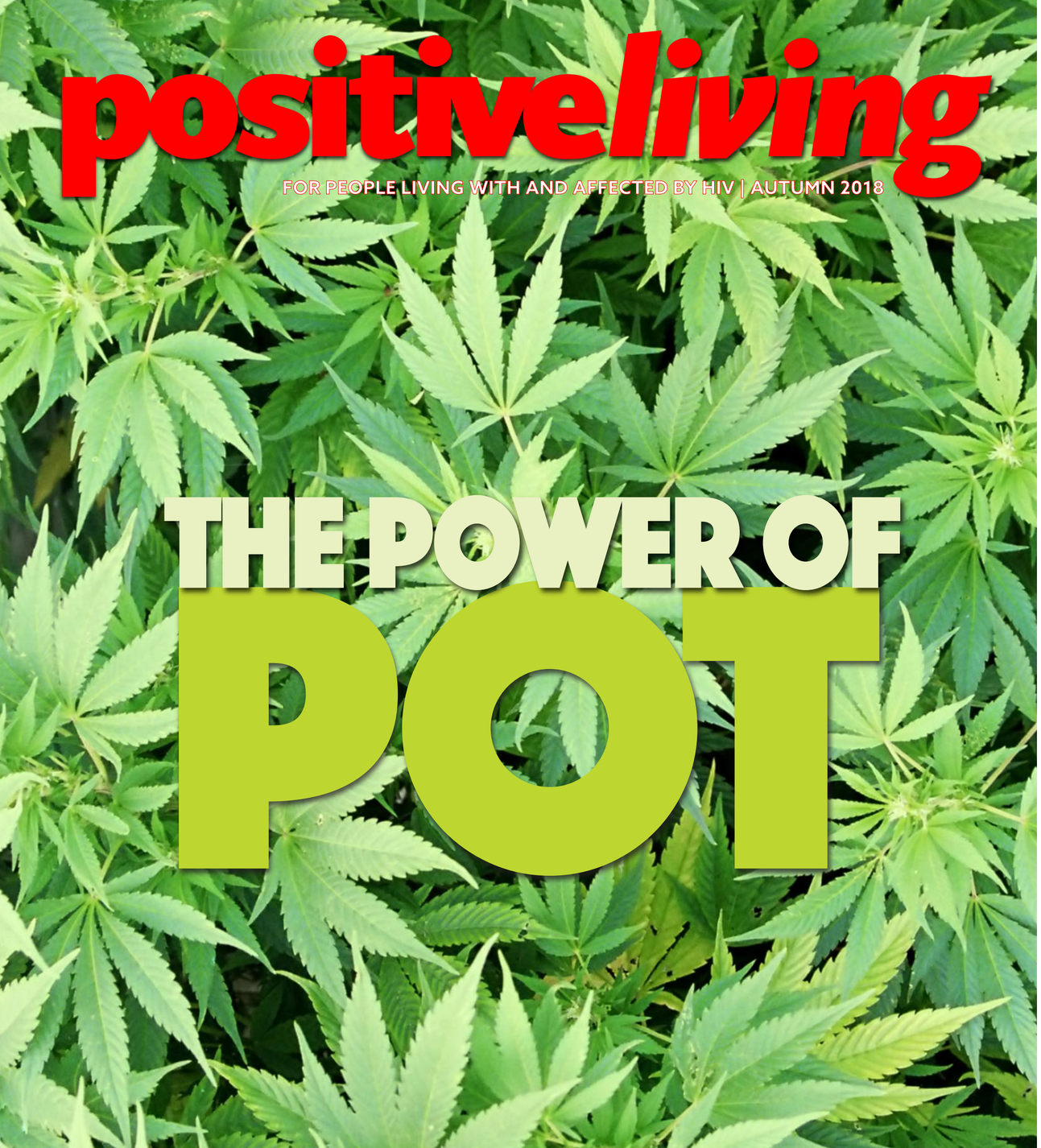
positiveliving
FOR PEOPLE LIVING WITH AND AFFECTED BY HIV | AUTUMN 2018
THE POWER OF
POT

positiveliving

ISSN 1033-1788

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SUBSCRIPTIONS Free subscriptions are available to HIV-positive people living in Australia who prefer to receive *Positive Living* by mail. To subscribe, visit napwha.org.au or call 1800 259 666. **CONTRIBUTIONS** Contributions are welcome. In some cases, payment may be available for material we use. Contact the Editor EMAIL: christopher@napwha.org.au **ALL CORRESPONDENCE TO:** Positive Living PO Box 917 Newtown NSW 2042 TEL: (02) 8568 0300 FREECALL: 1800 259 666 FAX: (02) 9565 4860 WEB: napwha.org.au

Positive Living is published four times a year by the National Association of People With HIV Australia and is distributed with assistance from Gilead and ViiV Healthcare. Next edition: June 2018

GILEAD ViiV Healthcare

from the board

The NAPWHA board discussed the following at its February meeting:

- The NAPWHA board is very concerned with recent substantial increases in HIV infections amongst our Aboriginal and Torres Strait Islander population. The board is developing a position paper on the issues involved and on how the Positive Aboriginal and Torres Strait Islander Network (PATSIN) can be strengthened to fully contribute to help avert this potential crisis.

- NAPWHA members have been contributing to the discussions and drafting of the 8th National HIV Strategy.

- President Cipri Martinez and Executive Director Aaron Cogle have been providing support and media advocacy to try to ameliorate the distress caused to transgender sex worker CJ Palmer who has been jailed in a men's prison in WA. Further advocacy on the issue of criminalisation of HIV-positive people in Australia is ongoing.

Concerns over codeine

Codeine-based pain relief products are no longer available over the counter in Australia. People with chronic pain now have to visit their doctor and request a script. And the change — in effect since 1 February — is already causing a community backlash.

Bruce — HIV-positive for more than 20 years — also has a serious long-term arthritic condition. Receiving pain management has been essential to his quality of life. Four years ago, Bruce was prescribed a heavy-duty codeine derivative, Oxycontin. "I feel for patients having to get their scripts for codeine now. I'm told the new regulations will require people to go more regularly for a script. Taking time off work can get difficult and we know that many people with HIV do experience pain and need regular treatment for it." Andrew has used codeine as his primary pain relief for most of his adult life. "Since getting

HIV I've found bodily pains are worse than before," he told *PL*. "Making you visit a doctor every time you need pain relief is absolutely ridiculous in my opinion."

The move to reschedule codeine to a prescription-only drug is a bid by the Therapeutic Goods Administration to curb codeine addiction and misuse. However, critics of the up-scheduling say it will penalise the majority of people who use codeine products responsibly, while putting pressure on GPs and emergency departments. In addition, patients may have to cop a price hike. Pain Management Australia CEO Carol Bennett said pharmacies could now charge a $7 dispensing fee for all codeine products. "It's up to the chemist to decide if they charge the fee," Bennett said.

In response to criticism, federal health minister Greg Hunt said the adjustment will save lives. "Each year, low-dose codeine products are a factor in the death of more than 100 Australians," Hunt said. "Research shows that around half a million Australians are misusing over-the-counter products containing codeine, with many people becoming dependent on it, contributing to serious health complications. Consumers will not be disadvantaged by this change."

Bruce is not so sure. "I really hope the government reviews these new regulations after a while to see if they are not having a serious effect on the quality of people's lives and their pain management."

If you use codeine on a regular basis to manage ongoing pain it is advised you discuss alternative treatment plans with your GP. Chronic pain usually requires a multifaceted approach including over-the-counter and prescription medicines, plus non-pharmaceutical interventions such as physiotherapy, acupuncture, lifestyle changes, exercise and meditation.

National Day encourages women to test

Once again, Friday 9 March commemorates the National Day of Women Living with HIV Australia. Initiated by the National Network of Women Living with HIV — otherwise known as the Femfatales — the day of awareness was conceived due to concerns that Australian women are too often unaware about the risks and realities of HIV.

"We wanted to start conversations so that all women have an opportunity to increase their knowledge and awareness about HIV," said Femfatales chair, Kath Leane.

