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This factsheet is based on a series of interviews with people with HIV who use methamphetamine (meth). Their voices highlight important themes and issues about their lived experiences. Personal narratives explore the impact of meth use on their physical and emotional health as well as demonstrating the need to develop non-judgmental support services for those experiencing dependency and its consequences.

We know that drug use among people with HIV in Australia, particularly gay men, is relatively high. In the *HIV Futures 3* survey¹ more than a quarter of respondents had used ecstasy in the previous twelve months, around one in six had used speed, and more than half had used marijuana. Of respondents 6.9 per cent said they had had a bad experience from mixing anti-retroviral and recreational drugs, and 21.6 per cent said they had missed one or more doses of their anti-retrovirals as a consequence of using recreational drugs.

Jessie: We seem to accept the fact that drugs are an integral part of the gay and lesbian psyche [...] we normalise that a lot [...]. There's stigma going on between muscles and no muscles, users and non-users [...] I don't think we focus on self-esteem enough. I don't think we focus on self-awareness, self-determination, and we don't do enough to support our peers. We don't listen [...].

a night with

tina

methamphetamine & hiv

Andrew: But when I'm sort of first having it, and I'm in a club ... it's very good for my confidence level. And just my, yeah, ability to make things happen that I wouldn't normally, as far as getting men to come and have sex with me. Or even talk to people in a club, without it [crystal], I just don't normally.

Rod: It's [crystal] the ultimate drug where you can dance all night and have a fuck all night. And it gives me energy and a boost of confidence and I feel a million dollars. You can feel like you know you're 18 again and fabulous [...] It's a different story when you're coming down. It's hard.

What is methamphetamine?

Commonly known as “crystal,” “speed,” “meth,” or “Tina”, meth, like cocaine, is a “psycho stimulant”. Effects can be both pleasant and unpleasant. Meth can elevate your mood, induce euphoria, increase alertness, reduce fatigue, increase energy, decrease appetite, and provide a sense of increased personal power.

There's also a down side. The same process produces increased blood pressure, heart rate and sweating, and can cause anxiety, irritability, insomnia, paranoia, and sometimes psychosis. In addition, once the high wears off, mental and physical exhaustion set in, sometimes with a deep depression. For most people these effects are likely to be experienced by those consuming larger amounts over longer periods.

The actions of meth are all consequences of the chemical similarity between meth and the neurotransmitters, dopamine and noradrenaline. Because their chemical structures are similar, meth mimics the effects of both noradrenaline and dopamine in the brain. The result of meth mimicking these neurotransmitters is the release of both dopamine and noradrenaline in the brain. This is what causes the effects described earlier.²

People use meth for different reasons, and many do not experience any problems related to its use. However, problems can arise depending on a number of variables. These include:

- ★ How often and how much you use (regular versus occasional use).
- ★ Your tolerance – the more meth you use, the more your tolerance to it will develop. People who are physically dependent on meth develop tolerance to the drug, making it necessary to take more and more to get the same effect. The amount taken can reach a plateau beyond which no further increases will produce the desired effect.

- ★ Purity of the drug varies greatly.
- ★ Environment where you take the drug – some people like to go to nightclubs on meth. In these situations high temperatures and frenetic activity can lead to dehydration and salt depletion. If a person is taking meth in a familiar environment or in an environment where he or she is comfortable, the effects are more likely to be pleasant. The more unpleasant experiences associated with meth (eg. psychosis) can be more pronounced when the use is in an unfamiliar or uncomfortable environment.³
- ★ Psychological factors, including a past history of psychiatric disturbances.

Negotiating sexual safety

Meth use stimulates libido and may increase self-confidence and lower inhibitions.

Some men use it to boost their sex drive, prolong sex play and delay orgasm. The sexual effects of meth are probably related to the way hormones and neurotransmitters – two types of body chemicals – interact with each other.

Generally speaking, sexually charged images, thoughts and places cause the body to produce sex hormones – chemicals that increase sexual arousal and excitement. Meth on the other hand, causes the release of neurotransmitters – nervous system chemicals that boost energy and concentration. If a person uses meth in a sexually charged environment, neurotransmitters combine with sex hormones to boost sexual arousal and performance. When you're speeding, levels of these chemicals shift and change. The result is not always ideal. High levels of certain neurotransmitters actually impede arousal and performance. The result is “speed dick” (can't keep a hard on) and delayed orgasm.



