



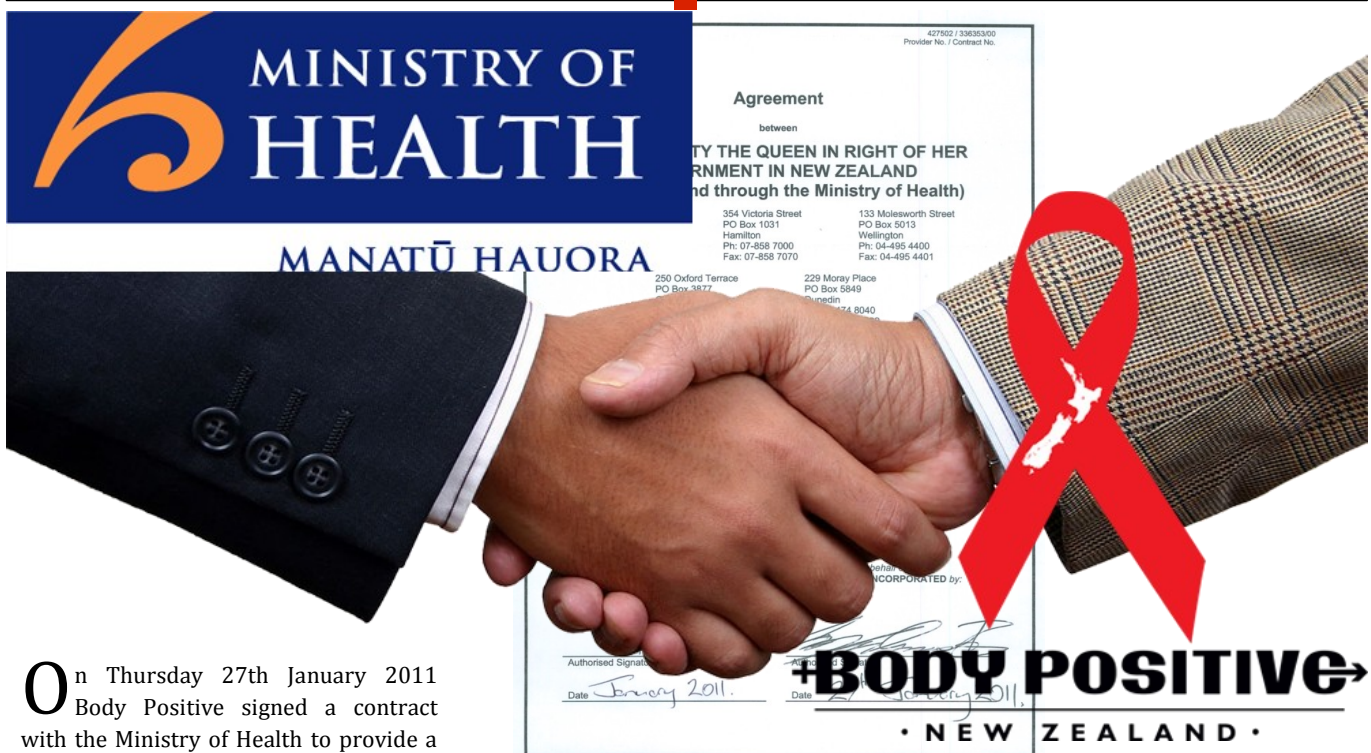
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positively POSITIVE

The official publication of **Body Positive Inc.** A peer support organisation for people living with HIV/AIDS