There are currently around 3,000 women living with HIV in Australia. While this relatively low number is something to be celebrated, as a result, HIV-positive women are not considered a priority population. "Too often, positive women are considered as an afterthought," said Leane. "When not well supported, women will often go underground after diagnosis and hide in fear and shame of being labelled and judged."

It is hoped that the annual awareness day will help raise the profile of women living with HIV, reduce stigma and — importantly — encourage women to test. "The more women test for HIV, the more we will be able to diagnose and treat women appropriately," said Leane. "This is the aim of this special day."

NZ rolls out PrEP

New Zealand beat Australia by two days in announcing the decision to publicly fund PrEP. From 1 March, the treatment will be available for just NZ$1.20 a month — cheaper than almost any other country in the world. Executive Director of the New Zealand AIDS Foundation, Dr Jason Myers, said the move would make an "enormous difference" to the country's transmission rate — which, in 2016, reached a record high. "It's a giant leap forward for our ambitious goal of ending new HIV transmissions in New Zealand by 2025."

Other countries to subsidise PrEP include Brazil, Scotland, Belgium, France, Norway and, later this year, Australia. **(See page 6)**

studynotes

Middle-aged, long-term smokers have higher rates of emphysema (airway obstruction) if they are living with HIV. Researchers conducted a case-controlled study comparing the results of HIV-positive smokers with those of HIV-negative smokers. They found that the HIV group had poorer lung function compared with the negative group. After adjusting the data for various factors, HIV was associated with a 1.72-fold increased risk of emphysema.

One in eight people receiving care for HIV has undiagnosed and untreated hypertension, according to US research. While hypertension was more prevalent among those 50-plus and older, it was in the younger bracket — 18 to 29 — where the most cases of undiagnosed and untreated hypertension was found. "With PLHIV living longer lives, younger patients have many years to accrue complications of hypertension and would benefit from early diagnosis and treatment," wrote the researchers.

The spleen may act as a reservoir for HIV contributing to viral persistence, according to a recently published study. Up until now, the spleen has been less frequently studied than other bodily organs. But with the spleen hosting one-quarter of the body's lymphocytes and macrophages — both potential targets of HIV — scientists have begun studying the organ more closely. Based on recent findings, the spleen appears to be a "prime candidate for an HIV tissue sanctuary and a therapeutic target in HIV cure research".

Researchers in France have discovered a much higher level of cerebral small-vessel disease (CSVD) among middle-aged PLHIV compared to the general population. Indeed, the study found that HIV-positive people aged between 50 and 54 had nearly five times the risk of developing CSVD. Known as the "silent disease", due to its lack of obvious symptoms, CSVD is a common precursor to other neurocognitive conditions such as strokes, haemorrhages and dementia.

U=U video campaign challenges HIV myths

A new video campaign developed by The Institute of Many (TIM) aims to spread the U=U message to the general population.

The first of its kind in Australia, the campaign promotes the science that shows that, with an undetectable viral load, an HIV-positive person cannot pass on the virus.

"Even though people living with HIV have known for years that we are not at risk of passing on HIV if we have an undetectable viral load, there is still much stigma and fear attached to HIV," said TIM co-founder Nic Holas. "It's not enough for us to be confident that we are protecting our partners. Our partners and potential partners also need to understand that undetectable viral load means there is absolutely no risk of them contracting HIV."

A still from TIM's U=U video campaign

The video features a diverse group of people from across the sero-divide (positive and negative) sharing their experiences of how U=U (undetectable equals untransmittable) has liberated their sex lives. "A lot of stigma faced by people living with HIV plays out on dating and hook-up apps," said Holas, "so something people can instantly recognise, like U=U, will help break down misconceptions about HIV." TIM's video builds on the success of the international U=U movement, initiated by the Prevention Access Campaign in 2016.

● One of the world's leading HIV experts, Dr Anthony Fauci, has backed the global U=U campaign. In a recent interview, Fauci said, "From a practical standpoint, the risk [of HIV transmission] is zero, so don't worry about it." When asked to clarify his remark, Fauci replied, "I hope you got what I was saying . . . the practical standpoint is zero." The interviewer, HIV advocate Josh Robbins, said Fauci's remarks were "the most impressive crowning vindication" so far that U=U is an unequivocal fact. "It was remarkable to hear a scientist explain that the risk is zero. You can't get more clear than 'don't worry about it' from the leading immunologist in the world."

World first Aust-PNG study

Australian researchers from the Kirby Institute have collaborated with counterparts at Papua New Guinea's Institute of Medical Research to provide the country's first representative survey of people most at risk of HIV in Port Moresby.

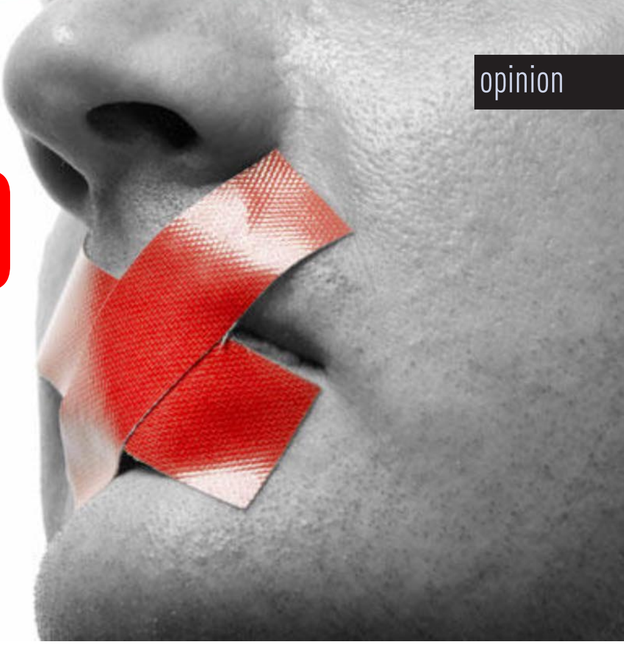
The study found that one in six sex workers in Port Moresby are HIV-positive. Among men who have sex with men and those in the transgender community, almost one in ten are HIV-positive. HIV rates in Papua New Guinea are among the highest in the world but until now population-level estimates for these groups were unknown.

"The findings from this study provide an improved roadmap for treatment, care and other services to key populations affected by HIV in Port Moresby," said the Kirby's Professor John Kaldor. "Practical research that involves affected populations means that programs for prevention and treatment have a good chance of achieving their goals of reducing high levels of HIV." The results of this world-first survey also give voice to the needs of highly marginalised groups in PNG society.

Cuts in government funding, problems in the delivery of health services, and low stocks of antiretroviral treatment and rapid test kits have compounded PNG's acute HIV epidemic in recent years. According to the UNAIDS office in PNG, latest statistics estimate that almost 47,000 people are living with HIV in a country with a population of around 8 million. This raises PNG's prevalence rate from 0.7 percent in 2015 to 0.91 percent in 2018.

MORE NEWS AT PL ONLINE

Stigma is so yesterday



As Dr Michael Brady reveals, though medical science has provided huge advances in the treatment of HIV, many people still face unfounded prejudice.

When I meet patients who have recently been diagnosed with HIV, their most common concerns are about transmission, having sex and disclosing their status to others. The three letters [HIV] are so loaded with fear around infectiousness that many mistakenly believe they have to give up on the idea of love, a healthy sex life and a family for ever.

It's great to be able to dispel these concerns with a simple medical fact: effective HIV treatment stops you from being able to pass the virus on to others. Once treatment has reduced the amount of virus in the blood to such low levels that it can no longer be detected, you become un-infectious.

The scientific evidence has been building for years, but medical advice began shifting to the more definitive "can't pass it on" when the ground-breaking PARTNER study published its findings. Out of 58,000 instances of condomless sex reported in the study — where one partner was HIV positive and on effective treatment, and the other was HIV negative — there were zero HIV transmissions.

This was demonstrated again when Opposites Attract — an Australian study of more than 350 gay male couples — showed zero HIV transmissions when the positive partner was taking HIV treatment, with researchers confirming an undetectable viral load was "completely effective" at preventing HIV. I've seen first-hand the relief and the weight being lifted, once people living with HIV hear this message for the first time. It changes everything.

