

# HIV positive GAY SEX



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Some information  
may be out of date

What you need to know about  
HIV, SEX and INTIMACY

3RD EDITION - 2011

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The models' appearance in this publication indicates neither sexuality nor HIV status

This booklet contains general information only. It does not constitute legal advice. If you need legal advice, please contact your local community legal centre or advocate. This booklet was updated in September 2011.

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# INTRODUCTION

This booklet is about being gay, having HIV, and sex. It has been written primarily for gay men with HIV, and for this reason is written from a positive man's perspective.

For HIV-negative readers who may not know the status of their sexual partners or may be in a relationship with a man who is HIV positive, we hope this booklet gives you some insight into the issues facing gay men with HIV.

Many questions may confront you about sex when you're HIV positive. Some may be quite specific. Others may be more complex.

**"Should I tell my partners I'm HIV positive, and if I do, when and how?"**

**"Why should I use condoms with other positive men?"**

**"What effect can sexually transmitted diseases have on my health?"**

**"Can I have a safe and sexy relationship with a lover who is HIV negative?"**

**"How do I make sure HIV doesn't get in the way of a good sex life?"**

**"I've heard that people with an undetectable viral load are not infectious – is that right?"**

**"What would happen if I put 'HIV positive' in my chat profile?"**

We have included edited quotes from both negative and positive gay men who have shared their stories with us. Their experiences highlight the personal impact HIV has on our lives.

# SEX, INTIMACY and HIV

For many men, adjusting to a HIV diagnosis will involve a period of intense, changing, and often contradictory emotions, and having to deal with a lot of issues about sex and relationships.

Everyone responds differently. Many guys find that having HIV has little impact on their sex lives, while others find it difficult to form sexual relationships because of the prejudices they feel or experience. It is not uncommon for men with HIV to feel undesirable – especially shortly after diagnosis. For some guys, adjusting to a diagnosis involves having a lot more sex than before.

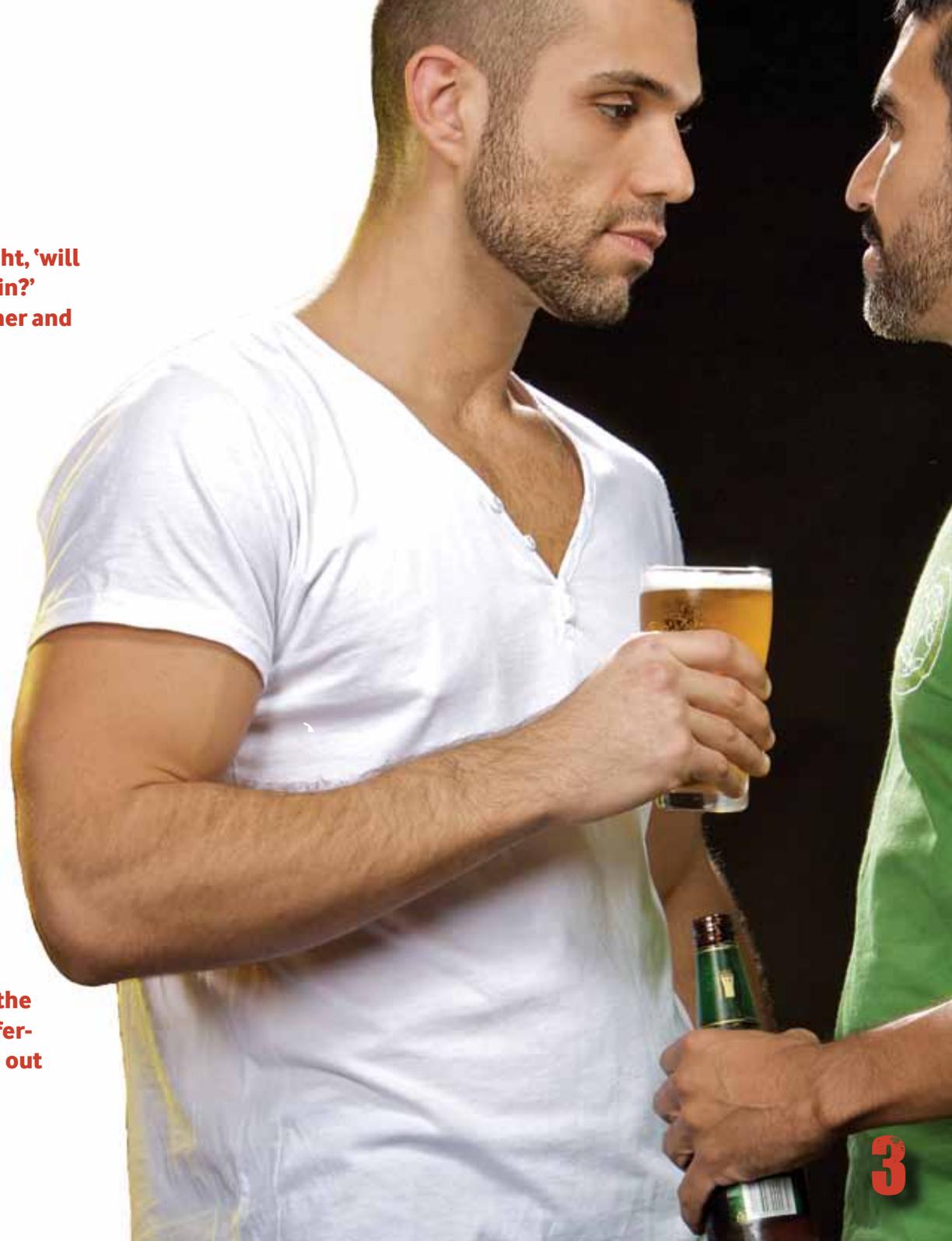
Having sex is more than just the physical acts: it is about feelings, desire, emotions and confidence. Following diagnosis, you may have to work at regaining your confidence, especially in relation to feeling sexy, learning how to avoid transmitting the virus, working out how and when to disclose to partners, and handling relationships.

Some of these issues are covered in this booklet, and there are various other resources and support services available to help in working things through (see *Contacts* on page 37).

**“Initially I was in shock and thought, ‘will I ever feel horny and have sex again?’ But, that didn’t last long. My partner and friends were a big help with that.”**

**“I’d been having a lot of unsafe sex before, so after I was diagnosed I thought it would be tough to use condoms. But, I didn’t want to infect someone else. It’s been easier than I thought, and I still have the sort of sex I like.”**

**“I was positive, my boyfriend was negative. We thought it would be the other way round. We needed to find out more about safe sex. It’s one thing to have ‘safer’ activities like oral sex when you don’t know - but when you’re having sex with the man you love and you know you have the virus and he doesn’t it’s a different story. We’ve now worked out what’s safe for us and so far everything has been OK.”**



# MAINTAINING a FULFILLING SEX LIFE

The psychological and physical effects of having HIV can result in a temporary or sustained loss of interest in sex. Some men are unconcerned by this change and consider having a wank is enough. For others, sexuality is a huge part of who they are.

There is a direct relationship between how we see ourselves and our ability to function sexually. If you feel infectious or unattractive because of your status then your sex life may suffer. Many people with HIV have found specialised counselling in this area useful. Others find that by talking with friends and sharing their concerns they find they are not alone and the problem doesn't seem so huge.

If your appearance has changed through medication or illness, you can look at it two ways: accept the changes and find people who like you because you like yourself; or exercise and pay attention to diet. Body image within the gay community is often more ideal than real, however many positive men have found exercise makes them feel and look better.

There is also increasing evidence about the importance of exercise, diet and stopping smoking in reducing the risks of developing cardiovascular disease, diabetes and osteoporosis.

HIV can have physical effects that may affect your sex drive, like reduced testosterone levels. Testosterone therapy is available – talk to your doctor.

While often taken for the opposite effect, recreational drugs (crystal, for example) can have an adverse affect on sexual arousal and performance (see *Treatments, Drugs and Sex* page 6). So too can some prescribed antidepressants. Some people with HIV report that certain treatments hamper their sex drives. Changing HIV medication may be an option.

There are medical treatments that can sometimes assist when sexual performance is affected for physical reasons. Some gay men who have trouble staying hard when using condoms find these can make it easier to stick to safe sex. Viagra, Levitra and Cialis are 'erectile dysfunction' drugs. There can be dangerous interactions between these drugs and some HIV drugs (see *Treatments, Drugs and Sex* page 6).

Most people go through periods in their lives when sex is less or more important. So, if you are happy with your current sex life (or lack of it) then, fine. If you are not, then consider some of the options above.