February 2011

Ministry of Health sign contract with Body Positive



On Thursday 27th January 2011 Body Positive signed a contract with the Ministry of Health to provide a range of services to assist in the care of people living with HIV. "This is a momentous occasion" says Bruce Kilmister – CEO of Body Positive. "It will give us the financial security we have long needed." Body Positive has existed exclusively on the hand out grants and donations from our community and whilst we have seen tremendous support from the GLBT community it has not been enough to sustain the overheads we live with daily. Last year's international recession saw us having to cut back on staff numbers and release a third of the space we occupied to stay within our budget. Funding agencies were also hit hard by the international recession and many cut back severely the funding that we previously had seen. It made things all that much harder

again and whilst we enjoy great support from volunteers we do need hard income to meet wages and rent - our two most basic overhead costs. A reconfiguration and budget cut back did not impact on the services we deliver mainly due to the very strong commitment we have from the team that work here at Body Positive said Bruce Kilmister. A change in direction from at least two of our funders to concentrate on Maori support left BP without support and again reduced income which was considered a "double whammy."

This new contract will allow us to "keep our heads above the water and take a breath." We will initiate some of the long planned for projects we have had sitting on the shelf as we had no funds or time

to commit to them. The new Body Positive Health Care Plan is undergoing a pilot trial at this stage and will be announced within the next few weeks. This will have a significant benefit for our Members accessing medical services. This was one of the main issues identified within the Ministry of Health's recent report on HIV/AIDS in New Zealand today that Dr David Miller compiled.

This next new phase of funding will lift Body Positive to move forward with new plans to help our Members meet the modern day challenges of living with HIV in New Zealand today.

"Just watch this space" comments the Team at Body Positive.

Would you like to help reduce Body Positive's printing/postal bill and save a few trees as well??

To receive the Positively Positive Newsletter via e-mail instead of in the post, simply e-mail your name & current e-mail address to: office@bodypositive.org.nz or call us to update your details.

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For more information contact us in complete confidence.

Call toll free from anywhere in New Zealand

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“The Swiss Report” - What has happened since 2008 when this famous report advocated for sex without condoms for heterosexuals

The 'Swiss Statement' about the impact of antiretroviral treatment on infectiousness appears to have had an impact on the sexual behaviour of HIV-positive individuals in that country.

In the December 1st edition of *Clinical Infectious Diseases* investigators report an association between taking HIV treatment that is reducing viral load to undetectable levels and unprotected sex. The proportion of individuals reporting sex without a condom with their main partner increased after January 2008 when senior Swiss doctors published their statement about the impact of effective HIV treatment on infectiousness.

“In contrast to earlier results from our cohort, which did not find an association between viral load and sexual behaviour, we now observed an association of a suppressive ART [antiretroviral therapy] and unprotected sexual contacts in MSM [men who have sex with men] and heterosexual women with stable partners, indicating that some groups with HIV infection have adopted the belief that treatment of HIV infection is a sufficient HIV-prevention measure,” write the investigators.

An editorial that expresses some alarm about individuals making decisions about the use of condoms on the basis of their viral load. The author notes that infections have been attributed to patients taking HIV therapy who have an undetectable viral load, and that the understanding of the impact of HIV treatment on infectiousness is still incomplete.

The investigators focused on the impact of the Swiss Statement on reported condom use with regular partners.

They found that even before the issuing of the statement, there was already a progressive increase in the proportion of gay men and heterosexual women reporting unprotected sex with their stable partner.

However, the release of the statement was followed by a decline in reported condom use by individuals with an undetectable viral load.

“The effect of the ‘Swiss Statement’ was most pronounced in groups with stable partners who had an undetectable viral load,” comment the investigators. They believe that their patients were able to accept the “complex recommendations” of the statement.

The investigators also note that the release of the statement and the subsequent change in sexual behaviour by their patients did not lead to an increase in observed new HIV infections in Switzerland.

They conclude that “because ART influences sexual behaviour in HIV serodifferent partners, adherence to treatment and plasma viral load should be regularly monitored in the HIV-positive partner, and counselling of couples should be advocated”.

Such counselling should be individualised, and account should be taken of drug and alcohol use.

Dr Myron Cohen, author of the editorial that accompanied the study, said that there is “every reason to pause and reflect” about the actual impact of HIV treatment on infectiousness. “The protection provided from ART is not absolute and is not absolutely predictable,” he writes.