A huge amount of the stigma and discrimination around HIV is rooted in ignorance and a fear of being infected. I am still shocked to hear people sharing examples of abusive messages they've received on dating apps, for example, after being open about their HIV status. This kind of thing is unacceptable and unfounded.

Thanks to science, people don't have to put up with that anymore. People diagnosed with HIV on effective treatment are undetectable and, therefore, not infectious. The greatest risk of HIV transmission is from people who haven't had a test and may have undiagnosed HIV — not those who have taken the proactive steps to get tested, get on to treatment and are now un-infectious.

This requires a shift in how we think and talk about HIV. The old approach, of treating someone living with HIV as an infection risk and of people being told to disclose their HIV status to every potential partner, is no longer justifiable. People living with HIV still have concerns about being prosecuted for passing it on, a practice called "reckless transmission".

In the era of effective HIV therapy — where an undetectable viral load means no risk of transmission — these fears should be a thing of the past. People on effective treatment can have the confidence that they don't need to disclose their HIV status until they feel ready and comfortable to do so because they are responsibly preventing transmission to their partners. (See page 14)

However, increasingly I find people saying that being un-infectious, in fact, makes it easier for them to have open discussions with new partners about their HIV status, and to talk more confidently about sexual health more generally. It can be liberating.

We still have much to do to spread the word. We need to say, in no uncertain terms, that people on effective HIV treatment cannot pass on the virus. But we won't unravel decades of fear overnight. Even among some healthcare professionals the message has not completely got through. There is continued use of unnecessary caveats such as "extremely unlikely" or "very low risk". This may come from a well-intentioned place, but it is unhelpful and outdated.

Far from being irresponsible, it's a very simple HIV-prevention message: get tested, know your status and, if you're positive, start treatment as soon as possible. It will keep you well and protect your partners. Only when this becomes common knowledge can we start to bring an end to both HIV transmission and the stigma that surrounds it.

A huge amount of the stigma and discrimination around HIV is rooted in ignorance and a fear of being infected. Thanks to science, people don't have to put up with that anymore.

Dr Michael Brady

PBAC approves PrEP

As anticipated, on 9 February the Pharmaceutical Benefits Advisory Committee (PBAC) announced its decision to recommend PrEP for federal subsidy.

This will cut the cost of Truvada (the drug used as PrEP) drastically, with an estimated 31,000 people — mostly men who have sex with men (MSM) — benefiting from the move. "Gay and bisexual men continue to carry the greatest burden of HIV in Australia, and we expect that PrEP will sharply drive down the rates of HIV for this community," said chief executive of the Australian Federation of AIDS Organisations, Darryl O'Donnell.

Meanwhile, the Kirby Institute's Professor Andrew Grulich called the announcement an essential step in Australia's response to HIV. "PrEP has been a game-changing tool for HIV prevention. I applaud PBAC for this recommendation, and am hopeful that the Australian government will quickly make this life-saving medication accessible to the people in Australia who are at high risk of HIV. It places Australia in a very strong position to be the first country in the world to virtually eliminate HIV transmission."

Before the watershed announcement, PrEP — the use of an antiviral drug to prevent HIV transmission — was only available in Australia through state-funded trials, at retail prices via a prescription from a GP, or online imports. While a listing date on the Pharmceutical Benefits Scheme is yet to be announced, *Positive Living* understands that PrEP will be made widely — and affordably — available during the first half of the calendar year (prior to PBAC's announcement, federal health minister, Greg Hunt, made a commitment to "list it and list it quickly"). As soon as it is listed, any doctor or GP can prescribe PrEP to an Australian resident who holds a Medicare card.

PrEP PLACES AUSTRALIA IN A VERY STRONG POSITION TO BE THE FIRST COUNTRY IN THE WORLD TO VIRTUALLY ELIMINATE HIV TRANSMISSION.

Professor Andrew Grulich

So who's eligible? Well, anyone considered at high risk of contracting HIV — such as sexually active MSM, transgender people, and heterosexual people with an HIV-positive partner who does not have an undetectable viral load. Dispensed through local pharmacies, PrEP will cost patients $39.50 for a 30-days supply; those with a concession card will face a co-payment of $6.40. Doctors will be able to prescribe a three-month supply at a time — one script with two repeats. When visiting the doctor for a fresh PrEP script, individuals will receive routine screenings for HIV and other STIs.

PBAC's decision now puts Australia at the front of the global pack providing equitable, affordable access to PrEP. It is anticipated that its introduction will liberate thousands of men from the fear of sex — a fear that has hung over the gay community for decades. It's also hoped that PrEP will usher in an era of shared responsibility around HIV prevention.

"Equitable access to PrEP for HIV-negative people is an important advancement for those already living with HIV. It will help counter stigma and discrimination against people living with HIV," said Cipri Martinez, president of the National Association of People with HIV Australia. "By keeping those at risk of HIV safe, PrEP gives both partners control and confidence. This helps everyone share responsibility for HIV prevention equally." Describing PrEP as a "necessary and urgent tool", Nic Holas, co-founder of The Institute of Many — a peer-support group for positive people, agreed: "PrEP offers HIV-negative people the opportunity to take more responsibility for their own safety."

But, according to O'Donnell, for PrEP to achieve maximum effect, access for all is crucial: "The challenge now is to spread the message about PrEP to everyone who needs it. PBS listing of PrEP is critical, but we must make sure everyone can access it."

PrEP FACTS

- **PrEP is highly impressive at preventing HIV transmission with 99% effectiveness among MSM**
- **As a result of the state-funded PrEP trial alone, NSW has recorded the biggest drop in new HIV transmissions since the epidemic began**
- **A single averted HIV transmission will save the Australian taxpayer $1 million in lifetime treatment and costs**
- **With regular screenings a prerequisite to accessing the drug, PrEP leads to significantly improved sexual health**

The case of CJ Palmer

On 16 February 2018, transgender sex worker CJ Palmer was sentenced to six years in a male prison in Western Australia after being found guilty of grievous bodily harm for the transmission of HIV to a sexual partner. As Christopher Kelly reports, such a verdict yet again highlights the negative impact the use of criminal law has on Australia's HIV response.

First some background. CJ Palmer was accused of infecting a client with HIV when they engaged in condomless sex in 2015. It was alleged CJ was criminally negligent because she did not take any precautions to prevent the transmission of the disease.

Throughout the case, CJ maintained she was unaware of her positive status and that the man was not a client but someone with whom she was in an ongoing sexual relationship. In January, after a week-long trial and a four-hour deliberation, a jury at the WA District Court found CJ guilty. Admitting that the case was "unusual" because it differed from other grievous bodily harm trials, which usually involve someone being physically attacked, the judge said CJ had breached her "duty of care" to the victim.

"The effect of this decision and accompanying sensationalised community discussion is a perception that people living with HIV are criminals," said Jules Kim, CEO of the Australian Sex Workers Association, in response to the outcome. "This unfairly reinforces discrimination against sex workers and people living with HIV, which is already pervasive in the broader community." Indeed, criminalising people with HIV denotes blame; that the positive person is at fault. But how can there be fault at play in cases of non-intentional HIV transmission? HIV is an indiscriminate disease that passes stealthily from one person to another.

The stigma surrounding HIV may make it difficult for people living with the virus to receive a fair trial. For CJ, as an HIV-positive transgender sex worker, the stigma was three-fold. This was on display during the reporting of the case when CJ was wrongly described as "a man who identifies as a woman" and repeatedly referred to as a "prostitute" instead of "sex worker".

Not only does the outcome of CJ's case continue to reinforce discrimination surrounding sex work and HIV, it also serves to show how outdated people's thinking is towards the disease. HIV is no longer a death sentence. Yes, it is a lifelong illness — but it is a wholly manageable condition. People with HIV lead long and healthy lives. And, with treatment, a person with HIV is unable to pass the virus on through sex. "Criminal cases involving HIV or exposure require the courts to correctly comprehend the science of HIV transmission and the impact of HIV diagnosis," said Scott McGill, acting CEO of the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine.