**“I was diagnosed a year ago, and, at first I was really worried about sex – mainly because I wasn't sure about whether or when I should tell people about my status. But, I never stopped having sex, and I probably have more sex now than I ever have!”**

**“I was a lot less interested in sex. It was becoming a real issue in our relationship. I encouraged my partner to seek outside sex partners to take the pressure off. Then I got jealous. We went to relationship counselling and I found that the issues were more psychological than physical. We've learnt ways to occasionally reincorporate romance into our relationship and now I have no problems getting turned on!”**

# TREATMENT, DRUGS and SEX

While alcohol is the most consumed recreational drug worldwide, many people, including people with HIV, take illicit drugs (often just called drugs) regularly or occasionally. AFAO does not condone using drugs, but we do support harm reduction approaches to reducing the risks associated with drug use. Along with the usual health issues associated with recreational drug use, there are some extra considerations for people with HIV.

## LETTING YOUR GUARD DOWN

Drugs can help people to relax socially, giving confidence to talk to others and cruise for sex. Drugs can also cloud our judgement when it comes to sex, sometimes leading to choices that we wouldn't normally make. Choices might include who we have sex with, where we have sex, what sort of sex we have and decisions about safe sex. When using drugs, it's important to remember your rules and stick to them. And remember to prepare for the 'come down' and get support if it gets too hard. Talk to your friends, doctor or a counsellor if you need to.

Drugs like crystal, ecstasy, MDA and others can make you hornier the next day. Casual sex and risk-taking can be more likely when we are wired (being under the influence of amphetamines) or

**“It had been a big night. I'd taken a lot of crystal and the next day I felt horny as hell. I went to the sauna and had lots of great sex. It was only afterwards I realised that some of it wasn't as safe as it could have been. But at the time I couldn't have cared less. I went for a sexual health check and my tests came back positive for syphilis even though I felt OK.”**

during chem-sex (sex on drugs). When diagnosed with HIV, many gay men say that drugs or alcohol were part of the reason they didn't have safe sex.

## LOOKING AFTER YOURSELF

If you are taking treatments there are a few important things to know. Some HIV treatments can increase the level of other medications and drugs in the body. This is the principle behind ritonavir boosted combinations. Ritonavir is often used with other protease inhibitors to 'boost' the level of the other medication to therapeutic levels in our blood, allowing a lower dose of the other treatment. This effect is caused by ritonavir blocking the liver from processing the other drugs, causing their levels in blood to rise.

## THE EFFECTS OF HIV TREATMENTS

Ritonavir will also boost the level of some recreational drugs (ecstasy, crystal, MDA, cocaine and others) in your system. Ritonavir will increase the level of amphetamines by two or three times, or more. If you are taking ritonavir or another protease inhibitor, take a lower amount of the party drug. Taking Ritonavir and normal doses of drugs can lead to an accidental overdose and can ruin a night out.

Ritonavir also boosts medications used to help people achieve and maintain an erection (Viagra, Levitra and Cialis). If you are taking ritonavir it is important to lower the dose of these medications. You should discuss how much to take with your prescribing doctor.

## LESS IS MORE

If you are going to mix drugs and treatments, don't take them at the same time. Take a small amount of the party drug first, say a quarter. Then wait at least thirty minutes to see how your system is reacting. More detailed information on drug interactions can be obtained from your local AIDS Council or People Living with HIV (PLHIV) organisation.

**“We introduced party drugs into the scene to spice up our sex life. Then we realised we were relying on them to get off and getting really shitty with each other between times. Now we're back to doing it straight once or twice a week and saving the drugs for special occasions.”**





## more DRUGS and SEX...

**“I went through a bit of a cycle of meeting guys at dance parties when I was on ecstasy. The sex was great, and I really fell for a few of them. But, with the ones I did see again when I was straight, I’d almost always be disappointed. Now, I still have good sex with guys when I’m on ecstasy, but I try to stay realistic about my expectations about what may happen afterwards.”**

**“I thought that having HIV meant I didn’t need to worry about condoms. I am hearing more about how hep C is sexually transmitted. One of my fuck buddies was recently diagnosed with hep C and he doesn’t inject or get fisted. We always use condoms now.”**

### **PARTYING**

To avoid unexpected treatment breaks while partying, always take a supply of your HIV meds with you. Small pill boxes are cheap and available at pharmacies.

If you are taking treatments into a dance party the organisers will often have staff on hand to confirm your treatments so they are not mistaken for anything else by security staff.

### **INJECTING DRUGS**

If you are injecting drugs with friends or a partner be very careful about not sharing any equipment. Always have enough fits (syringes) on hand and dispose of them immediately and carefully after use. Contact your local AIDS Council or PLHIV organisation to find out where your local needle exchange is located.

### **HEP C TRANSMISSION**

Recent research suggests that hepatitis C might be more easily passed on sexually through barebacking (unprotected anal intercourse). The risks may be increased with crystal and amyl use. The theory goes that drystal dries out the lining of your arse and dick, and amyl dilates (makes bigger) the blood vessels in these areas. Both of these factors make it easier for hepatitis C and other STIs to be passed on.

**“Maybe it was the extra pressure about being HIV positive but I found that I couldn’t have sex without using crystal to take the edge off my nerves. It started to affect my work and I lost heaps of weight. A couple of friends set me right about it and with their help, I left the scene for a while and stopped seeing a few old contacts. After a few months I was over it and now only have a few joints and the occasional ‘E’ at a party. It just didn’t work for me.”**

### **ALCOHOL AND OTHER DRUGS**

Drinking alcohol can increase the side effects of treatments containing efavirenz (Stocrin, Atripla). Efavirenz can also increase the effects of alcohol, sometimes resulting in judgement.

### **TALKING TO YOUR DOCTOR**

It is important to be able to speak openly to your doctor about your drug use. If your drug use or treatments are impacting heavily on your health and social life you can talk to your doctor, AIDS Council or PLHIV organisation about alternative treatments or getting help to reduce or stop your drug use. If you don’t feel that you are able to communicate freely with your doctor you might like to mention this to him/her or seek a second opinion.

# THE DISCLOSURE DILEMMA

Anonymous or casual sex is a significant part of the lives of many gay men. While having sex without disclosing your HIV status is against the law in some Australian states (*see the Law & HIV Transmission on page 32*), in practice, disclosure under these circumstances does not always happen.

Fear of HIV and ignorance about how to avoid transmission can lead HIV-negative men to avoid sex and relationships with HIV-positive men. Many positive men have been rejected upon disclosing to potential partners and, in very rare cases, even threatened with violence.

Some men find that meeting guys online avoids a lot of problems. Some guys openly state they are positive, while others do this in a way that most guys online would understand indicates HIV positive status (*see Cruising Online page 24*).

Other men avoid disclosure with casual partners by only having safe sex. That way if anything goes wrong, they have taken steps to protect the other guy. Many men find this the best option in situations where talking isn't really practical, like at a sauna or sex club.

There is no easy way to disclose your HIV status to your sexual partners, or any guarantee they will respond positively. It helps to think about it in advance and have a plan.

**"I mainly look for sex with other positive guys. It's easy to do that online these days, and I don't have to worry about dealing with all the disclosure dramas."**

When it comes to relationships, most positive men who choose to disclose early in the relationship find that their partner is supportive. The dilemma is when does a casual partner become a boyfriend? But in the real world, stigma and discrimination against people with HIV can mean that:

- disclosing can lead to rejection that can sometimes be traumatic
- there's no guarantee the person you disclose to will respect your confidentiality
- he may become upset or angry
- he may want to talk about it and you might not want to play the role of a counsellor or educator at that time.

Some HIV-negative gay men believe that it is the sole responsibility of gay men with HIV to disclose their status before having sex. There have been successful prosecutions brought against men in Australia for knowingly transmitting HIV. However, there are more personal reasons for disclosing early:

- it's a quick way to find out if you want to get to know the person better;
- if you think that you are eventually going to tell someone you've met, the

**"I keep my HIV pills in vitamin bottles. It avoids unplanned disclosure."**

longer you delay it, the harder it can become – and the more resentment you might have to deal with;

- you might be seeking other positive partners;
- it makes it more likely that you'll stick to practising sex that's safe for you and your partner; and
- if a condom breaks, you've told him first of the potential risks.

HIV is a fact of life these days, particularly gay men's lives, and responsibilities in any sexual encounter are always shared responsibilities. So, be bold and remember it's his problem if he can't deal with it.

**"I used to have a lot of casual sex, but now I mainly only have sex with guys where I think there is a chance of something more developing. So, I tell them early. If they can't deal with it, then a relationship isn't going to work anyway. That's their loss."**

**"Well, it's got a lot better than it used to be. The last two times I disclosed being positive was 'So what difference does that make if we do safe sex?' and 'Thanks for telling me'. It's also a lot more common to be asked."**

**"I haven't had any bad experiences yet, but, I know that before I was diagnosed I used to try to avoid guys that I thought were positive. I have friends who do that too, although they wouldn't admit it to me now. So, I worry about disclosing, and I get anxious when I do it, but so far it hasn't ever meant that the sex hasn't happened. I think most negative guys deal with it better than I did when I was negative!"**



# FORMING RELATIONSHIPS



Relationships can be a safe place where we exchange support, love and intimacy. They can also be hard work. For some men, the HIV status of their partner is just not an issue; for others it is an important factor.