Cohen also notes that there are many unanswered questions about the infectiousness of people taking suppressive HIV treatment. These include the risk of transmission over time; the impact of different HIV treatment combinations on infectiousness; and the risks involved with anal and vaginal sex.

The author also notes that investigators “painstakingly” defined their recommendations about the impact of HIV therapy and viral load on the risk of mother-to-child transmission. He hopes that similar data will direct the use of HIV treatment as prevention.

Free Condoms available from BP

Body Positive is pleased to include a full and comprehensive range of condoms of every type available free for our Members.

For years Body Positive volunteers have ‘packed’

condoms and lubrication into packs for the NZ AIDS Foundation to distribute to ‘Sex on site’ premises but not everyone accesses their condoms from these premises. Doctors can prescribe condoms for people as well but usually seeing a doctor involves a consultation fee so an arrangement has been made with Marquis Condoms to make condoms available at Body Positive for members to select from a full range. The full range is completely free and covers 8 different types making a choice for everyone to find something very personal and effective.



VA Study: Age-Related Declines in Physical Function Slightly More Common in HIV+ People

Age-related health problems negatively affects physical functioning among HIV-positive people and may exacerbate the effects of aging in this population, according to a new Veterans Administration (VA) study published in the January issue of *AIDS Patient Care and STDs*. In fact, compared with age-matched HIV-negative veterans, physical function was found to be slightly worse among HIV-positive veterans over the age of 50.

Researchers have found in recent years that a number of age-related diseases appear to be occurring in HIV-positive people at a younger age than their HIV-negative counterparts. There is disagreement, however, about whether these conditions—including cardiovascular disease (CVD), bone mineral loss, pulmonary diseases and certain cancers—are signs of accelerated aging or other factors associated with HIV infection.

Nevertheless, scientists are eager to better understand the phenomenon of aging-related diseases in HIV and to determine the best ways to care for an aging HIV population. The majority of people with HIV are expected to be older than 50 by the year 2015.

One area of interest is physical functioning. Physical functioning comprises a number of aspects of a person's physical ability to carry out tasks, ranging from daily chores to strenuous exercise. In HIV-negative people and people with AIDS, defects in physical function have been associated with greater risks of illness and death. Few studies, however, have tried to assess whether reduced physical function is also common—and occurs more frequently—in people with HIV on antiretroviral therapy and relatively healthy immune systems, compared with HIV-negative individuals.

To explore this area, Krisann Oursler, MD, ScM, from the University of Maryland School of Medicine and the

Getting older before you should?

Veterans Affairs (VA) Maryland Healthcare System in Baltimore, and her colleagues from other centers around the United States, compared data on 3,227 HIV-positive and 3,240 HIV-negative military veterans. Most of the study participants were male and nearly half of whom were 50 years of age or older.

The two groups differed in certain key respects. HIV-positive participants were less likely to report regular exercise, tended to be more underweight, to have a history of injection drug use and to be more likely to have hepatitis C. The HIV-negative participants were significantly more likely to have cardiovascular disease (CVD) and diabetes.

Across the board, HIV-positive veterans were no more likely to have worse physical functioning than HIV-negative veterans in the study. However, when the researchers adjusted the data for demographics and clinical factors—such as age and the presence of age-related diseases—"physical function was significantly lower in HIV-infected patients compared to uninfected patients, but the effect was very modest."

In both the 50-to-54 and 55-and-older age groups physical function was worse in the HIV-infected study volunteers, the authors report. "These results," they add, "are supported by [other data involving] exercise performance testing that showed significantly lower aerobic capacity among older HIV-infected patients compared to age-matched uninfected adults."

The study authors noted that HIV-positive veterans in the youngest age group—44 and under—reported higher functioning than uninfected patients. Only this age group of HIV-infected patients had similar frequency of exercise compared to the uninfected patients, suggesting that physical inactivity may be associated with worse physical function among older HIV-infected patients.