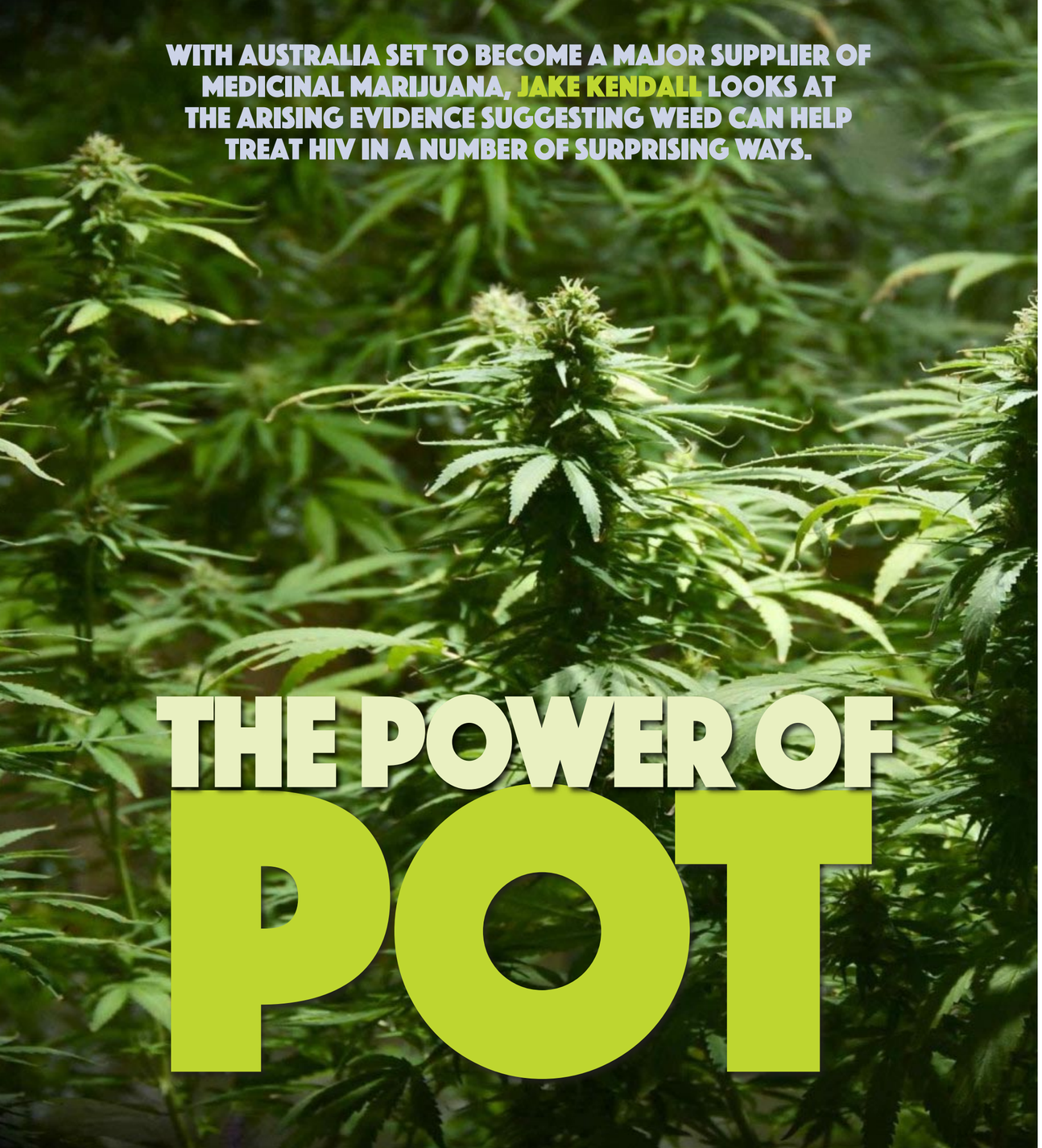
With so much ignorance surrounding the disease (as highlighted by the un-validated scientific evidence used against CJ during court proceedings) there is a strong argument for HIV to be dealt with — not through the justice system — but through the public health system. "The HIV epidemic will be ended in clinics and in the community — not the courts," said Dr Bridget Haire, President of the Australian Federation of AIDS Organisations. "The resources expended policing and prosecuting HIV transmission would be far better spent making HIV-prevention tools and medicines available to people who need it."

President of the National Association of People with HIV, Cipri Martinez, agrees. "There are alternatives to the criminal justice system that are more appropriate for the management of allegations of HIV transmission. Prosecutions for HIV transmission undermine the public health response to HIV by creating an environment of fear and prejudice. This reinforces stigma and contributes to further HIV transmission." As Australia's National HIV Strategy notes: criminalisation "impacts on priority populations through perpetuating isolation, marginalisation and limiting their ability to seek information, support and healthcare".

CJ's case also exposes the flawed notion that the positive population is solely responsible for preventing onward HIV transmission. Yet it is no longer us and them, poz and neg. With a variety of preventative tools now at our disposal — such as TasP and PrEP — we are all in this together. Criminalising HIV transmission contradicts the most essential HIV prevention message: that every person has a responsibility to take all reasonable precautions to avoid contracting an STI or HIV.

"For too long, people living with HIV have borne the brunt of expectation, responsibility, and blame when it comes to keeping the community safe from HIV," said Nic Holas, co-founder of The Institute of Many (TIM) — a peer-run group for positive people. "TIM hopes that as the sero-divide between HIV-positive and HIV-negative people diminishes, we will also see a reduction in the unnecessary stigmatising and criminalising of people living with HIV."

Unfortunately, as shown in WA, application of the criminal law to cases of HIV transmission, exposure or non-disclosure counteract the promotion of effective prevention and shared responsibility, ultimately undermining public health and further demonising an already stigmatised community. If we are to end HIV, we need to end the criminalisation of people with HIV — people such as CJ.



WITH AUSTRALIA SET TO BECOME A MAJOR SUPPLIER OF MEDICINAL MARIJUANA, JAKE KENDALL LOOKS AT THE ARISING EVIDENCE SUGGESTING WEED CAN HELP TREAT HIV IN A NUMBER OF SURPRISING WAYS.

THE POWER OF POT

Marijuana's medicinal properties have been well-documented for years. Cannabis is used to alleviate a wide variety of conditions including Post-Traumatic Stress Disorder, epilepsy, Alzheimer's, arthritis, autism, osteoporosis, Parkinson's disease, anxiety and depression, chronic pain, brain disease, multiple sclerosis, and cancer — to name just a few. And now a number of recent studies have indicated that pot may be useful to treat HIV.

Before going any further, a brief explanation on how marijuana works its magic. Cannabis contains cannabinoids which relieve the severe effects of chronic illness by attaching to receptors in the brain, organs, connective tissues, glands, and immune cells. It works to create homeostasis — the maintenance of a balanced internal climate. A normal body will have a healthy endocannabinoid system that feeds receptors and maintains the equilibrium. Somebody with a chronic illness — such as HIV — won't have receptors that are nourished by the endocannabinoid system. This is where medicinal cannabis can assist in alleviating symptoms such as nausea, neuropathic pain, and appetite and weight loss.

The interrelation between the cannabis plant and the human body is of such complexity that we are only just beginning to understand it. With many countries loosening prohibition, as well as a heightened awareness and acceptance in public opinion — especially among medical professionals — research into the properties and effects of cannabis has reached some impressive breakthrough conclusions. Evidence is emerging that weed can do much more than just alleviate symptoms associated with HIV and ameliorate treatment side effects. A growing body of research suggests the plant's ingredients may be able to stop the spread of the virus itself by blocking HIV's entry into cells, curbing chronic inflammation, and helping prevent neurocognitive damage.

Although contrasting data exists, some studies show that people with HIV who had used marijuana had lower viral loads than those who — to quote Bill Clinton — "didn't inhale". Another study — observing the effects of cannabis component Denbinobin — appeared to confirm the element's antiviral activities and therapeutic potential. It's important to note, however, that these studies were small in scale, meaning there is a need for additional evidence from other samples and settings that include larger numbers of HIV-positive pot users.