A relationship where your partner is HIV negative has its own unique set of challenges. Initially, there is the issue of disclosing. This may bring up a number of concerns for you both. The fear of transmitting HIV is the obvious one and both of you need to be confident about safe sex guidelines and how you are going to adhere to them.

You should both be aware of Post-Exposure Prophylaxis (PEP), which is a 4-week course of anti-HIV medication your partner can take if he is ever accidentally exposed to HIV (see PEP page 36).

Often positive men say that their negative partners are significant sources of support, while others find they need to act as their negative partner's counsellor and educator. Either way, it's important both you and your partner receive support from outside the relationship. Friends, counsellors, and negative or positive support groups have proved helpful to many couples.

Increasing your understanding about the relationship between viral load levels and the risk of HIV transmission is a good idea for guys in positive-negative relationships. We cover this issue in more detail in Viral Load and Transmission – “The Swiss Statement” on page 22.

There may come a time when you need to renegotiate your relationship boundaries in relation to sex. Many couples have introduced creative solutions to satisfy both parties. Is the ongoing relationship more important than being sexually monogamous? If so, then seeking sexual outlets outside the relationship may be the answer.

For men in open relationships, understanding how to avoid or reduce risks of

other sexually transmissible infections is important, including for positive-positive relationships (especially if one or both guys have compromised immune systems). Some guys make agreements about how to manage such risks (see STIs on page 18).

There has been an increase in reports of sexual transmission of hepatitis C between HIV-positive men. It's a good idea to discuss hepatitis C status and testing if your partner is also HIV positive.

**“My partner and I got diagnosed at the same time. We hadn't used condoms with each other, and we'd been having some unprotected sex with other guys together. When I was diagnosed we weren't sure when it had happened or who'd got infected first. It was tough, but we got through it. Now, we're more open with each other about sex with others, and the risks of other STIs.”**

**Recently there have been many legislative changes affecting the legal rights of members of same-sex relationships.**

**For more information go to:**

**[www.lgbthealth.org.au/relationship-recognition](http://www.lgbthealth.org.au/relationship-recognition)**

**For more about gay men's relationships go to:**

**[www.letstalkaboutit.org.au](http://www.letstalkaboutit.org.au)**



## Intro to SAFE SEX

Safe sex is any sexual contact which avoids semen, blood or rectal or vaginal fluid getting into the bloodstream of another person. Although practising safe sex will prevent transmission of HIV, it won't always protect you from sexually transmitted infections (STIs) – like gonorrhoea or syphilis. Having an STI can make it easier to pass on HIV, and can lead to faster HIV progression in some cases.

Recently, syphilis has re-emerged as a significant issue for sexually active HIV-positive gay men. Syphilis can lead to faster progression of HIV, and can rapidly cause damage to the nervous system. Syphilis can be caught or passed on even when having safe sex, and more easily when fucking without condoms.

We are also beginning to understand more about sexual transmission of hepatitis C among HIV-positive men, and reinfection with HIV (see *STIs page 19* and *Reinfection and Poz-Poz Sex page 26*).

If you are having sex with different partners, then more frequent sexual health checks are recommended. For example, if you have sex with more than ten different guys every three months, then you should get checked every three

months and ask for a test for hepatitis C antibodies at least once a year. Talk to your doctor about the right level of testing for you based on how much sex you are having.

### THE SAFE SEX BASICS

For HIV to be transmitted, a quantity of the virus has to pass from the body of someone with HIV into the body of someone without HIV. **Put another way, if you are HIV positive, your cum, blood or rectal fluids has to enter the bloodstream of your negative partner through an opening in their skin or mucous membrane (ie. arse or urethra).**

Keep this basic rule in mind when you assess any sex act. Also keep in mind there is evidence that a high viral load increases the chance of HIV transmission, so some low risk activities like oral sex become a higher risk. There are dangers, however, in reversing this formula (see *Viral Load page 22*).

**Anal sex** is the most common way HIV is passed on between gay men, particularly if it's you, the positive partner, doing the fucking. During sex, the lining of your negative partner's arse can be easily torn allowing infected cum or even small amounts of pre-cum to enter his bloodstream. Wearing a condom and using plenty of water-based lubricant prevents this from happening.

If you are the one being fucked your negative partner is still at risk. HIV can be found in relatively high quantities in the lining of your arse and during sex can easily enter his body through the eye of his cock. Get him to wear a condom and reapply water-based lubricant often.

**Oral sex** presents a low risk of transmitting HIV. The risk is higher if a positive guy cums in the mouth of a negative guy. Pre-cum may also present a risk, but less than cum. Risk is increased if the positive partner has a high viral load. The number of cases of HIV being passed on this way is small but some do exist. Ulcers, bleeding gums and sore throats can all present an opening through which HIV can enter. Rough oral sex or deep-throating can damage the lining of his throat creating a risk of transmission if he swallows your cum.

While the safest oral sex is with a condom, Australian safe sex guidelines only recommend that condom use be considered when the condition of the mouth of the person doing the sucking is poor (e.g. if there are cuts or ulcers).

**“For years I didn't use condoms with other positive guys. Then I got syphilis. I still have unprotected sex with a couple of positive fuckbuddies, but I always use condoms with casual shags now.”**

# more SAFE SEX BASICS...

Providing no cum or blood is present, **kissing, licking** and **sucking** any part of the body is totally safe, as are most forms of **touching, feeling, rubbing, masturbating, fingering** and **fisting**. The risk only exists if your partner has a cut or opening in their skin and your semen or blood comes in contact with that opening. Some men use gloves with lots of lube for fisting. But if you

use an oil-based lube, don't fuck him afterwards. Condoms have a habit of breaking unless they're used exclusively with water-based or silicon-based lube.

**Rimming** (licking someone's arse) poses no threat of HIV transmission but is an easy way to pass on parasites like Shigella, and diseases such as hepatitis A. Washing reduces but does not remove the risks of catching or passing on an infection. Kaposi's sarcoma (KS) has also been linked to rimming. KS is a cancer that can be difficult to treat in some people with advanced HIV.

Urine itself does not contain HIV, so **Water sports** do not present a risk unless there's blood in your piss and it comes in contact with an opening in his skin.

**Sex toys** can transmit HIV and other STIs, including hepatitis C, if they are not cleaned with warm water and soap between partners. Some people use condoms on their toys. Others prefer to use only their own toys.

**Body piercing** is regarded by some as a sexual act in itself and can present a transmission risk if strict hygiene standards are not met. Freshly pierced skin also provide an opening for HIV to be transmitted during sex.

**SM** (Sadomasochism) or **B&D** (Bondage and Discipline) practices may include any of the above. Work within agreed boundaries and have a prearranged language code or safety word in case things are going too far for you.

**"We'd been having sex for about a month when I started hinting about a few things I was into, like fisting and a bit of mild SM. He was definitely NOT into them and labelled them as 'not safe'. In terms of HIV transmission they were safer than some of the things we'd already done. Some men tend to rate safety based on prejudice rather than facts."**

Some gay men sometimes have **sex with women**. HIV can easily be transmitted to women through fucking without condoms, whether vaginally or anally.

# STIs – SEXUALLY TRANSMISSIBLE INFECTIONS

Using condoms will reduce the chance of STIs being transmitted between you and your partners, but condoms won't remove all risk. Herpes, syphilis and HPV (the virus associated with genital warts) can be transmitted even if condoms are used. Hepatitis A, gut and bowel infections and the virus that is thought to be associated with Kaposi's sarcoma (KS) can be passed on through rimming.

There are vaccinations available for hepatitis A and B; these are recommended in most circumstances, so talk to your doctor about the pros and cons.

While in some cases HIV treatments will reduce the impact of an STI, in others the treatments might cease to contain HIV from multiplying while the body fights the new infection.

Having an STI can also make it easier to transmit HIV. For example, the discharges associated with gonorrhoea contain high levels of HIV. This can result in the semen, pre-cum and rectal mucus of an HIV-positive man with gonorrhoea containing more HIV, therefore creating a higher risk of HIV transmission. Also, bleeding from genital sores associated with STIs like syphilis make it a lot easier for blood to be exchanged during sex, especially if no condoms are used.

Many STIs do not have noticeable symptoms, so regular sexual health checks for all of us who are sexually active are important. The tests are simple and the treatments effective. If we diagnose and treat STIs early we can avoid them becoming serious problems for ourselves and our partners.

If you are diagnosed with an STI, try to notify your recent sexual partners. This will help reduce STIs in our community. There are ways to notify partners anonymously from websites such as: [www.thedramadownunder.info](http://www.thedramadownunder.info) This website also has more information about each of the following STIs.

## SYPHILIS

Syphilis is a bacterial blood infection that can cause serious illness and progress quickly in HIV-positive people.

Syphilis has three stages, with different symptoms in each stage. The primary stage is characterised by a chancre (a painless sore). In the second stage a rash will appear, but this can easily be mistaken for something else. The third stage can involve damage to internal organs, the eyes, brain, joints and bones.