In addition to it being nearly twice as common in HIV-negative volunteers, diabetes was much less likely to affect functioning in people living with HIV. According

to the authors, "This differential effect of diabetes on function by HIV status was statistically significant, and reflected the finding that a 50-year-old diabetic HIV-infected subject had the equivalent level of function as a 36-year-old diabetic uninfected subject."

CVD, which was also more common among HIV-negative veterans, was no more likely associated with reduced physical function among HIV-positive study volunteers. Still, the authors note, "Given that HIV-infected patients may have increased risk of coronary heart disease and cardiac dysfunction, CVD will likely become a significant source of physical disability in HIV-infected patients who are otherwise stable on cART, and thus provides additional incentive to reduce cardiac risk factors."

The one disease wherein people with HIV were more likely to have reduced physical function compared with HIV-negative participants was chronic lung disease, which was equally common among both groups of patients. HIV-positive sufferers of this condition, which includes emphysema, were more likely to have reduced physical function than HIV-negative sufferers: "[A] 50-year old HIV-infected subject had the equivalent level of function as a 68.1-year old uninfected subject."

The authors note that they did not have the ability to explore levels of physical functioning as they related to the severity of specific diseases—such as CVD or diabetes—over time. They also state that further research will be needed to confirm their findings.

Nevertheless, Oursler and her colleagues suggests that these findings demonstrate that age-related health issues should be considered important risks factor for poor physical function in this clinical setting. "The study supports further integration of primary health care and prevention into HIV care with increased focus on age-associated comorbidity," they conclude.

Source: www.aidsmeds.com



Ali Gardner 1964 - 2010

On 7th December 2010 Ali Gardner passed away in Auckland. Ali was a long time Member of Body Positive and as far as we know she was New Zealand's only lesbian living with HIV.

We visited Ali at the Mercy Hospice where in her uniquely fashionable sort of way Ali had her coffin with her on display telling how she regretted there was no time for a "coffin painting" party. We have posted a picture of Ali whilst in Mercy Hospice and want to point out we normally would not put up such a picture but Ali was adamant that we should, and tell people her most ardent message she wanted to pass on. Ali wanted people to know that "pills don't work for everybody." By this she means antiretroviral medication for people living with HIV. The stringent adherence and compliance these pills require to be effective is something like 95% of taking the pills regularly. This interpreted means you can only afford to miss the pills once a month without putting yourself at risk of "resistance." The HIV virus can defeat the efficiency of medication if it is weakened by irregular pill taking. Ali wanted people to know this.

At the start of Ali's decline she asked Body Positive for assistance and we were able to contribute help with one of her last requests to travel home to Tasmania to say good bye to her family.

Even toward the end Ali was determined to make a contribution and you can see the photo of her in bed at Mercy Hospice where she had a donation bucket for the World AIDS day collection.

We have included a regular photo of Ali when she was a little better in earlier days.



Free Wills Made Available at Body Positive

LawWorks
Lawyers

“Don't be put off about thinking about a will. A will is linked with death but death is something which faces all of us at some time or other. A will does not simply deal with your money and your assets, it is also the best way of trying to ensure that those you love are looked after when you are no longer around. Once the will has been made it can be left ("set it and forget it") but you will be confident that your wishes will be effective should, or when, something happens to you.”

What is a Will?

A will is a document which gives instructions about how your property and possessions are to be dealt with after your death. You can't take it with you, but a will is a most important document which instructs those left behind what you wish to occur.

Who needs a Will?

Everyone who is married or who is over 18 years of age. Even if you have few assets, a will is necessary so that your family will know what your wishes are and such items as you have left behind can be dealt with speedily.

If you already have a will we advise you to check its provisions at least every five years to ensure that it still meets your needs. Any change of circumstances, such as the death of a person named as a trustee or beneficiary, separation or dissolution of marriage, entering a de facto relationship, or the loss or sale of an item specifically referred to in the will should trigger a review of your will.