Meanwhile, marijuana has been found to slow inflammation in the brain and thus decrease mental decline. While antiretrovirals can't cross the blood-brain barrier, compounds in cannabis can — reducing inflammation in the process. A study conducted at Michigan State University discovered that the components in marijuana were able to act as anti-inflammatory agents by reducing the number of inflammatory white blood cells — called monocytes — and decreasing the proteins they release in the body. The decrease of cells could slow down, or maybe even stop, the inflammatory process, potentially helping people with HIV maintain their cognitive function for longer.

"The patients who didn't smoke marijuana had a very high level of inflammatory cells compared to those who did use," said lead author of the study, Norbert Kaminski. "In fact, those who used marijuana had levels pretty close to a healthy person not infected with HIV." Kaminski — who has studied the effects of marijuana on the immune system for almost 30 years — is hopeful that knowing more about this interaction could ultimately lead to new therapeutic agents that could help people with HIV maintain their mental capabilities. "It might not be people smoking marijuana," said Kaminski. "It might be people taking a pill that has some of the key components found in the marijuana plant that could help."

MARIJUANA HAS BEEN FOUND TO SLOW INFLAMMATION IN THE BRAIN AND DECREASE MENTAL DECLINE

It also appears that cannabis — or, more accurately, one of its key ingredients, THC (tetrahydrocannabinol) — can lessen damage in the gut. During early infection, HIV attacks the gut hard as it is home to a substantial amount of the body's immune system. A groundbreaking study has found that THC had a positive effect on the guts of rhesus monkeys infected with SIV (the simian version of HIV).

Researchers found that, not only did THC lead to a decrease in viral load and tissue inflammation, it also bolstered the immune system by increasing production of disease-fighting cells. According to study author, Dr Patricia Molina, "everyone was in awe" of the data. "These findings reveal novel mechanisms that may potentially contribute to cannabinoid-mediated disease modulation," said Molina. Similar research headed by Molina in 2011 found that SIV-infected monkeys treated with THC had a better chance of surviving than those who went untreated.

Molina's research was followed up by scientists at the Mount Sinai School of Medicine. Their study found that, by employing cannabinoid receptor antagonists, the signal between HIV and CXCR4 (a receptor that the virus uses to enter the body and destroy immune cells) could be obstructed. The research concluded that by employing cannabinoid antagonists, the spread of HIV could be decreased by up to 60 percent.

There's more. In a French study, daily cannabis use was shown to have the potential to have a "protective benefit" on the liver of patients co-infected with hepatitis C and HIV. Conducted by the French National Agency for AIDS Research, the study investigated the impact of marijuana use on the risk of hepatic steatosis (abnormal presence of fat in the liver). Fat in the liver can cause inflammation, scarring and irreversible damage. At its most severe, the condition can progress to liver failure.

Of the 838 patients enrolled in the study, 14 percent reported using weed every day. Daily use was found to be associated with a 40 percent reduction in the risk of liver fat, which was not found in less frequent cannabis users. However, here's that caveat again: study author Dr Patrizia Carrieri, of the French National Institute of Health and Medical Research, said that more investigation is needed on the interactions between using psychoactive substances and liver disease progression to confirm any findings. "The data obviously cannot be used to recommend the consumption of any substance or product to HIV and hepatitis C co-infected patients," she said. "However, it would certainly be useful for clinicians to take into account their patients' consumption behaviours when making a clinical evaluation."

Given such intriguing findings, a new US study — the largest of its kind — will further examine marijuana's effects on people living with HIV. Robert L. Cook, professor of epidemiology at the University of Florida, will lead the US$3.2 million study, the long-term goal of which is to provide patients, clinicians and public health authorities with information to guide clinical and safety recommendations for marijuana use. "Marijuana use is increasingly common in persons living with HIV infection. Yet past findings regarding the health impact of marijuana use on HIV have been limited and inconclusive, but we will be looking at a longer view, over several years, and that will be something different about our study over previous studies," said Cook.

As for Australian research, there are currently clinical trials underway in Victoria, NSW and Queensland to assess the safety and efficacy of marijuana for medical purposes. However, these studies are focusing on five areas only: palliative care, chemotherapy-induced nausea and vomiting, chronic pain, multiple sclerosis, and epilepsy in paediatric and adult patients. There are no studies examining pot's effectiveness in specifically treating HIV.

So, for now, when it comes to treating HIV, we'll have to look to the likes of Cook and colleagues for further insights into the medicinal power of pot. "We do suspect that many people truly do feel better with it and I suspect it's because of its relationship to inflammation," said Cook. "HIV virus, if it's unsuppressed, does cause chronic inflammation in the body and that is usually associated with more rapid ageing, more rapid progression of heart disease, and probably feeling fatigued and tired. If marijuana, or at least some components of marijuana, could suppress some of that chronic inflammation, it really could help people with a chronic virus."

THE LOW DOWN

With the exception of one product (nabiximols), medicinal cannabis products in Australia are not available as registered prescription medicines. For a particular product to be registered, a company would need to submit a dossier of evidence on the clinical efficacy, safety and manufacturing quality of a particular medicinal cannabis product to the Therapeutic Goods Administration (TGA).

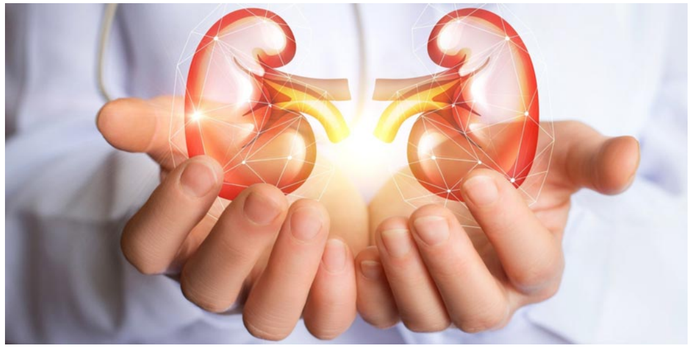
Medicinal cannabis can only be prescribed by a registered medical practitioner. Before prescribing medicinal cannabis, the doctor will assess each patient individually to decide if the treatment is appropriate for their condition and circumstances. The doctor will look at a patient's medical history and family health background. the patient's current medications, and any problems with drug dependence and substance abuse will also be considered. Because medicinal cannabis products are unregistered in Australia, they must be accessed through special pathways available for unapproved medicines.

Registered doctors must also apply for and obtain approval to prescribe a medicinal cannabis product to a particular patient under the applicable state or territory laws. Rules relating to medicinal cannabis products vary between states and territories. If both state and TGA requirements are satisfied, then the pharmacy or hospital that the doctor has arranged to supply the imported product can dispense it.

A variety of products are currently available through import from Canada or Europe. These include raw (botanical) cannabis, which for medicinal purposes should be vaporised but not smoked; cannabis extracts in oils; and solvent extracts such as tinctures, and oro-mucosal sprays. Some products for transdermal application (patches or topical application of gel or cream) have also been developed. Similar products, manufactured from locally grown medicinal cannabis, are expected to become available later this year.

The kidneys: the toilers

As garbage collectors of the body's waste-filtration system, the job of the kidneys isn't glamorous. But, as Stevie Bee reports, they play a crucial role in helping us maintain good health.



They're the body's true workhorses. The kidneys. Every day they filter close to 200 litres of blood and remove up to two litres of waste and excess water from the bloodstream and, at the same time, balance the body's fluids. Given they're about the size of your fist, that's no mean feat.

The waste products in your blood come from the normal breakdown of active muscle and from the food you eat. After your body takes what it needs from the food, the leftovers are sent to the blood, which is then filtered by the kidneys, with the waste and extra water becoming urine.

Your kidneys measure out chemicals such as sodium, phosphorus and potassium and release them back to the blood to return to the body. In this way, your kidneys regulate the body's level of these substances. The right balance is necessary for life, but excess levels can be harmful.

As well as removing wastes, your kidneys release three important hormones.

1 **Erythropoietin** or **EPO**, which stimulates the bones to make red blood cells; without enough blood cells to carry oxygen throughout the body we become anaemic.
2 **Renin**, which regulates blood pressure; and
3 **Calcitriol**, the active form of vitamin D, which helps maintain calcium for bones and for normal chemical balance in the body.