Syphilis was rare in gay men in Australia, but is now common again, and especially so amongst HIV-positive and HIV-negative gay men who have group sex or many partners. A third of men diagnosed with syphilis do not notice symptoms, so regular testing is needed.

Using condoms for fucking will reduce the risk of syphilis transmission, but, transmission can occur through oral sex or even by touching a sore or rash, so, again, regular testing is important.

## HEPATITIS C

Hepatitis C (HCV) causes liver disease and, like hepatitis B, can result in long-term liver disease making HIV disease harder to treat. HCV is spread through blood-to-blood contact such as sharing injecting equipment or razors, and can also be transmitted through sexual contact, particularly where blood is involved.

It is estimated that about 13% of HIV-positive gay men are co-infected with HCV. Sexual transmission of HCV is most likely in conditions where blood is exchanged between partners, such as when sharing dildos, or fisting with multiple partners.

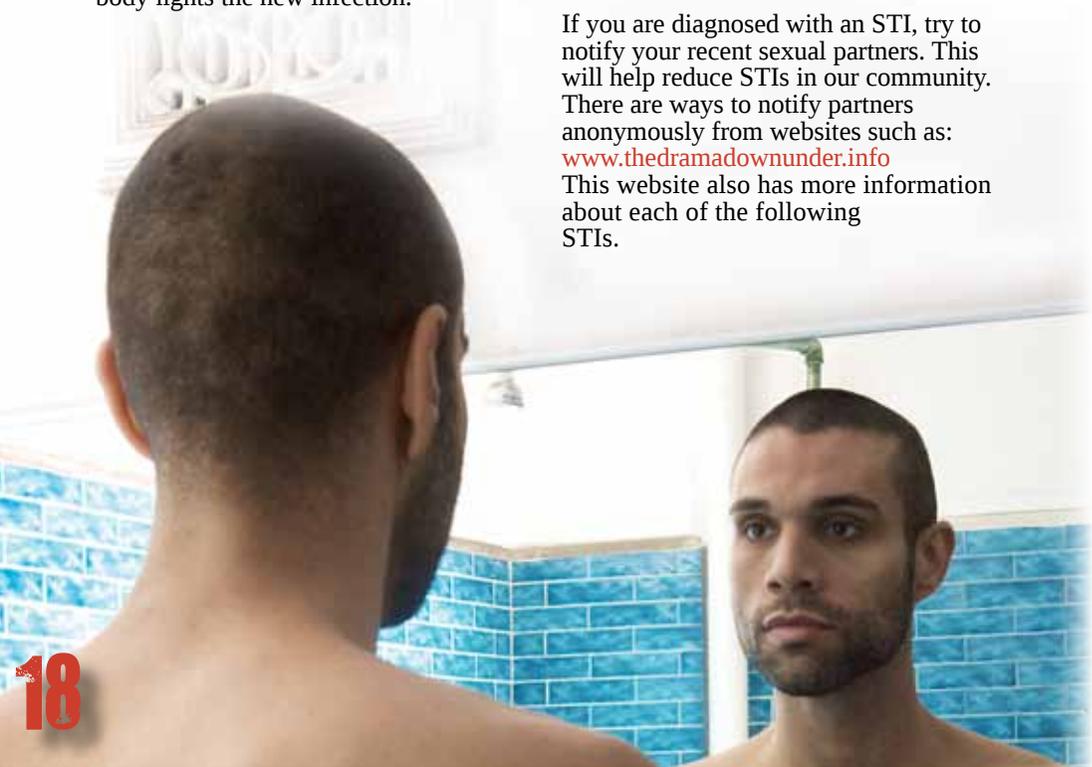
However, there has also been an increase in the number of people who report that they acquired HCV through unprotected anal intercourse alone (and not through sharing injecting equipment, fisting or sharing sex toys), although this is less common.

This trend reflects growing research from around the world supporting the view that HCV is much more easily sexually transmitted than previously thought. Researchers believe that there are a number of factors that contribute to the sexual transmission of HCV, especially between two HIV-positive partners, including that (i) HCV is detectable in blood and cum, and (ii) people with HIV and HCV have a higher viral load of HCV in their cum.

Sexual transmission of HCV has also been linked to crystal and amyl use. Crystal dries the lining of your dick (urethra) and arse making them more prone to small tears. Also, amyl dilates (widens) the blood vessels in your dick and arse making them more prone to small tears, and these tears provide a path of transmission for HCV. Transmission is easier if other STIs like syphilis or herpes are present. Crystal use is also associated with an increased number of partners, rougher sex, and longer sex sessions, which can increase

## CHECKLIST FOR THE SEXUALLY ACTIVE

- Get regular sexual health checks for the most common STIs – syphilis, gonorrhoea, chlamydia and non-specific urethritis (NSU) – and a hepatitis C test once a year
- The more casual sex you have, the more often you should get screened.
- If you are sexually active, get checked for syphilis when you see your doctor for normal HIV monitoring, or every three months.
- Strongly consider getting vaccinated against hepatitis A and B
- Try to notify your sexual partners if you are diagnosed with an STI.



# more STIs

the likelihood of conditions where blood is exchanged between partners. Regular crystal use can result in lowered immunity thus making it easier to acquire HCV.

Don't share any injecting equipment—needles (fits), syringes, spoons, waters or tourniquets. Condoms reduce the risk during anal sex. Don't share dildos, or if you do, use condoms on them and change the condoms between partners. Change gloves between fisting partners.

## CHLAMYDIA

Chlamydia is a bacterial infection that can affect the penis, anus or throat. It is transmitted through oral and anal sex. Usually, guys will have no symptoms at all, but if they do, symptoms include itching or pain in your cock or arse, a watery, white or grey discharge from your cock, and pain when you cum. Untreated, it can cause inflammation of the testes, testicular discomfort and/or pain when urinating. Chlamydia can increase HIV viral load in semen, and cause inflammation in your arse, making it easier to transmit HIV.

## LGV

Lymphogranuloma Venereum (LGV) is a rare but virulent form of chlamydia. It can infect the mouth, penis and arse. It is spread through unprotected oral and anal sex, through sharing dildos, or fisting with multiple partners. In the penis, symptoms include a painless sore at the site of infection, followed by pain when urinating or a discharge. Glands may also become swollen and painful. In the arse, symptoms include ulcers, abscesses, painful inflammation (proctitis) and blood or pus discharge. LGV can be easily treated. If untreated LGV can lead to scarring, tissue-damage,

extreme swelling inside the arse, and in the genital area.

## GUT & BOWEL INFECTIONS

There are a range of gut and bowel infections that can cause symptoms like vomiting, diarrhoea and stomach cramps and can be especially bad for people with HIV. Shigella and Giardia are two of the more common of these infections. They are spread by tiny particles of contaminated faeces (shit) entering the mouth while rimming, or if contaminated objects such as cocks or fingers are put in the mouth.

Washing your hands thoroughly with soap and warm water after sex, or between partners, and using dams when rimming helps to avoid exposure.

## GENITAL HERPES

Genital herpes is characterised by blisters that can be painful and recur from time to time. Outbreaks can occur on the genitals, around the anal area and on other parts of the body.

Infection with genital herpes is common amongst gay men. Genital herpes outbreaks are more frequent and more severe in people with advanced HIV disease. Studies have shown an interaction between herpes and HIV with both viruses replicating faster. Aggressive treatment is recommended during outbreaks. Continuous treatment (prophylaxis) is usually recommended following an outbreak. Avoid contact with active herpes lesions.

## GENITAL WARTS (HPV)

Genital warts are caused by a family of viruses called the human papillomaviruses or HPV. Anal warts are the most common type of genital warts among gay men. The viruses are spread by skin to skin contact and are very common among gay men. Warts can be harder to treat in people with HIV. Some of the wart viruses increase the risk of anal cancer. Warts can be removed;

however this does not always prevent them from coming back. Avoid contact with warts. Condoms reduce the risk (but do not eliminate the risk). Vaccines against some strains of wart viruses are now available. In people with evidence of prior infection, vaccination can help protect from reacquisition or recurrence of infections leading to warts and other cell changes, including cancer. Research is confirming if this may also be the case for people who have undergone treatment for HPV-related external genital lesions.

## GONORRHOEA

A common bacterial STI that can occur in the throat, penis or anus and sometimes, but not always, causes pain or discharge. Because there are often no symptoms if it is in the throat or anus and it can be easily passed on (e.g. through oral sex and arseplay), outbreaks amongst gay men still occur regularly. Early detection and treatment is important as gonorrhoea has been linked to HIV progression, and it will increase HIV viral load in semen. Condoms reduce transmission risk.

## HEPATITIS A

A virus that causes short term liver disease. Symptoms include jaundice (looking yellow), a lack of energy, a loss of appetite and changes in the colour of urine and faeces. There are regular outbreaks of hepatitis A amongst gay men in Australia. Because hepatitis A affects the liver it can make HIV treatments harder to tolerate.