Negotiating sexual safety when you're high can be difficult. Even when you're not high, it can be difficult to talk with your partner(s) about what you want and what kind of sex you're willing to have.

Terry: There's a culture of safer injecting but the safe sex stuff is a little bit out the window. It's really complex emotions [...] I went through a period where I was really conscious about safe sex and everything, but then it does become, you know, you do have pressure on you to just have sex. [...] I know it's my responsibility too. [...]

Some guys use meth, Viagra or Cavajet and other drugs (eg. amyl nitrate) to get the most out of their sex lives. This could cause unwanted reactions.

If you are experiencing erectile difficulties talk to your doctor because there could be other health issues that need attention (eg. diabetes, heart disease, impact of medications, depression, and low testosterone).

Negotiating sexual health

There are extra health risks in having a sexually transmitted infection (STI), like syphilis or gonorrhoea, when you are HIV positive.

- ★ Most recreational drugs can have analgesic or pain-killing effects. The opening of the anus and the lining of the rectum are very sensitive to cuts, tearing and bruising. This is especially the case if penetrative sex is harder than usual or for longer periods of time. Small cuts and tears in your skin make it easier for STIs to get into your body.
- ★ Because prolonged use of meth can damage your teeth and gums, oral sex is more risky. When gums or teeth are not healthy it is easier for infections to be passed on including Hep C and HIV.

- ★ While not considered an STI, recent evidence suggest that there is a risk of passing on Hep C during sex where there is a risk of blood-to-blood contact (eg. sex when you have cuts or lesions, during unprotected sex, sexual practices that may involve bleeding or broken skin).
- ★ There is ongoing discussion about HIV superinfection. Superinfection is sometimes called re-infection. Recent research confirms that superinfection is more than a theoretical possibility for a proportion of people who already have HIV. There are different opinions about how much this is a real health risk.
- ★ Even if you and your partner(s) are HIV positive, sex without condoms can still cause problems like STIs. There are currently very high rates of some STIs, including Chlamydia, gonorrhoea and syphilis among gay men in Sydney. There is also the risk of other STIs, including Hep A and Hep B. The presence of an STI in an HIV positive person can compromise the immune system and may allow other infections to occur. Some STIs can also increase the likelihood of passing on HIV to sexual partners.

If you're having sex while on meth, take steps to protect yourself and your partner(s). Regular testing for STIs, using condoms and water-based lube are the best ways to look after your sexual health.

Chrissi: Quite often it's just more of a bonding thing, bonding with another. Enjoying another's body [...] I find. People do want to bat themselves down on you sure, but you just quietly leave if it gets out of hand. The bottom line is that you should be protecting your partner and yourself.



Media stories about meth have been framed by moral imperatives and hysteria. Under these circumstances it is difficult for anyone to talk sensibly about the drug and for users to find non-judgmental support.

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Chrissi: [...] it's just the whole thing of demonising people. People have to understand, well they don't have to understand, but it seems like history understands that there's a need for intoxication in the human race. Of being taken out of the mundane and dreary and it just happens to be a drug that I find particularly enjoyable to do that. Where was that coming from? Yeah, I just think that, because there's going to be a lot of people who won't talk about that because they feel that they will be demonised [...] It would be nice to know, if you've got a problem that you can go somewhere and not be judged [...]

Safer injecting

The risk of HIV, Hep B and C transmission for those who inject is the same as with any injecting drug use.

If you are serious about your health and the health and wellbeing of others exchange, purchase and 'pick up' your own sterile injecting equipment. Be prepared; make it a point to always have your own sterile injecting equipment, including water.

Safer injecting

- ★ When injecting it is important to do so safely and carefully. The best way to play it safe is to always inject with new equipment, new sterile water, new swabs (at least one to swab your spoon and one to swab your injecting site), clean tourniquet, clean filter, clean injecting space and clean hands.
- ★ It is very important to filter prior to drawing up. That way you protect your veins.
- ★ Vein care is vital. It is very important to rotate the sites you use to inject. Try to use a new site each time and go back to sites you've already used only after they've had time to rest and repair. Otherwise vein tissue can become inflamed, increasing the risk of scarring, abscesses, and vein collapse.
- ★ Safer injecting practices can prevent passing on Hep C and other blood-borne viruses such as HIV and Hep B. It can also help prevent dirty hits, bruising, blood poisoning and abscesses.