If your kidneys are healthy, you have 100 percent renal function. Some loss of renal function is usual as we age, and small declines don't cause a problem; in fact, you can be healthy with 50 percent of your renal function if it remains stable. But many people with 50 percent renal function have a kidney disease that will get worse. If you get down to less than 20 percent, you'll be in trouble; below 10–15 percent, you'll most likely need either ongoing dialysis or a kidney transplant.

Why do kidneys fail?

Damage to the kidneys can happen quickly, often through injury or poisoning, but most impairment occurs slowly and silently. It may take years or even decades for the damage to become apparent. The two most common causes of kidney disease are diabetes and high blood pressure.

In fact, the first sign of a kidney problem may be high blood pressure, a low number of red blood cells (anaemia), or blood or protein in the urine. High blood pressure can damage the small blood vessels in your kidneys, affecting their capacity to filter poisons from your blood as they are supposed to.

Diabetes keeps the body from using sugar as it should. If sugar stays in your blood, instead of breaking down, it can act as a poison. Damage to the kidneys' nephrons from unused sugar in the blood is called diabetic nephropathy. Keeping your blood sugar levels down can help delay or prevent diabetic nephropathy.

Some over-the-counter medicines can be poisonous to your kidneys if taken regularly over a long period of time. Medicines that combine aspirin, acetaminophen, and other medicines such as ibuprofen have been found to be the most dangerous to the kidneys. If you take painkillers regularly, check with your doctor to make sure you're not putting your kidneys at risk.

The risk factors for kidney disease in people with HIV include all those listed above. As well, poorly managed HIV infection and coinfection with hepatitis C can also increase the risk of kidney disease in people with HIV.

Some HIV medications can also affect the kidneys. The risk of kidney damage is carefully considered by healthcare providers when prescribing HIV medication. If a positive person on treatment shows signs of kidney damage, the doctor will no doubt suggest a change of medicine.

For most people, though, a healthy, balanced diet with enough fluids will keep the kidneys functioning well. Just watch your blood sugar levels and your blood pressure. A blood test can indicate whether there's too much creatinine in your blood, a sign you're not processing those waste products as urine. If so, your health practitioner can advise a course of action.

HANDY TIPS

1 KEEP YOUR FLUIDS UP
The general advice is drink just enough fluids to keep the urine between light to pale yellow (straw-coloured) and colourless. The standard daily recommendation is 13 cups (2.5L) for men and 9 (1.8L) for women. That does include both healthy fluids such as filtered water and the water found naturally in fruits and vegetables. You can drink most beverages on a kidney-friendly diet, but sugary soft drinks and beer both have high phosphorous levels. There is some evidence that cranberry juice can help prevent urinary tract infections, which reduces the strain on the kidneys.

2 EAT PLENTY OF FRUITS AND VEGETABLES
Many of us fail to eat enough fruits and vegetables, meaning we miss out on the benefits of antioxidants, which help neutralise unstable molecules known as free radicals. These cause inflammation and damage to cells and tissues, including the kidneys, when your antioxidant intake is insufficient. Adding ginger to your diet is a simple and convenient way to boost antioxidant intake; ginger can also improve blood sugar control and may also help reduce the risk of complications from diabetes, such as kidney damage. But you still need the recommended 5–9 servings of fruits and vegetables each day. Fresh produce is not only high in water content, but it also contains important nutrients such as vitamin C and flavonoids that support the health of all your organs, including the kidneys.

Your best veggie options include **cabbage, cauliflower, capsicum, celery, asparagus, cucumber, eggplant**.

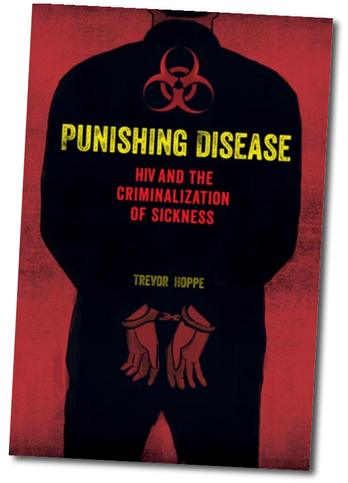
Among fresh fruits, you have many tasty low-potassium options, including **berries**, such as **blueberries, blackberries, raspberries** and **strawberries,** as well as **peaches, grapes, apples** and **watermelon**.

3 KEEP YOUR CHOLESTEROL IN CHECK
Excess cholesterol in your blood, which may result from a high-fat diet, can build up on the inside walls of your blood vessels. The build-up makes pumping blood through the vessels harder for your heart. Although scientists do not know exactly why, people with high cholesterol are more likely to have kidney problems. Keeping cholesterol under control — either through diet or medicine — seems to help preserve renal function.

4 WATCH YOUR SALT
Sodium in your diet may raise your blood pressure, so limit foods containing high levels of salt.

5 TAKE YOUR MEDS
Finally, make sure you take your HIV meds every day so as to keep the virus under control, and keep all of your medical appointments.

AS A NEW BOOK BY TREVOR HOPPE REVEALS, NO DISEASE IN MODERN AMERICAN HISTORY HAS BEEN MET WITH A SYSTEMATIC CAMPAIGN TO CRIMINALISE PEOPLE AS WITH HIV.



From the very beginning of the epidemic, AIDS was linked to punishment. For evangelical Americans, AIDS represented divine punishment for the moral depravity sweeping America — namely, what conservatives derisively termed the "homosexual lifestyle".

According to a 1987 Gallup poll, 61 percent of American evangelicals and 50 percent of non-evangelicals agreed with the statement "I sometimes think AIDS is a punishment for the decline in moral standards".

Televangelists like Jimmy Swaggart and Pat Robertson took to the airways to publicly condemn homosexuality as the cause of AIDS. Their like-minded political counterparts, activists such as William F. Buckley and Lyndon LaRouche, spearheaded campaigns aimed at getting states to pass punitive laws: to criminalise homosexuality, to tattoo newly diagnosed patients, to raid gay establishments. AIDS activists fiercely resisted these policies as draconian efforts to trample on civil liberties — policies that they argued were stigmatising and thus likely to be counterproductive in the fight against AIDS.

Activists argued that freedom and privacy, not coercion and intrusive surveillance, were the keys to a successful disease control strategy. Despite their efforts, in the late 1980s state lawmakers around the country began to introduce criminal legislation targeting people living with HIV, whom they viewed as recklessly exposing their sexual partners to the disease. Echoing the sentiments of many Americans, a California newspaper editorial argued in 1987 that these laws were needed "to prevent unstable AIDS victims from passing on a death sentence to others".

Although they are sometimes mislabelled as "HIV transmission laws", most criminal laws enacted in the United States governing HIV exposure and/or disclosure make no mention of transmission or even the risk of that outcome. Instead, these new offences resemble what prosecutors call a "crime of omission": by failing to reveal their HIV status to their partners, HIV-positive people in dozens of states can now face stiff prison penalties if charged under these felony statutes.

Because HIV is sexually transmitted and was immediately linked to homosexuality, it may be tempting to view efforts to criminalise HIV as merely another example of efforts to criminalise non-normative sexuality. However, punitive policies toward people living with HIV are not driven solely by an interest in policing sexual morality. Instead, the criminalisation of HIV is but one of the more recent examples in public health history of an effort to control disease by coercion and punishment. Although the history of punitive disease control stretches back centuries, no disease in modern American history has been met with a similarly systematic campaign to criminalise people living with an infectiousness disease.

It is no mistake that authorities responded to the HIV epidemic with a new punitiveness. Three historical factors helped to shape the punitive response to AIDS. First, the coincidence of HIV's emergence with the birth of mass incarceration as a social institution meant that lawmakers were already in the habit of proposing handcuffs and prisons as solutions to social problems.

Second, HIV was immediately linked to stigmatised social groups that were, at that historical moment, particularly hated and, in many cases, already viewed as suspected criminals. In 1981, when the first cases of AIDS were reported, consensual sex between same-sex partners was a criminal offense in 22 states and the District of Columbia. Initial news reports described the disease as a "gay cancer" that was linked to marginalised social groups collectively known as the "4-H Club": homosexuals, Haitians, heroin users, and haemophiliacs. That the epidemic was symbolically synonymous with so many highly stigmatised and potentially criminal classes of people — rather than housewives, babies, or some other sympathy-engendering group — made criminalisation a more obvious response.