Hepatitis A is transmitted through contact with faeces (shit). It is easily spread by any sexual contact that may result in the infected person's shit entering the mouth or arse of another person. Rimming, putting fingers into your mouth after they have been up his arse, or after touching used condoms or

sex-toys can easily spread hepatitis A. Hepatitis A can also be spread by contact with contaminated food, water, and utensils. There is a vaccination available; talk to your doctor about getting vaccinated.

## HEPATITIS B

Hepatitis B is a virus that causes liver disease and is common amongst gay men. It can become a persistent and long-term infection making HIV harder to treat.

Hep B can be transmitted by unprotected anal sex and other activities where blood may be exchanged, (e.g. fisting multiple partners). Safe sex reduces the risk. It is recommended that all gay men be vaccinated against hepatitis B – talk to your doctor about it.

## NSU

Non-specific urethritis can cause pain while urinating, discharges from the penis or swelling in the testes.

NSU can sometimes be transmitted from the mouth to the penis. Treatment is usually by oral antibiotics.



# VIRAL LOAD AND THE SWISS STATEMENT

If you are in a relationship with an HIV-negative man, or just have sex with negative men, the question of whether HIV transmission risk is reduced when viral load is low is likely to be an important issue to consider.

In early 2008, the release of the 'Swiss Statement', where Swiss HIV experts declared that sexual transmission was not possible where viral load is undetectable, and certain other conditions are also met, created much debate about the implications for gay men.

## Many HIV experts do not agree with the authors of the Swiss Statement.

This is principally because the Statement was mainly based on studies of heterosexual couples.

Because HIV is more easily transmitted through anal sex than vaginal sex, many argue that **there is not yet enough evidence to be sure that unprotected anal sex is safe** for partners of men with undetectable viral loads. **AFAO continues to recommend condoms for anal sex.**

Other concerns include the chance that viral load may rise suddenly due to other infections, and that there can be a lag between viral load levels in blood and semen.

In Australia, only a very small percentage of gay men would meet all the conditions considered essential by

the authors of the Swiss Statement, which include:

- the positive person must have been on HIV therapy **and** have had an undetectable viral load for at least six months;
- the positive person must be perfectly adherent to their medications (all pills at the right time every time), and seeing a doctor for regular monitoring; and
- there must be no other STIs present.

In Australia, very few positive men meet all these conditions. Approximately 70% of positive men also have herpes, so don't meet the 'no STI' criteria. Most positive gay men or their partners also have casual sex, so the risk of STIs is always present.

Since the release of the Swiss Statement, there has been a case report of an HIV transmission between two men, even where all the conditions of the Swiss Statement had been met.

Despite all this, the good news is that HIV transmission is less likely when viral load is low or undetectable. For many serodiscordant couples (where one is positive and one is negative) this means reduced anxiety about transmission risks, even when condoms are used, and at times when they may not be used.

**For more information about the Swiss Statement and how to minimise risks if you fuck without condoms, see the AFAO Fact Sheet on the Swiss Statement (go to [www.afao.org.au](http://www.afao.org.au) and search on 'Swiss Statement')**



**"The Swiss Statement has helped relieve the pressure in our relationship. We still use condoms as my partner is HIV negative, but we know that if there is any problem, I am very unlikely to pass on the virus to him now, as my viral load is undetectable."**

# CRUISING online

Cruising online for casual sex or possible relationship partners has become so popular that more than half of Australian gay men now report that they use online chat sites. For HIV-positive gay men, chat sites can be a mixed bag. Chat websites are significant sites of stigmatising and discriminatory behaviour by HIV-negative men, but they have also created a space where HIV-positive men can meet other positive partners easily.

Many HIV-negative men openly avoid contact with positive men on chat sites and the use of terms like 'I'm clean, you should be too' on chat profiles stigmatises and discriminates against positive men in very public and visible ways. The use of this sort of stigmatising language in chat environments can reinforce attitudes that an 'us and them' divide based on serostatus is acceptable.

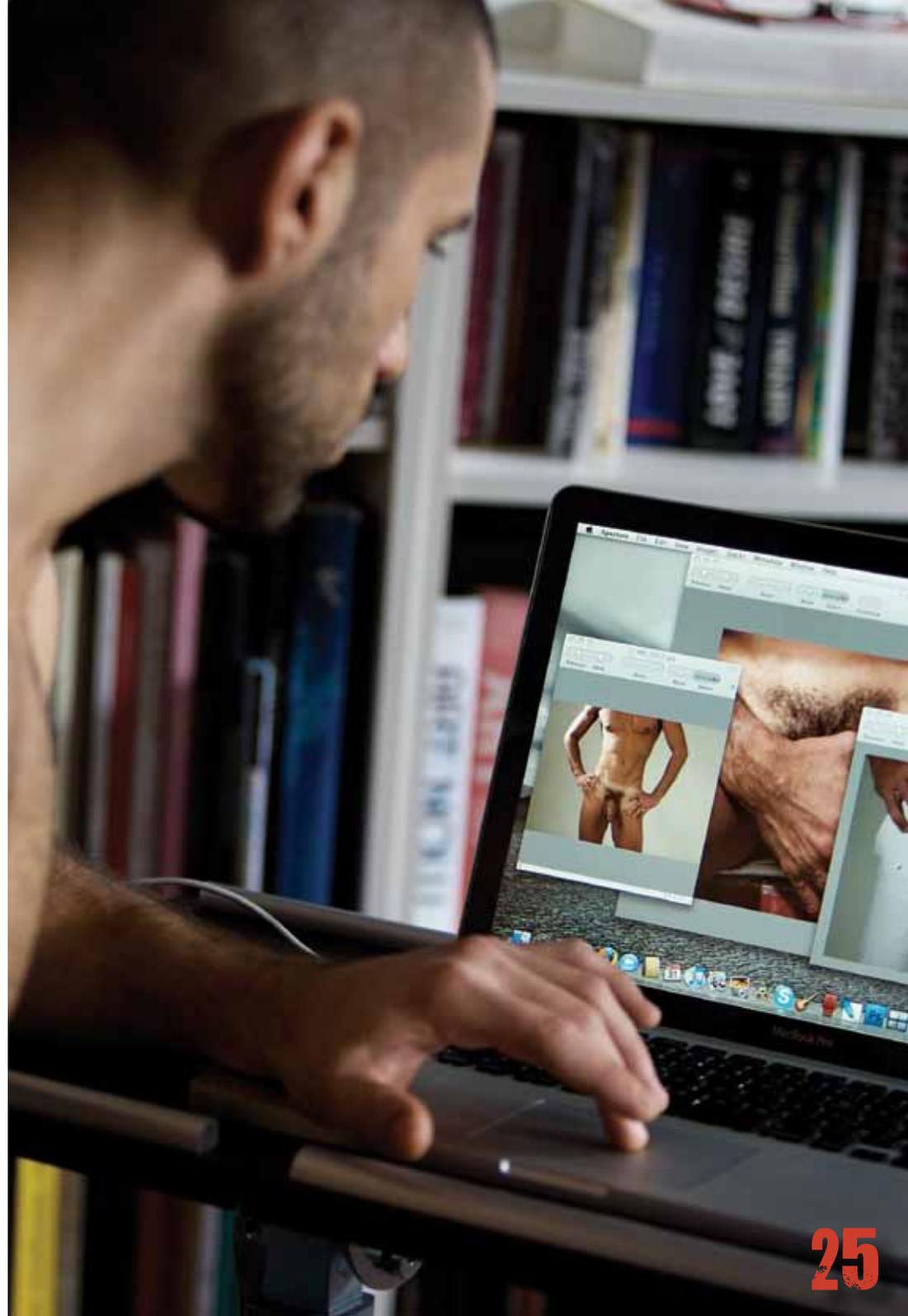
If you plan to use chat sites, be prepared for this sort of behaviour. Don't let it get you down, and if someone gives you trouble, report it to the site – most sites have a facility for reporting inappropriate behaviour. Some guys prefer sites that are specifically set up for HIV-positive people.

On a brighter note, many positive men find that chat sites can make it easier to find other positive men, and poz-friendly negative men. Positive men are usually good at understanding the coded ways

that other positive guys construct their profiles to indicate HIV positive status, such as leaving the HIV field empty, or selecting 'Needs Discussion' in the safe sex preference field. Most experienced HIV-negative chat users would also understand this code, however as some may not, it is best to check about any assumptions about HIV status before unprotected sex.