What happens if I don't leave a Will?

If you die without a properly made will your assets will be distributed under the provisions of the Administration Act. A surviving spouse, children and other members of your immediate family would usually inherit your assets in various proportions as set out by the Act. This may not be what you wish and may cause hardship to the people whom you would normally have intended to benefit. A de facto partner would not have any entitlement to any portion of your estate without a will. To receive any share of your estate the de facto partner would need to bring proceedings through the Court to claim against the estate, which would be a claim brought against surviving members of your immediate family. If no will is left, the

process of administration of your estate is always more complicated, costly and will usually mean long delays, which could cause further hardship to any dependants.

What your Will includes:

Your will appoints executors (or "trustees") to give effect to the provisions in your will and to ensure that your wishes as set out in the will are carried out on your behalf. The will should provide for payment of liabilities, make provision for your spouse or partner and dependants, and state how your possessions are

to be distributed. Guardians may be appointed of children who are minors and any particular wishes as to burial or cremation can be provided for as well.

Why should you see us about your Will?

You must ensure that your wishes expressed in any will are clear and the law has certain requirements as to how you should express your requirements and also how the document itself should be signed. If you do not comply with the legal requirements your will may be invalid.

We can:

- suggest how you can best and fairly provide for your family and dependants,
- express your wishes to have the effect you intend,
- point out certain choices which you must consider,
- advise on the appointment of suitable executors, and
- advise on the formation of any trusts under your will for beneficiaries, particularly beneficiaries who are minors.

Information required for preparation of a Will:

1. A list of assets with approximate values.

2. A list of major debts.
3. Details of life insurances and superannuation cover (both present and anticipated future values).
4. A list of names of people to benefit under the Will including their full names, addresses and occupations.
5. The full names, addresses and occupations of the persons whom you wish to appoint as executors and trustees. (Please ensure that you refer to any such person first and obtain consent from that person to act in this capacity).
6. The full name, address and occupation of any person to be appointed as guardian of infant children after both parents are deceased.
7. A list of any other questions you wish to ask.
8. A note of your wishes in writing.

Dealing with your property during your lifetime.

The existence of a will does not stop you from selling or giving away any asset, dealing with your assets or purchasing additional or substituted properties. If your will refers to any specific item which has been sold or given away, then that portion of the will cannot be given effect to. A will takes effect only from the date of your death, not from the date of signing it.

Cancellation of your Will.

Your will lasts and is valid until you revoke it. Revocation or cancellation of a will should be in writing, but this is not always necessary. If you marry or re-marry, any will dated prior to the marriage and not entered into in contemplation of the marriage will be revoked or cancelled automatically.

If you and your spouse or partner separate your will remains valid but as it may no longer reflect your wishes, you should review it immediately at that time.

If you need to make a Will then contact Body Positive to discuss this with us

The 'War on Drugs' has failed: policy should be based on science and human rights

Elly Katabira is President of the International AIDS Society and writes this very controversial article...

The War on Drugs is a failure and is undermining the fight against HIV/AIDS. On World AIDS Day 2010, the International AIDS Society is asking its 19,000 plus membership of HIV professionals around the globe to sign up to the Vienna Declaration and speak with one clear and credible voice to call for a new, evidence-based approach to dealing with illicit drugs.

The evidence has long been in for IAS – over a third of the organisation's members work as health care and social services providers on the frontlines of the HIV epidemic. They know that the criminalization of drug users undermines public health efforts by driving drug users underground and away from prevention and care services,

They know that the War on Drugs places individuals already vulnerable to HIV infection in even higher risk settings; incarcerating them in over-crowded prisons where a high prevalence of HIV, a risk of violence, the use of non-sterile drug injection equipment, sexual contacts, tattooing and sharing of razors create an ideal breeding ground for the virus.