Joe: Injecting gives you instant gratification. You get very, very high but it doesn't last very long. And you need more and more to keep you going and you get more and more dehydrated, your veins get harder and harder to do, you do more damage to yourself. You become less and less dexterous and you end up putting more and more damage to yourself and becoming like a pincushion and it's horrible.

Jessie: For me, when I'm first using, I'll be pretty sterile about the whole thing. I'll make sure I wash my hands properly, dry them, disinfect the bench ... get everything out. Use sterile water. Yeah, swab, make sure I've something after I've had a whack to put over the site so I don't bruise. But a few days into it, you just get pretty messy. You won't use filters [...] you need to reinforce safer injecting. Because that's where you get vein damage and have dirty hits and yeah, problems arise. [...] Not getting other guys to stick their finger over your shot site because it's so easy to get Hep C, yeah.

The two most common ways of taking meth are injecting and smoking. Other routes of transmission include snorting, swallowing (bombing), shafting (shelving, stuffing) and chasing.⁴

Wellbeing and every day life

For some, meth may affect personal wellbeing and every day life in different ways (eg. financial, maintaining routine, relationships and health).

Joe: It's a miracle we're still here as a couple. But I also think that it's coming to a realisation at a similar point to each other, where okay, this is a problem and we need to be doing something. [...] just saying to each other, hey we've really got to stop doing this ... there's other things I want to do. I want to buy some furniture or I want to go on holiday. Having goals instead of this instant gratification thing. It's very easy to get caught in, because of the time schedule and the pressures of work and it's the perfect way to step off the world. [...] How can you justify spending the money and being that destructive in your relationship and to yourself?

Mac: [...] that's where the dysfunction comes into it when you actually stop being able to do the things you need to be able to do to live and your using is becoming a problem. I mean it's a problem before that but when it actually gets to that level of basic existence problems then I think, well hey, you're really starting to get pretty fucked up.

Bobbi: I could see what was happening with me and my partner [...] You lose your self-image, your respect within yourself. [...] It was hard at first. I must admit. Because there is a craving [...] We went to the doctor for check-ups and to a nutritionist. So we started eating better and more. I have weekly psychiatry now. So that's been a huge help. So I've got a big support group there to make sure that I don't just throw it all away. And I can see a result now.

What happens when recreational drugs are mixed with HIV medications?

For people with HIV, combining recreational drugs with anti-retrovirals can bring negative consequences. To avoid these consequences, the best advice is not to use recreational drugs at all. But, that said, many positive people do use them, at least occasionally, and being forewarned about the ways in which they might interact with anti-retrovirals is important.

There has been a lot of interest regarding how recreational drug use may affect HIV and anti-retroviral therapy. The most obvious concerns are:

- ★ Some recreational drugs may weaken the immune system, possibly speeding up the progression of HIV.
- ★ Recreational drug use could interfere with your ability to take your HIV medications, possibly leading to drug resistance. This means that HIV has mutated, which may allow it to escape control of the drugs. Drug resistance can limit your future treatment options.
Missing doses on a regular basis, increases the chance your HIV treatments will stop working.
- ★ Combining HIV medications with recreational drugs might result in a drug interaction, which could either decrease the effectiveness of your anti-retroviral therapy, or cause a serious side effect.

For people with HIV, meth may lead to a lapse in taking HIV medications, weight loss and vitamin depletion. With meth, you can stay awake for days. Sleep, however, is essential to maintaining the immune system. Meth is known to suppress the immune system, by impairing CD8 cell response, a critical aspect of the body's infection-fighting capacity.

What is a drug interaction?

HIV medications and recreational drugs have something in common – both are processed by your liver. Your liver can only do so much at one time. Overload it and both prescribed and recreational drugs can build up to dangerous levels in your blood stream. This can lead to overdose or other serious conditions, such as a heart attack, stroke, or coma.

In general, protease inhibitors (Ritonavir, Indinavir, Nelfinavir and Saquinavir) and a few other medications used in HIV treatment (Ketoconazole, Itraconazole, and Delavirdine) slow down the action of certain enzymes found in the liver.