**"I've got over my dilemmas about disclosure by having two Internet chat profiles. On the one with no face pic, I say I'm HIV positive. I get quite a lot of hits on that one and if I like their response and trust them, I often refer them to the other one."**

**"My profile says 'Safe Sex: Needs Discussion'. It does tend to attract other poz guys, which is my main intention, but also sometimes some neg guys who don't mind about my status. You do have to have the discussion about status though: you can't assume the other person understands you are HIV positive."**





# REINFECTION and POZ-POZ SEX

Many positive gay men sometimes consider sex without condoms. Reasons people choose not to use condoms include:

*'I already have HIV'*

*'I am on treatment so I can't pass on HIV'*

*'STIs are easily treated'.*

## I ALREADY HAVE HIV

For some time there has been debate about the risk of acquiring another 'type' of HIV through unprotected sex. **Seroconverting** (becoming HIV positive) **with a different 'strain' of HIV is called**

**reinfection** (also referred to as superinfection\*).

The term reinfection can also mean acquiring treatment resistance after coming into contact with someone else's already treatment-resistant HIV strain.

## REINFECTION

The main type of HIV in Australia is **subtype B**. Subtype B is also the most common type in Western Europe and the United States. Reinfection can occur with a different strain of HIV, or possibly with a similar strain (though this is more difficult to prove). It used to be thought that reinfection was a rare event. It can occur in the early stages of HIV infection, up to several years after infection.

Generally, reinfection doesn't seem to cause many problems, but occasionally it causes a person's viral load to rise and their CD4 count to drop.

Condoms and water based lube can help prevent reinfection during anal intercourse. It is also thought that someone taking treatment is less likely to pass on or become reinfected with another strain of HIV, especially if their viral load is undetectable.

*\*Sometimes the term 'superinfection' is used to inaccurately suggest that a more dangerous form of HIV has been discovered. There are no new 'super' HIV strains and reinfection is a more appropriate term.*

# REINFECTION and POZ-POZ SEX

## WHAT ABOUT PASSING ON RESISTANCE?

'Treatment resistance' develops when people on treatment miss doses, or take short breaks from their treatments, resulting in there being insufficient levels of the drug in their body to keep HIV under control. HIV reproduces itself very quickly and in very high amounts. Each individual virus can change or 'mutate' and be slightly different in structure to its 'parent' virus. If a mutation results in a change to a part of the HIV virus that is targeted by an anti-HIV treatment, then that treatment may no longer work as well against the virus.

Resistance can result in a person needing to change their treatment to a combination that might be more difficult to take, or has a higher risk of side-effects. This is why we hear lots of messages reminding us to take our medication exactly as it's prescribed by your doctor.

If a person with resistant HIV passes HIV on to a negative partner then the partner will become positive with the same resistant strain of HIV. Studies in Australia suggest that it occurs in approximately 15% of all *new* cases of HIV infection. This is why resistance testing is recommended before commencing HIV treatments.

If two men with HIV have unprotected anal intercourse and one of them has resistant HIV and the other doesn't, it

is possible for the resistant HIV strain to be passed from the one to the other. This could lead to the partner without resistance developing resistance. Although sexual transmission of resistant HIV has been proven through blood tests it is not clear how often this happens. Researchers believe that the sexual transmission of HIV resistance is more likely to occur in the first three years of being HIV positive and if an STI like syphilis or herpes is present. Condoms and water based lube prevent the sexual transmission of HIV resistance. Researchers believe that for someone on adequate and regular treatment it is less likely for them to pass on or acquire HIV resistance.

## HEP C, SYPHILIS AND OTHER STIS

Fucking without condoms increases your risk of exposure to other sexually transmissible infections (STIs).

Many STIs are asymptomatic (have no symptoms) so you might not know you have one. Even though most STIs are easily treated with medication, if they are left untreated they can cause serious health problems.

There is increasing concern about sexual transmission of hepatitis C and syphilis among HIV-positive men. Both can cause serious illness. For more information see page 19.

# SEX WORK and HIV

Sex Industry laws vary throughout Australia. All states and territories have laws and regulations impacting sex work by HIV-positive people. While laws vary by State, in general, they may:

- make it illegal to have sex, including providing or receiving commercial sex, without using condoms and/or taking all reasonable measures or precautions to prevent HIV transmission;
- make it illegal for an HIV-positive person to provide or receive commercial sexual services;
- make it illegal for an HIV-positive person to work or be employed in the commercial sex industry; and
- require or recommend regular testing of sex workers for sexually transmissible infections, including HIV. In some states, laws require the provision of a certificate of attendance for tests.

People living with HIV who work in the sex industry or are considering sex work should seek information on the laws in their state or territory. Information is available from state sex worker organisations (for contact details go to: [www.scarletalliance.org.au/links](http://www.scarletalliance.org.au/links)).

For laws applying more generally to sex work see: [www.scarletalliance.org.au/laws](http://www.scarletalliance.org.au/laws)

Charges against HIV-positive sex workers have been rare, but those that have occurred have been highly publicised, even where there has been no evidence of unsafe sex or HIV transmission.

Unfortunately, the combination of HIV and sex work seems to bring out the worst in terms of moral panic and sensationalist journalism, creating a highly stigmatised environment for positive workers. This environment isolates positive sex workers and can reduce the likelihood of positive sex workers accessing information and support services.

The majority of HIV-positive sex workers take appropriate risk reduction strategies to minimise exposure to stigma and negative publicity. These strategies vary according to each individual's circumstance and the strategies you use will need to be tailored for you. Talk to other HIV-positive sex workers or contact your state sex worker organisation for some ideas and tips on reducing breaches of privacy and discrimination risks.

**"I started doing sex work after I was diagnosed. I have safe sex with my clients. Why do people think that 'safe sex' is any less safe if I'm being paid for it?"**

# GETTING SUPPORT

Many positive men and many of their negative partners have found that talking with others is a great way of getting support... and sex is one of the main issues they talk about. The secret is finding the right support for you.

## FRIENDS AND FAMILY

Many of us find that those closest to us are the most useful and supportive people to talk with about personal issues. But keep in mind that if you disclose they may need time to come to terms with the information. Often, the closer someone is to us, the more affected they will be by our news. You may find yourself supporting them for a while.

Also, you may need to consider that your friends and family are not bound by confidentiality and may find the need to talk about your status with others.

## OTHER PEOPLE IN THE SAME SITUATION

Peers are often the best people to talk to because they have a personal understanding. Look around you for positive friends or their negative partners. AIDS councils or PLHIV organisations usually have peer workers who can talk to you or guide you into support groups.

## COUNSELLORS

Many gay men with HIV have found counsellors very useful. Most HIV or sexual health services can refer you to specialised counsellors. You may need to shop around to find a counsellor that meets your needs. Counselling can be

short-term and deal with a particular problem, or can be ongoing and deal with a number of issues.

## HEALTH CARE PRACTITIONERS

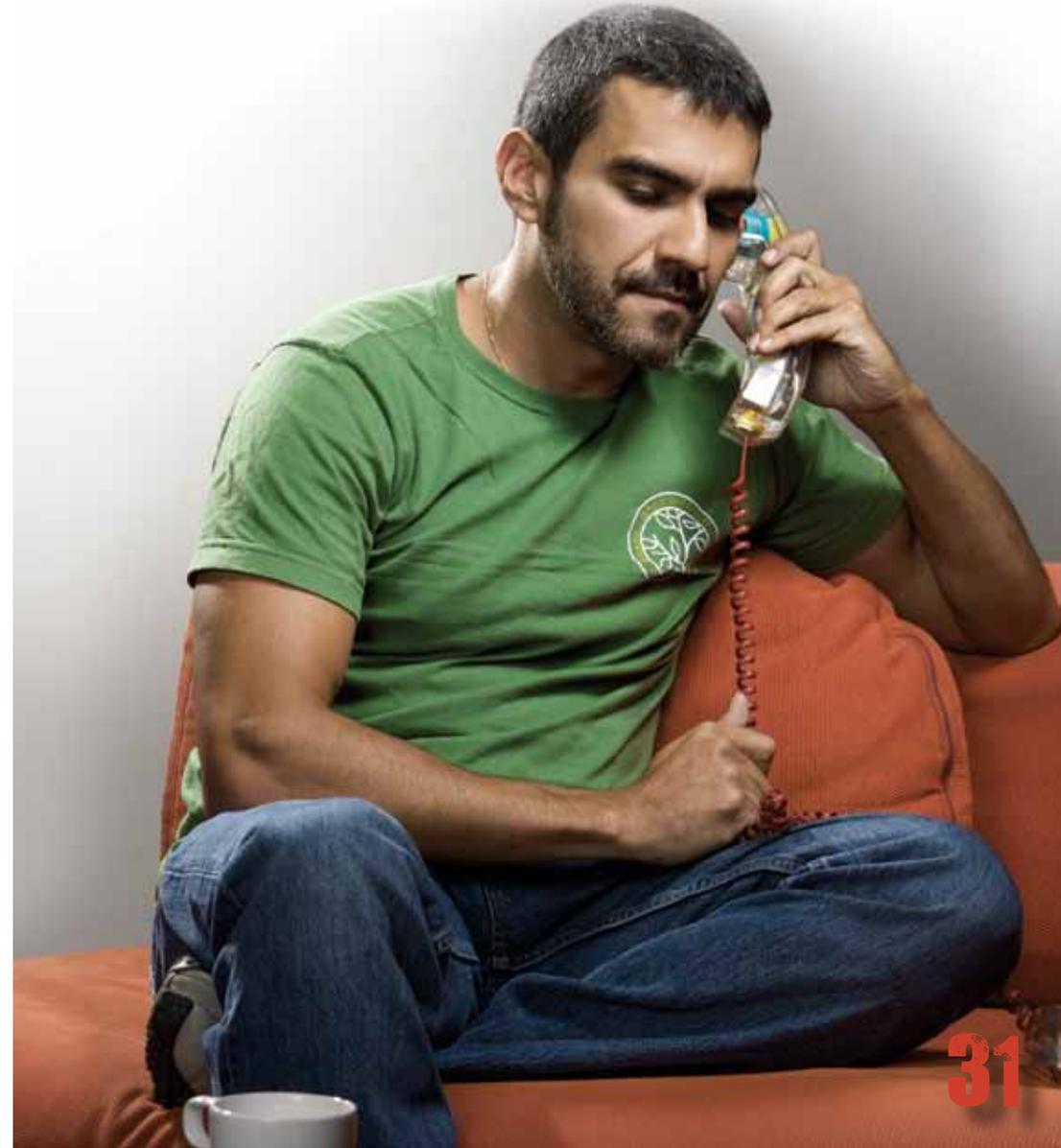
Good health care practitioners can be a significant source of support for gay men with HIV. Your doctor should be able to give you information about having sex when you are HIV positive.