Our members also know that in a number of countries, record drug-related incarceration rates have negatively affected the social functioning of entire communities. Racial disparities in drug incarceration rates are also evident world-wide, and are particularly severe in the US, where approximately one in nine African-American males in the age group 20 to 34 is incarcerated on any given day, primarily as a result of drug law enforcement.

But don't just take our member's word for it. Look at the simply terrifying picture on injecting drug use an HIV infection emerging in some part of the world.

Outside of sub-Saharan Africa, injection drug use accounts for approximately one in three new cases of HIV. In some areas where HIV is spreading most rapidly, such as Eastern Europe and Central Asia (EECA), HIV prevalence can be as high as 70% among people who inject drugs, and in some areas more than 80% of all HIV cases are among this group. Policy makers in the EECA region, however, have failed to respond to these startling statistics, and the region is unfortunately notorious in the HIV sector for its human rights abuses, police-brutality and disastrous drug policies. Methadone maintenance therapy, for instance, remains illegal in Russia, despite a high incidence of heroin use and despite the fact that

methadone is on the World Health Organization's list of essential medicines and is recognized as one of the most effective treatments for heroin addiction.

IAS members working on the frontline also know what the solutions are.

They know that a human rights based approach to drug use is the only sane public health response. Such an approach has seen extraordinary policy changes in countries like Malaysia where substitution therapy such as methadone and buprenorphine and syringe exchange programmes are now available for injecting drug users. Much of this turn around in Malaysian policy has been driven by the work of IAS member Dr Adeeba Kamarulzaman, Professor and Head of Infectious Diseases at the University of Malaya, Kuala Lumpur,

A human rights approach to drug use has seen changes, albeit on a more minor scale, emerging in countries like Ukraine where the prevalence of HIV in prisons is at least 10 times that of the overall population.

On 21 October 2010 several changes, each vital to the protection of the human rights of those living with, working with or affected by HIV in Ukraine, were incorporated into the country's legislation, including the right of HIV-positive injecting drug users (IDUs) and other IDUs to receive Opioid Substitution Therapy (OST). While the implementation of these policies needs to be carefully monitored by the local and international community --there is strong evidence that Ukrainian law enforcement officers systematically harass and intimidate medical and other health personnel involved in providing legal substitution therapy to injecting drug users— there can be doubt that these changes represent an important step forward.

We must also continue to look to the experiences of countries such as Portugal to remind us that revolutionary policy changes can be implemented and can achieve tangible successes. Ten years ago, Portugal had one of the worst injecting drug use problems in Europe, and the rate of HIV infections in drug users was described as a 'humanitarian crisis'. In 2001, Portugal became the first country in Europe to officially abolish criminal penalties for possession of drugs intended for personal use, implementing a decriminalisation programme that focused on prevention, education and treatment. Officials claim that the policy is working and records show a significant fall in levels of petty crime



associated with addicts stealing to buy drugs, addiction rates themselves, and the number of HIV diagnoses among intravenous drug users.

The Vienna Declaration, the official statement of the XVIII International AIDS Conference (AIDS 2010) held earlier this year in Vienna, draws attention to and advocates for the removal of futile drug policies which not only fail to achieve the stated objectives of drug law enforcement, but actually result in overwhelmingly negative health and social consequences. Over 17 000 people including many of the world's leading scientists have signed on.. As a scientist, I am only too aware that most governments will only respect scientific evidence when public pressure is applied.

I urge all IAS members and the wider public to sign the Vienna Declaration and force governments to acknowledge that an evidence based approach to address the individual and community harms stemming from illicit drug use is the only way forward.

By Elly Katabira



About the IAS

The International AIDS Society (IAS) is the world's leading independent association of HIV professionals, with over 14 000 members from more than 190 countries working at all levels of the global response to AIDS. Our members include researchers from all disciplines, clinicians, public health and community practitioners on the frontlines of the epidemic, as well as policy and programme planners. The IAS is the custodian of the biennial International AIDS Conference, which was held in Vienna, Austria from in July 2010.