A drug interaction happens when a person takes two drugs and one or both of the drugs behave differently when taken together than they would if taken alone. In other words, one of the medications changes the effects of the other. In some situations, drug interactions are not a problem. In other situations, drug interactions can affect one's treatment regime or even cause serious harm.

The most common type of drug interaction that is seen with HIV medications is related to how a drug is metabolised (broken down) by the body. The liver is the major organ involved in the metabolism of most HIV medications (particularly protease inhibitors and non-nucleosides). The liver is also used to break down some recreational drugs. To confuse things, some drugs, especially protease inhibitors, can also slow down (inhibit) how

For some, meth may affect personal wellbeing and every day life in different ways (eg. financial, maintaining routine, relationships and health).

Mac: [...] that's where the dysfunction comes into it when you actually stop being able to do the things you need to be able to do to live and your using is becoming a problem. I mean it's a problem before that but when it actually gets to that level of basic existence problems then I think, well hey, you're really starting to get pretty fucked up.

6 **Bobbi:** I suppose the biggest problem is you never know quite what you're getting. You're relying on the fact that you've been dealing with the same dealer and the fact they've been around a long time. I noticed a big change with the introduction of ice [...] that it was much stronger than anything I ever had before [...]

the liver clears other medications from the body. When two medications in the body are waiting in line to be broken down by the liver, they often have to compete. Protease inhibitors, such as Ritonavir, are stronger and often win the competition. In this situation, the second medication is not cleared as quickly, often resulting in increased levels in the bloodstream.

If drugs such as recreational drugs are present in the bloodstream in larger than usual concentrations, they can be harmful. On the flip side, some medications can speed up (induce) how the liver clears other medications from the body. When this happens, the second medication is cleared faster from the body and there is not enough medication around to do its work. Inducers can cause some HIV medications to be removed from the bloodstream and this can lead to viral resistance (the ability of HIV to escape the control of the drugs used to fight it).

Quite a bit is known about drug interactions with protease inhibitors and other HIV medications. Unfortunately, there's very little known about how recreational drugs interact with HIV medications.

There are a number of variables, for instance, the purity of recreational drugs varies greatly. It depends on who made them and what the ingredients were. Not to mention what the drugs were cut with. Since there's no way of finding a consistent supply of "pure" recreational drugs, it's going to be hard to conduct any research that will truly reflect what might happen in a real situation.

Based on what we already know about how certain drugs are cleared from the body, we can conclude that mixing certain combinations together may lead to health concerns.

The best way to avoid potentially serious interactions is not to mix recreational drugs with anti-retroviral therapy. However, if you choose to mix them it is useful to be aware of the risks involved.

Talk to your doctor if you are thinking about stopping your medications for any reason.

To reduce the harm of taking meth here are some tips

Remember to take your medications while using

Remembering to take your anti-retrovirals on time is perhaps the simplest and most effective form of harm reduction when using recreational drugs. Plan ahead and develop strategies to ensure you don't miss doses. **If your drug use is causing you to miss doses frequently, there's a risk that you could develop resistance to your treatments. This could have a negative impact on your health.**

Mix with care

Since meth is broken down in the liver by the same enzymes as HIV (and other) medications, using meth while on these drugs can result in longer highs and harder crashes. The following medications increase meth levels in your blood: protease inhibitors (especially Norvir and Kaletra) and Rescriptor; the anti-depressants Prozac, Zoloft, (and the tricyclic antidepressants such as Elavil); anti-fungals such as Sporanox; antibiotics erythromycin and clarithromycin; and over-the-counter cold medications containing ephedrine.

Withdrawal and coming down

If you are dependent on meth and suddenly stop taking it, your body has to adjust to working without it. People who are dependent on meth usually develop tolerance to the drug, making it necessary to take more and more to get the same effect. If you feel you cannot do without meth, then you may be dependent and find it very hard to stop using it. If you suddenly stop using meth, you will have withdrawal symptoms because your body has to adjust to functioning without the drug.

Bobbi: Yeah, yeah, I had psychosis. I was able to identify it, you know, as being part of it, like part of the come down if you like. [...] well, because you're coming down you're feeling tired, you're getting that counter balance because you've been up for three days. You tend to feel depleted. You're feeling disturbed physically. You want to eat but you can't or you want to sleep and you can't. You might have four minutes and you're up again. And because you're testy and tired, little things irritate you. Or you can become fixated on something. [...] But you sort of pull it together and you know that you're just coming down [...].