## SERVICES FOR OTHER PARTICULAR NEEDS

There are specific services for areas like community care, mental health, drug use issues, financial support and so on. Many people with HIV have found these very useful. A good social worker or your local AIDS Council should be able to tell you how to access these services if you need them.

**“The idea of sitting around in a group with other positive men was terrifying. But I finally relented under pressure from my friends. The group spent a lot of time talking about sex. It gave me the confidence to disclose my HIV status in sexual situations and realise that any demonstration of bad attitudes was their problem and I probably didn't want to ever know them, let alone have sex with them, anyway.”**

**“When I first discovered I had HIV, I told a few close friends, including one who was also positive, which helped. The best advice he gave me was to think carefully before letting anyone know, until I was comfortable with the idea, as it's impossible to 'untell' someone once they know. Although I told a couple of family members who I'm really close to, I decided against telling Mum, as I felt I'd end up having to support her when I needed all my energy to focus on myself at the time.”**



# THE LAW and HIV TRANSMISSION

This section of the booklet is for your general information only, and does not constitute legal advice. If you need legal advice, please contact your local community legal centre or advocate. (N.B This booklet was updated in June 2010).

There are numerous laws and regulations in place to address instances of people who put others at risk of HIV infection. These laws vary between states and territories, however, in every state and territory two systems apply, so a person may be prosecuted for putting another at risk of HIV infection under public health or criminal law.

## PUBLIC HEALTH

Every state and territory has a public health system designed to help people understand what they need to do to avoid putting others at risk of HIV infection. These systems, which usually start with advice from a doctor and sometimes also a counsellor, are designed to be supportive. Doctors and public health counsellors understand there are many challenges involved in always behaving in ways that prevent HIV transmission and can provide excellent advice and support. Such support has proven very effective in the vast majority of cases, however, in unusual cases of a person not managing their behaviour and putting others at risk of HIV infection, states and territories

are able to make public health orders. Although infrequently used, these orders may include restrictions on a person's behaviour and, in rare instances, may include detention.

Additional to public health orders, there are specific public health laws that may be applied to any person who transmits HIV or exposes another person to HIV transmission. The wording (and consequently the requirements) of these public health laws and the penalties imposed vary considerably from state to state. Depending on the circumstances of the case and the state in which the offence occurred, a person convicted of such an offence would be liable for a fine of between \$1,000 and \$40,000 or imprisonment.

## CRIMINAL LAW

In every state and territory, in certain instances an HIV-positive person who exposes another person to HIV or transmits HIV may be found guilty of a criminal offence. There have been relatively few criminal prosecutions for HIV exposure or transmission (some 31 since the first diagnosis of HIV in Australia in 1982), although there is

some evidence that people may be being prosecuted more frequently than a decade ago.

Relevant criminal laws vary greatly between states, and in each state, possible charges differ according to the circumstances involved. Consequently, it is not feasible to list the range of possible offences in this booklet.

In summary, generally criminal law offences carry far weightier punishment than public health offences even though they may be applied to similar behaviours. In most instances, charges are not HIV specific but relate to a person having acted dangerously (e.g. 'reckless conduct that places or may place another person at risk of serious injury' [Vic]) or having caused injury or harm (e.g. inflicting grievous bodily harm with intent [NSW]). Charges and penalties vary depending on the circumstances involved and particularly, whether the act occurred intentionally, recklessly or negligently. Failure to disclose HIV positive status prior to sex remains central to all cases. Maximum penalties vary between states and territories but are generally from two years imprisonment (for acts that are negligent) to 15 years to life (for acts considered intentional).

# PUBLIC HEALTH LAWS

## NEW SOUTH WALES (NSW)

A person who knows they have HIV is guilty of an offence if he or she has sexual intercourse with another person unless, before intercourse takes place, the other person has been informed of and voluntarily accepts the risk of contracting HIV. An amendment to this section will introduce a defence if the person with HIV 'took reasonable precautions' to prevent transmission (expected early 2012).

## WESTERN AUSTRALIA (WA)

Western Australia's public health laws have little bearing on HIV as they deal with diseases transmitted through casual contact or inadequate public sanitation, however, departmental guidelines may be applied to people identified as putting others at risk of infection. If people fail to follow public health orders, they may be prosecuted.

## SOUTH AUSTRALIA (SA)

Although the law does not specifically require a person with HIV to disclose their HIV status to a prospective sexual partner, it states that an HIV-positive person must take all reasonable measures to prevent transmission of the disease to others.

## AUSTRALIAN CAPITAL TERRITORY (ACT)

There are no specific laws obliging HIV-positive people to disclose their status before having sex, however, public health regulations state that a person who knows or suspects they have HIV, or knows or suspects they are a contact of a person with HIV, must take reasonable and appropriate precautions against transmitting the virus. 'Reasonable precautions' include precautions taken on the advice of a doctor or an authorised officer.

## QUEENSLAND (QLD)

Queensland law makes it an offence to recklessly transmit HIV or put someone at risk of contracting HIV, however, it is a defence if the person knew the accused was infected with HIV and voluntarily accepted the risk of infection.

## TASMANIA (TAS)

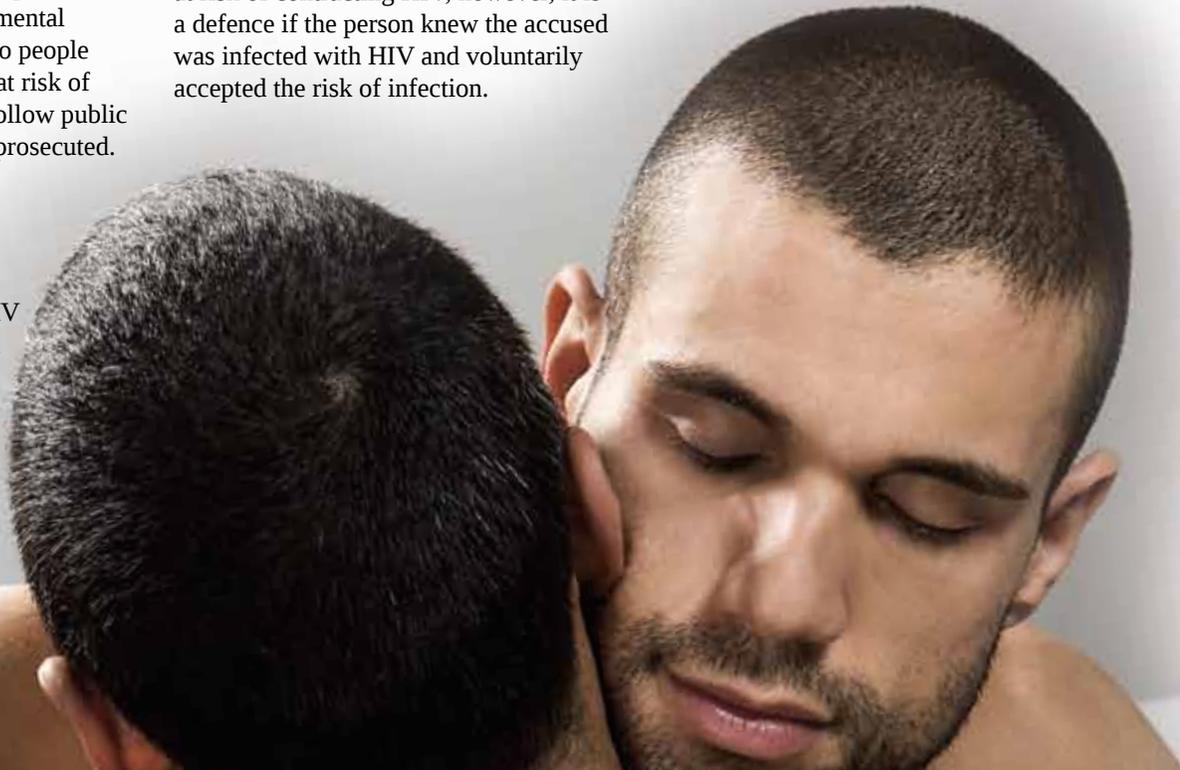
A person who is aware of being HIV positive must inform in advance any sexual contact or person with whom needles are shared of that fact. HIV-positive persons are also required to take "all reasonable measures and precautions" to prevent the transmission of HIV to others, and must not knowingly or recklessly place another person at risk of contracting the disease, however, it is a defence if the other person knew of, and voluntarily accepted, the risk of contracting HIV. Those principles, however, have no penalty attached so it is difficult to predict what they may mean in practice.