Once-daily dosing of Darunavir (Prezista) on the way

The European Medicines Agency has approved once-daily dosing of the HIV protease inhibitor darunavir (*Prezista*) for treatment-experienced adults without signs of potential resistance to the drug.

Once-daily dosing of darunavir requires patients to take two 400mg tablets with 100mg of ritonavir (*Norvir*) as a boosting agent.

The agency's Committee on Medicinal Products for Human Use (CHMP) has

approved *Prezista* 400mg tablets for use in treatment-experienced adults without darunavir-associated resistance mutations. Patients should undergo resistance testing before starting treatment with darunavir, the committee recommends.

However the committee has recommended that once-daily dosing should be restricted to those with CD4 counts above 100 cells/mm³ and viral load below 100,000 copies/ml.

Those with a lower CD4 count and/or high viral load should stick with the already-approved 600mg/100mg twice-daily dosing schedule.

Once-daily darunavir for treatment-experienced patients was approved in the United States in December 2010. *Prezista* is manufactured by Janssen-Cilag International.

Source: www.aidsmap.com

Facial Wasting Lipoatrophy - Need any help?

Lipodystrophy is common amongst HIV+ people; particularly if they have been on an antiretroviral regime of medication that may have included D4T (*Zerit*) or Combivir and even some other drugs have contributed to this problem

It is a redistribution of the fat in the body. It usually disappears from the face, limbs, and buttocks then it resurfaces around the belly (mainly here for men) and in some extreme cases it can consolidate at the back of the neck making an unattractive mass often referred to as "buffalo hump."

The most concern expressed is when this impacts on the loss of fat in the face called lipoatrophy facial wasting. This can cause a particularly hollowed out appearance and results in loss of appearance as well as a loss of esteem.

Body Positive imports a product called "Aquamid" which is used extensively in the cosmetic industry for facial appearance improvement. It is injected into the face which is firstly anaesthetised.

A specialist in this field is Dr Pier Marzinotto who performs this therapy on Body Positive members achieves instant and remarkable

results for sufferers of this condition instantly improving their facial appearance.

Whilst this treatment is expensive around an average of \$4,500 per person it is much more expensive in the cosmetic commercial world and is on average more than twice the price. The procedure for people living with HIV in the UK, Canada, Australia find their national health system fully subsidise this treatment but not here in New Zealand.

Body Positive has for the last three years struggled to raise funds for this treatment to be able to provide it free for those with no income other than a WINZ benefit. To date we have successfully treated over 60 people with this concern.

If it is a concern you feel impacts on you then contact us here at Body Positive to initiate some discussion on future treatment.



A new Executive Director for the AIDS Foundation

Shaun Robinson has been appointed to the position of Executive Director of the NZ AIDS Foundation Inc. In a somewhat controversial move the NZ AIDS Foundation has appointed a "straight man" the first ever to be appointed to this position. More than being "straight" is Shaun's previous employment has been with Christian Social services. These two issues have been raised within the "gay" community and there has been significant criticism – something the NZ AIDS Foundation is used to and without

regard to any comment have moved ahead and made the appointment.

Critics have claimed that "gay men will not be told what to do by a straight man" and Shaun has been upfront with media interviews and made clear his belief he can make a contribution. Whoever was to have been appointed would have had some criticism – that seems to be the nature of "gay politics" but we wish him well in his future career with NZAF and can only wait and see how he works out in his new position – all the best Shaun.



Shaun Robinson

REGISTER ONLINE NOW AT WWW.BODYPOSITIVE.ORG.NZ

HIV+ Men's **2011 Retreat**

25th - 27th March | Vaughan Park
Long Bay, Auckland






For online registration or for further details please visit www.bodypositive.org.nz or contact Body Positive on 0800 HIVLINE.