Third, during the early 1980s, there was widespread uncertainty and fear over the cause and effects of AIDS. This uncertainty created an opportunity for alternative theories to emerge, particularly the theory that AIDS was caused not by a virus but by a deviant lifestyle (namely, drug use and promiscuous homosexual sex). Early missteps by medical authorities allowed these alternative theories to thrive.

> **"HOMOSEXUAL ACTIVITY IS NOW A HEALTH THREAT OF EPIDEMIC PROPORTIONS, AND IT SIMPLY CANNOT BE ALLOWED . . . AIDS CARRIERS ARE A THREAT TO SOCIETY, AND THE STATE HAS A COMPELLING INTEREST IN PROTECTING THE UNINFECTED."**

For example, by originally naming the disease gay-related immune deficiency (G.R.I.D.), authorities communicated an implicitly causal relationship between homosexuality and infection to the general public. Such lifestyle theories of AIDS were made particularly appealing by the disease's bizarre and terrifying progression; instead of presenting with a unique set of symptoms, AIDS patients were instead disfigured and/or killed by a litany of normally rare and horrifying diseases described euphemistically as "opportunistic infections".

These diseases included Kaposi's sarcoma (a cancer that causes purplish splotches on the skin), cytomegalovirus (a virus that causes blindness), and toxoplasmosis (a fungal infection that can cause seizures and swelling of the brain). Taken together, these three historical factors created a perfect storm for punitive rhetoric and criminalisation on a level not seen before in the modern history of American disease control.

Excerpt from ***Punishing Disease: HIV and the Criminalization of Sickness*** by Trevor Hoppe is reprinted with permission from the University of California Press.

Love, lust, and live positively

For anyone, the negotiation of relationships can be tricky. For people living with HIV we usually find an extra layer of complexity.

Nearly 60 percent of people living with HIV in Australia are in a HIV-different (or serodiscordant) relationship i.e., where one partner is HIV-positive and the other is HIV-negative.

In 2008 and 2012, Positive Life published *Sero Disco* and *Sero Disco 2*. These resources posed the question "Why let HIV get in the way of a good relationship?" Both magazines told the personal stories of people with HIV-different relationships in an effort to reduce transmission risk, stigma, fear and discrimination, and to demonstrate that HIV-difference is not incompatible with love or lust.

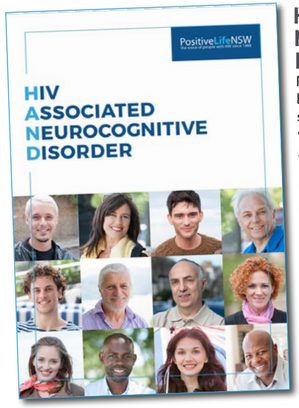
In 2018, *HIV Difference* takes up this evolving story in today's world of HIV, sex, health and love. Today, more than eight years after the first *Sero Disco* publication, the division between HIV-positive, negative or unknown has been transformed with a gradual erasure of the sero-divide in sexual relationships for both people living with HIV and our HIV-negative lovers, friends and fuckbuddies.

With the benefits of immediate treatment commencement, along with long-term adherence to treatment and viral load monitoring, Treatment as Prevention (TasP) is an acceptable and powerful HIV prevention strategy. PrEP, too, has delivered another powerful blow to the sero-divide, reducing fear and anxiety, and has opened up a new freedom between partners of all HIV sero-status. HIV-difference need not stand in the way of emotionally and physically rich relationships, no strings attached fun, or love.

In *HIV Difference* you'll find the voices of our silent warriors who boldly tackle the biggest killer of all: HIV stigma. Their stories shine a light on some of the ways across the boundaries of fear, culture, gender, sero-status and disclosure to find freedom, excitement and adventure in ways that were previously unheard of. These generous narrators normalise this new playing field of living and loving in an environment that is slowly coming to the realisation of what it means to be ending HIV today.

Keep an eye out for it and until then and after, go forth, love, lust, and live positively.

- Click **here** to read *HIV Difference* online or click **here** download a PDF copy.
- If you would like a copy posted to you, please contact Positive Life on (02) 9206 2177 or email communications@positivelife.org.au



HIV Associated Neurocognitive Disorder

Positive Life has a booklet available to support people living with HAND (HIV Associated Neurocognitive Disorder) with practical advice on living with HAND and information on where to seek more assistance. For a copy of this resource, please call Positive Life on (02) 9206 2177 or email contact@positivelife.org.au or download a copy **here**

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Major steps forward in the HIV response

Victoria continues to make strides in the HIV response and the latest announcements make the 90-90-90 Fast Track Cities targets an attainable reality.

Victorian health minister Jill Hennessy (pictured below right) announced on World AIDS Day 2017 that the Victorian government is endorsing the Undetectable = Untransmittable (U=U) consensus statement that people living with HIV cannot transmit the virus.

Living Positive Victoria was the first Australian organisation to support the international statement in February 2017 and now the Victorian government is the first Australian state to endorse the statement. "Stigma and misinformation about HIV stop people getting tested and treated — we want Victorians to get tested, get supported and get treated," said Hennessy.

The Victorian government also committed $300,000 towards a pilot project that will place HIV-positive peer workers in high-caseload Melbourne clinics. Led by Living Positive Victoria, the pilot project will run from 2018 to 2020. Interim Living Positive Victoria CEO Suzy Malhotra said that harnessing the lived experience of people living with HIV (PLHIV) is significant and should be at the forefront of the HIV response. "The lived experience of PLHIV is vital to an effective response to HIV in Victoria. We are thrilled with this new funding and our organisation will use this project to remain focused on our commitment to PLHIV because HIV is still here and still matters," said Malhotra.

There are approximately 7,800 people living with HIV in Victoria. The recently published **Victorian HIV strategy** indicates that of those 7,800 individuals, 90 percent know their status but more than 15 percent are not on antiretroviral therapy, while more than 20 percent do not have controlled virus levels. "The availability of peer workers can address these gaps and increase the number of PLHIV staying in care," said Malhotra. "This in turn will enable PLHIV to maintain and improve their health and give them an increased sense of hope and control over their lives."

Starting work later this month, peer workers will be in clinics across Melbourne — including Prahran Market Clinic, Melbourne Sexual Health Clinic and Northside Clinic. Living Positive Victoria president Christabel Millar is pleased that the Victorian government sees HIV as a priority at a state level. "The endorsement of U=U and the funds to support a project that puts peer workers at the centre of the HIV response can only have a favourable outcome," said Millar. "There is real strength in partnership and we continue to work closely with the Victorian government and other HIV organisations to increase the wellbeing to PLHIV and eventually see an end to HIV."

The U=U message on display at this year's Midsuma Festival

JILL HENNESSY STIGMA AND MISINFORMATION ABOUT HIV STOP PEOPLE GETTING TESTED AND TREATED. WE WANT VICTORIANS TO GET TESTED, GET SUPPORTED AND GET TREATED.

THERE'S SOMETHING YOU SHOULD KNOW

DATING IS A FRAUGHT BUSINESS AT THE BEST OF TIMES BUT, AS TOM HAYES RECOUNTS, WHEN IT COMES TO DISCLOSURE TIME, YOU NEVER QUITE KNOW WHAT TO EXPECT.

RECENTLY, I WAS DATING. Should Pope Francis take credit for it, that's one out of three divine interventions sorted for his canonisation. Anyway, the man was, by all accounts, not very aware when it comes to sexual health, having been in a straight monogamous relationship for years and only coming out of the closet in the last 12 months or so. Add to that being only 25 — and coming from a place where being gay is more on the Alienate People than How to Make Friends side of things — and you have an explosive cocktail. Thank God for all this being balanced out by a great personality. And good looks. That helps, too.

At the end of date three, it was Disclosure Time. What's that? Disclose beforehand? During the first date? I hear some saying it's honest, it's easier; it means they get the whole picture etc. Oh no. Why should you? One date sure isn't enough time to know what they are made of, so disclosing may be a bit premature. That's why I keep it for the second or third date. Timing is key. Too early and they might not have got to know you enough to appreciate that HIV doesn't have to be a barrier to the relationship. Too late and they might resent you for not mentioning it earlier. (However, disclosure before sex is an absolute necessity when seeking a relationship.)