## VICTORIA (VIC)

Victorian public health laws changed on 1 January 2010, with removal of the **offence** of knowingly or recklessly infecting another person with HIV. Victoria's new public health laws take a different approach. The law does not specifically address disclosure, but includes the **principle** that any person who has or suspects they have HIV should ascertain whether they have HIV and the precautions required to prevent transmission, and then take all reasonable steps to eliminate or reduce the risk of transmission. The new law also includes the **principle** that any person at risk of contracting HIV should take all reasonable measures to prevent contracting HIV.

## NORTHERN TERRITORY (NT)

There are no general public health laws dealing with HIV transmission or disclosure of HIV status in the Northern Territory, however, there are departmental guidelines that may be applied to people identified as putting others at risk of infection. If people fail to follow public health orders, they may be prosecuted.



# POST-EXPOSURE PROPHYLAXIS

If your partner is exposed to HIV during sex through unprotected intercourse or a broken condom there is a treatment option available that may prevent infection. Post-exposure prophylaxis (PEP) involves taking a combination of at least two anti-HIV drugs for 28 days. As with other HIV treatment regimens, PEP must be taken at strict times of the day.

If PEP is taken soon enough after exposure to HIV, in almost all cases it will prevent HIV infection; however, it is not a guarantee.

PEP therapy aims to stop the HIV virus that may have entered his body from replicating and producing more virus.

The virus that has entered his body will soon die, and if PEP has been successful, HIV infection is avoided as no HIV-infected cells remain.

The drugs used for PEP are the same anti-HIV drugs used to treat HIV and can create similar side effects to the ones experienced by positive people taking them – nausea, diarrhoea, headaches and tiredness.

PEP is most likely to be effective when taken immediately (within a few hours) after being exposed to HIV. The earlier he starts the treatment, the better. But it may still be effective taken up to 72 hours after the incident.

The person exposed to HIV should seek medical advice as soon as possible. It is usually easiest to contact an HIV prescribing doctor or sexual health centre, but if these are not open at the time, Accident and Emergency departments at major hospitals should be able to help.

NSW residents can call a special PEP hotline for advice about where to get PEP: call 1800 PEP NOW (1800 737 669).

**For more information on PEP, including where PEP is available nationally go to:**  
[www.getpep.info](http://www.getpep.info)

# CONTACTS

Further information can be obtained from the AIDS Council or PLHIV organisation in your region/state. They can provide information and referral to a range of other services. Some organisations listed below have regional offices; see their websites for more details.

## NSW

### ACON

[www.acon.org.au](http://www.acon.org.au)  
(02) 9206 2000  
Freecall 1800 063 060  
**Positive Life NSW**  
[www.positivelife.org.au](http://www.positivelife.org.au)  
(02) 9361 6011  
Freecall 1800 245 677

## VICTORIA

### Victorian AIDS Council/GMHC

[www.vicaids.asn.au](http://www.vicaids.asn.au)  
(03) 9865 6700  
Freecall 1800 134 840  
**PLWHA Victoria**  
[www.plwhavictoria.org.au](http://www.plwhavictoria.org.au)  
(03) 9863 8733

## QUEENSLAND

### Healthy Communities

[www.healthycommunities.org.au](http://www.healthycommunities.org.au)  
Brisbane (07) 3017 1777  
Freecall (outside Brisbane)  
1800 177 434

### Queensland Positive People

[www.qpp.net.au](http://www.qpp.net.au)  
Brisbane  
(07) 3013 5555

### Positive Directions

[www.positivedirections.org.au](http://www.positivedirections.org.au)  
(07) 3900 8000  
Freecall (outside Brisbane)  
1800 422 313

## SOUTH AUSTRALIA

### AIDS Council of South Australia

[www.acsa.org.au](http://www.acsa.org.au)  
(08) 8334 1611  
Freecall 1800 888 559  
**Positive Life SA**  
[www.hivsa.org.au](http://www.hivsa.org.au)  
(08) 8293 3700

## WESTERN AUSTRALIA

### Western Australian AIDS Council

[www.waids.com](http://www.waids.com)  
(08) 9482 0000  
**HIV/AIDS Peer Advisory Network (HAPAN)** (08) 9482 0000

## TASMANIA

### Tasmanian Council on AIDS, Hepatitis & Related Diseases

[www.tascahrd.org.au](http://www.tascahrd.org.au)  
(03) 6234 1242  
Freecall 1800 005 900

## ACT

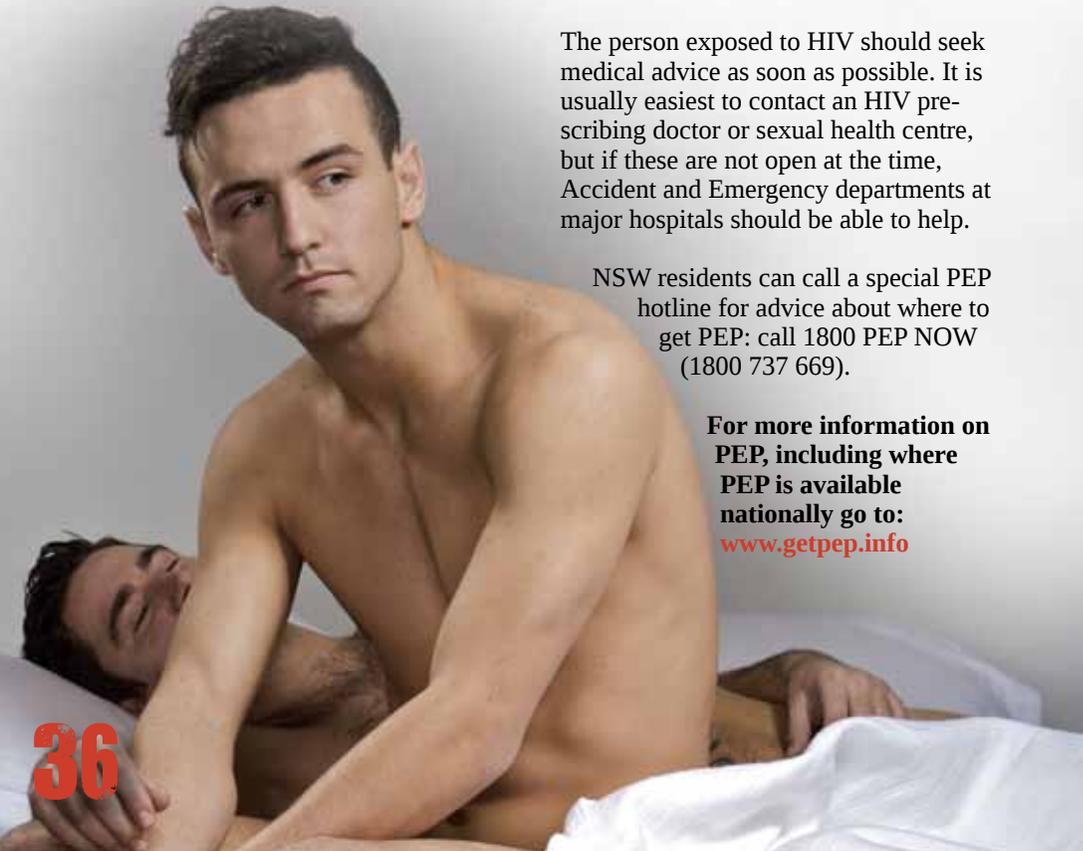
### AIDS Action Council of the ACT

[www.aidsaction.org.au](http://www.aidsaction.org.au)  
(02) 6257 2855  
**PLWHA ACT**  
(02) 6257 4985

## NORTHERN TERRITORY

### Northern Territory AIDS & Hepatitis C Council

[www.ntahc.org.au](http://www.ntahc.org.au)  
(08) 8944 7777  
**PLWHA NT**  
c/o NT AIDS Council  
(08) 8944 7777





**napwa** national association of  
people living with HIV/AIDS

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

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