Some people have their own approach to coming down:

Chrissi: I have an arsenal of food and I insist on eating and keeping my body replenished with it because I know what it can do. I mean it just; it's stripping everything out of the body as well. I might have a little bit of marijuana. Because that will change the psychic energy again [...] Valerian is quite good. I also have a special tonic that I've made up myself with herbs. There's licorice root and stuff that I think my body might enjoy. I treat my body so when I wake up I feel refreshed again.

When you are using meth there are steps you can take to help minimise its effects on your body:

- ★ Avoid exhaustion by taking a break from using. Allowing your body to recover will let your regular sleep pattern return, helping you fight fatigue, depression, and illness and allow you to start eating regularly again. Taking a break will also minimise your tolerance. **Get plenty of rest and let your immune system recover.**
- ★ Eat food and drink plenty of water.
- ★ Avoid alcohol and drinks with caffeine like soda, coffee, and energy drinks.
- ★ Take multivitamins to help avoid getting run down.
- ★ Remember to take your treatments.

Thinking about quitting or reducing your use?⁵

Quitting or reducing your meth use is learning how to deal with triggers and cravings. Here are some tips from users:

- ★ **Cut back your use gradually.** Use twice a week instead of every day or twice a month instead of every weekend. You can also cut down how much you use.
- ★ **Get rid of your drugs and drug paraphernalia.**
- ★ **Throw out phone numbers that trigger thoughts about using.**

Just as there are triggers for using there are also triggers for stopping.

Bobbi: One day I looked around [...] My plants were dying from lack of water and there was no food in the house. I thought this is not having a good time. [...] It was hard to stop at first because there is a craving. We've had to cut off all those friends we used with so we're not influenced [...] I see the doctor, the psychiatrist and the nutritionist. They all help.

- ★ **Become aware of your using patterns.** Be aware of when, why, where and with whom you use most often. Whenever you can, avoid these situations and find other activities to do.
- ★ **Avoid any place or anyone that might trigger you to use.** Triggers might include specific places (parks, sex-on-premises venues, clubs or a friend's house), special events or sex activity.
- ★ **Anticipate withdrawal.** Symptoms may include severe mood swings, irregular sleep, depression, anxiety, boredom and irritability. These experiences are common and will ease up over time. These symptoms may also make you want to use again, so have a plan for how you deal with them.
- ★ **Make a plan.** If you get into a situation where you feel like you might use, have a plan about how you are going to deal with it. Are you going to call a friend? Have their number handy at all times. Are you going to a meeting or support group? Have a schedule so you know when and where you can go.
- ★ **Exercise.** Exercise stimulates your immune system, relieves boredom and improves energy. Try walking, working out, yoga, etc.
- ★ **Get a health check-up.** Quitting or cutting back can be hard on your body. See your doctor to make sure you don't have any untreated health problems.
- ★ **Try complementary therapies.** Acupuncture, nutritional supplements and some herbal remedies can be very helpful for reducing cravings, balancing moods and regulating sleep. Speak to your doctor or ACON Treatment Officer.
- ★ **Get support.** Check out the resource list on the back page for ideas.
- ★ **Explore your treatment options.** If you find it difficult to quit or reduce your use on your own, you may need additional support to reach your goals. Making decisions about treatment can be stressful, so it's a good idea to talk with a counsellor about your options.

Footnotes

- 1 Grierson, J., et al. *HIV Futures 3: Positive Australians on Services, Health and Wellbeing*. Monograph series Number 37. The Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, Australia.
- 2 See Ridell, S. Crystal Ice. *The Pharmacy*, *User's News* No. 41, 2004. p8.
- 3 *Ibid.* p.9.
- 4 For more information see Ridell, S. Op.cit.p.8; www.neoncrystal.org; www.thebody.com/sfaf/crystal_meth.html This factsheet focuses on injecting because 96 per cent of the people with HIV interviewed use this mode of transmission.
- 5 See www.crystalneon.org for more information

The focus of the discussion presented is based on interviews conducted by NSW Users and AIDS Association (NUAA) with People Living With HIV/AIDS (NSW). These interviews record how some people experience methamphetamine. All names have been changed.