But I digress. So, by date three, I had a pretty good idea of who he was and certain he would not freak out. He didn't. Of course, not freaking out does not always mean people are OKAY to date you, but it is still appreciated when they don't run a mile when you tell them. At first he panicked when hearing how I contracted HIV from someone unaware of their positive status, recalling his own experiences grinding the past few months away and enjoying the freedom of being openly gay. He told me of the not-so-safe things he had done and how, if it had happened to me, it could have already happened to him.

This was awkward for two reasons: first, the lack of knowledge on the topic of transmission. I tried to reassure him that HIV is quite a weak virus outside of the body, so his chances of being infected whilst playing with a partner's cum was pretty remote. Second, I was contemplating the life introspection occurring in front of me. Every concern he had, every question he asked seemed less about me or a possible 'us' and more about reassuring himself that he was going to be okay. Cue endless questions. On the bright side, at least he cared about sexual health.

That night I went home, alone. I left him there on his bed. Yes, fully clothed, no sex before mar . . . disclosure, etc. I had answered all his questions. I had told him about my treatment, about life expectancy, about sexual risks or lack thereof. I had done my bit for HIV information, like a slutty school nurse: kissing first to get their attention, teaching whilst they were hooked. Mind you, if any school nurse ever did that, make it a male one and send me the address; I'll shave and pass off for a student again.

But by then he was withdrawn, not his usual happy chap. He had become quiet, distant. I knew one thing for sure: we weren't going to date anymore. Obviously, I was disappointed. Not sad, not angry, just annoyed that the things that could have been were not given a proper chance. The relationship had reached a dead end, hitting a wall of ignorance and fear — the wall of stigma. I had given him all the tools, all the facts to understand what serodiscordant relationships meant, but it wasn't enough and I was not going to fight for it. Fights are for much later on in relationships, not date three.

The following day was eerily quiet. No call, no text, nothing. That day hurt more than the previous evening — plain rejection is one thing, unsaid rejection is a much harder pill to swallow. It took another day for him to process the news and we arranged for him to come over for dinner, just a friendly gathering. After two hours of chitchat and manners best described as frigid, it was time to call a spade a spade.

Me: Shall we talk about the elephant in the room?

Him: Yes. Errrr . . . I don't think I can do it (i.e., dating me). I'm sorry.

Conversation did carry on, but that was that. Short of a happy ending, it was at least closure. The certainty that it was not going to happen. The honesty to say it out loud. The respect to do it face to face, man to man. This story was no longer about romance; reality had put its stamp all over and, as we know, it can suck sometimes. He was keen to remain friends, however. I was neither for nor against the idea, I would let things happen and see.

A week or so after that crucial night, he messaged me. His words were carefully picked, serious. He had been diagnosed with a somewhat benign STI and since — despite never having sexual contact — we had been physically close, it was possible I had it too. Never had I been so amused at the idea of having been infected by something. The irony levels were up the roof. I knew it, he knew it. The whole situation was hilarious, had it not been terribly cutting at the same time. For he was now in the very position he had rejected me for a few days earlier, and was actually more likely to have passed this on than I could ever have with HIV.

To some extent, I thought it might make him reconsider how quick he had been to take his earlier decision. I didn't want him to reconsider 'us' — that ship had sailed. But I hoped he would see HIV in a different, more common light. After all, he was more likely to get an STI from a random encounter (or even a boyfriend) than he was getting HIV from someone like me: aware, on treatment and undetectable.

Maybe he did think it through. On a drunken night out recently he talked of "what ifs" and all that jazz. I asked him to read an enlightening article about undetectable viral load. Not for me but for the ones to come after, as he is bound to be in the same situation again.

When the time happens, I can only hope that the outcome will be a happier one. One where "what ifs" are replaced with "I know". No longer "what if something goes wrong", but "I know we can have sex and still be safe". At least now the virus is on his radar, no longer a taboo — an unknown condition that can be ignored.

The war on stigma is not over but, every day, small victories happen. Slowly and quietly. One date at a time.

The relationship had reached a dead end, hitting a wall of ignorance and fear — the wall of stigma.

FOODS THAT BOOST THE IMMUNE SYSTEM

1. **Red capsicum** contains twice as much vitamin C as citrus fruit. Vitamin C helps increase production of white blood cells that help boost the immune system.
2. **Broccoli** is one of the healthiest foods you can eat. Packed with vitamins, minerals and antioxidants. Cook broccoli as little as possible for maximum benefit.
3. **Garlic**'s value in fighting infections was recognised by some of the earliest civilisations on earth. Its immune-boosting properties come from the heavy concentration of sulphur-containing compounds, such as allicin.
4. **Sunflower seeds** are full of nutrients, particularly vitamin E — a key to regulating a healthy immune system.
5. **Almonds** are a mighty source of vitamin E; they also contain healthy fats.
6. **Yogurt** contains live and active cultures that stimulate the immune system to fight off diseases. But be sure to choose the natural variety.

THE INFLUENCERS RUAN UYS

Since being diagnosed HIV-positive four years ago, Ruan Uys has worked to educate communities about the modern reality of living with HIV. Through education, Ruan hopes to counteract the stigma that still accompanies a positive status. To help support other positive people, Ruan founded an HIV community group called the Hivsters. The Hivsters encourage people living with HIV to come together and celebrate the upside of being positive. "We have much to be thankful for," reads the Hivsters' website. "We are fortunate to live in an era where modern HIV treatments enable us to live normal, long and rich lives." Hivsters encourage their peers to celebrate life after treatment and to live well with HIV. With that aim in mind, in 2016, Ruan featured in a national awareness campaign extolling the benefits of treatment and the importance of maintaining overall good health. That same year, Ruan and other Hivsters embarked on a 180-km trek across regional Victoria and South Australia. The trek was inspired by the need to tackle stigma and to educate people about HIV. And this July – to coincide with AIDS 2018 – Ruan will walk from Brussels to Amsterdam in eight days to raise awareness about the barriers to treatment faced by many PLHIV worldwide. The Melbourne-based activist urges all positive people to help raise awareness themselves – particularly about the science behind U=U. "We need PLHIV educating their immediate circles/families/friends. Only that will bring about real change. U=U – let's talk about it." Follow Ruan on Twitter and learn more about the Hivsters here.

TRENDING NOW Turmeric

Suddenly all the talk is of turmeric – and is it any wonder. Touted as one of the most effective nutritional supplements in existence, turmeric has major benefits for your body and brain. Originating in India and a member of the ginger family, the spice has long been used for its medicinal properties. Perhaps the most important compound found in turmeric is curcumin (it's this ingredient that gives the spice its yellow colour). Curcumin is a strong antioxidant that can help detoxify the liver. The so-called "Queen of Spices" also has powerful anti-inflammatory powers. Inflammation can become a major problem when it is long-term and has been previously linked to both dementia and severe depression. It's these anti-inflammatory properties that help boost mental health and improve memory. Curcumin has also been used as an anti-carcinogenic. It helps prevent heart disease by lowering blood pressure. Research has revealed that turmeric may prevent osteoporosis. It is also effective as a pain reliever and can be used to treat conditions such as arthritis. Turmeric contributes to healthy digestion and good skin. For maximum benefit, mix turmeric powder with a little black pepper and coconut oil – the saturated fat helps to increase the absorption of the spice.

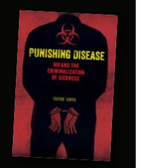
QUOTE/UNQUOTE

From a practical standpoint, the risk is zero. So don't worry about it.

***Dr Anthony Fauci**, one of the world's leading HIV experts, discussing the odds of an undetectable positive person transmitting the virus through sex.*

bookexcerpt

NO DISEASE IN MODERN AMERICAN HISTORY HAS BEEN MET WITH A **SYSTEMATIC CAMPAIGN** TO CRIMINALISE PEOPLE AS WITH HIV.



POSITIVE VOICES

There's something you should know . . .

Dating is a fraught business at best, but when it comes to Disclosure Time, you never quite know what to expect.