Where to get help

- **Alcohol and Drug Information Service (ADIS)**
Referrals & information on Needle Syringe Program (NSP) locations, detoxes, rehabs and withdrawal – 24 hours. ☎ (02) 9361 8000 or 1800 06 3060
- **ACON (AIDS Council of NSW) Counselling and Assessment Team** Trained and professional staff offer a free and confidential service to people living with, affected by or at risk of HIV/AIDS as well as gay men, lesbians, bisexuals and transgender people, regardless of their sero-status. 10am–6pm M–F. ☎ (02) 9206 2000. Freecall 1800 647 750 or visit www.acon.org.au
- **ACON Treatment Officer** Information on treatments and recreational drug interactions ☎ (02) 9206 2013
- **Albion Street Centre Psychology Unit** Free and confidential psychological and counseling service to HIV positive people, their partners, carers, family and friends. 9am–7pm M–F. Psychology Unit Manager ☎ (02) 9332 9600.
- **Family Drug Support Hotline** Support for families of people with dependency, 24 hours. ☎ 1300 368 186 or (02) 9818 6166
- **Hepatitis C Council of NSW** For people in NSW affected by Hep C. An independent community-based organisation providing information, support and advocacy. 9am–5pm M–F. ☎ Project Officer (02) 9332 1853, email hccnsw@hepatitisc.org.au or visit www.hepatitisc.org.au
- **Haymarket Foundation Clinic** Provides primary health care and welfare services, including showers, mail exchange, referrals and Needle Syringe Program (NSP) to homeless and disenfranchised people in the inner city of Sydney. ☎ (02) 9331 1969
- **Hepatitis C Helpline** ☎ (02) 9332 1599 Freecall 1800 803 990
- **Kirketon Road Centre (KRC)** Services for ‘at risk’ youth, sex workers, and injecting drug users. Medical counselling and social welfare service including methadone access and needle syringe programs, health and social welfare advice, and assessment and referral to drug treatment and other relevant services. ☎ (02) 9360 2766
- **Multicultural HIV/AIDS Service** Bilingual/bicultural co-workers providing emotional support, advocacy and information to people living with HIV/AIDS from non-English speaking backgrounds. ☎ (02) 9515 3098 Freecall 1800 108 098 9am–5pm M–F.
- **NAR-ANON** Support group for people affected by another’s drug use – 24 hours. ☎ (02) 9418 8728
- **NA (Narcotics Anonymous) for gay men and lesbians** This is an abstinence-based group based in Newtown that meets regularly. Contact ADIS for information regarding meeting times and dates. ☎ Freecall 1800 06 3060 or (02) 9206 2000
- **Narcotics Anonymous (NA)** Peer support for those seeking a drug-free lifestyle. Contact number for all NA meetings in NSW – 24 hours. ☎ (02) 9519 6200
- **NUAA (NSW Users and AIDS Association) Inc** For illicit drug users and their friends: community/peer based support, referral, advocacy, NSP and publishes a quarterly magazine ‘Users News’. 10am–6pm M, W, F, 1.30pm–6pm Th (NSP closes 5.30 M–F) ☎ (02) 8354 7300 Freecall 1800 644 413 or visit www.nuaa.org.au

- **People Living With HIV/AIDS (NSW) Inc** A non-profit community organisation representing people living with HIV/AIDS in New South Wales ☎ (02) 9361 6011. Freecall 1800 245 677 or visit www.plwha.org.au
- **Rainbow Recovery Club Inc** Provides a meeting place primarily for gay, lesbian and transgender people in 12 step programs for recovery from alcoholism, drug and other addictions. Visit www.rainbowrecovery.com.au or email mail@rainbowrecovery.com.au
- **SMART (Self Management and Recovery Training)** These are new to Australia. SMART is a special non-profit self-help group to assist individuals to gain strategies to manage their dependencies on stimulant drugs (including crystal meth). The groups are based on cognitive behavioural therapy, providing a ‘toolkit’ for improving lifestyle. This group meets once a week and is free. For more information telephone the Clinical Services team, St Vincents Hospital Alcohol and Drug Service ☎ (02) 9361 8020 or email cst@stvincents.com.au For information on SMART Recovery visit www.smartrecovery.org/

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