Proudly Sponsored by






  

 **Diary Dates**

February

- Wed 2 Club Phoenix
- Fri 4 Pot-Luck Lunch 
- Sun 6 Under 35's Group
- 
- Wed 9 Podiatry Clinic
Club Phoenix
- Fri 11 Pot-Luck Lunch 
- Mon 14 Massage Clinic
- Wed 16 Club Phoenix
- Fri 18 Pot-Luck Lunch 
- Wed 23 Club Phoenix
- Fri 25 Pot-Luck Lunch 

March


- Wed 2 Club Phoenix
- Thur 3 **Well Hung -**
Body Positive Fundraiser
- Fri 4 Pot-Luck Lunch 
- Sun 6 Under 35's Group
- 
- Mon 7 Massage Clinic
- Wed 9 Club Phoenix
- Fri 11 Pot-Luck Lunch 
- Wed 16 Club Phoenix
- Fri 18 Pot-Luck Lunch 
- Wed 23 Club Phoenix
- Fri 25 Pot-Luck Lunch 

25 - 27 **HIV+ Mens Retreat 2011**



- Wed 30 Club Phoenix

April

- Fri 1 Pot-Luck Lunch 
- Sat 2 **Naked Nutrition 2011 - Part 1**
- Sun 3 Under 35's Group



For detailed updates check out the new online calendar at www.bodypositive.org.nz

WELL HUNG

Thursday 3rd March 2011 at 8pm
Maidment Theatre, Auckland

Body Positive Fundraiser

Tickets \$59
Includes glass of bubbles at Body Positive House from 7pm

Call **09 309 3989** for tickets

Parking Available at Body Positive House

Under 35's Group

As a younger HIV+ person you may feel an added sense of isolation because of your age.



'Get Connected' is a monthly social group for HIV+ people aged 35 and under, giving younger people an opportunity to connect and socialise with other people around your own age.

Call 09 309 3989 for details or visit www.bodypositive.org.nz

HIV Rapid Testing

The **60-second HIV Rapid Test** is now available at Body Positive House. A simple pin Prick is done, to test the blood with a 99.7% accuracy. Its always better to know your status early, so you can keep healthy, if you become HIV+



Call **0800 HIV LINE** to book a FREE no-hassle

WINZ Clinic

Remove the anxiety you experience in dealing with WINZ.

Body Positive operates a monthly WINZ Clinic for anyone at our premises with qualified, sensitive, understanding and supportive WINZ staff.



Friday Pot-Luck Lunch

Members please note Body Positive will be hosting a drop-in lunch every Friday at mid-day. Members are welcomed to bring a pot-luck plate of food.



Foot Doctor

A professional podiatrist runs a clinic here at Body Positive House on a monthly basis.



Phone now for an appointment
09-309 3989

Budgeting Service

Need help with your money? Body Positive has developed a computer software programme that helps you to identify concerns and issues with your personal budget and recommend ways to help.

Contact us in complete confidence.



6 on 6

The next 6 on 6 will start soon. This facilitated peer support group is for anyone who has issues around their HIV status. It is particularly useful to recently diagnosed people and is open to both men and women.



If you would like to register your interest in attending or want more information call us on 09-309 3989

Vitamins & Supplements

Body Positive has a fantastic Swisse brand Men's and Woman's Multi Vitamins available for members at the low cost of only \$16 for 30 days supply (Usually over \$30!)

Drop by BP House or call **0800 HIV LINE**

An extensive range of other vitamins & supplements are also available, please see www.bodypositive.org.nz for full details.



Recycled Medication

If you have unused medication or no longer need left over medication, please either return it to your prescribing physician or drop it into us or send it to: (We will pass it on to physicians.)

Body Positive Inc.
PO Box 68-766
Newton Auckland 1045



Facial Lipodystrophy Treatment

A fantastic facial filler treatment is available through Body Positive to reverse the effects caused by Lipodystrophy.



Please contact Body Positive on 0800 HIV LINE for more information.

Monthly Pot-Luck Dinner

Held at 7pm on the second Wednesday of each month at Body Positive House.

Make your favourite dish and come along for a great social shared meal.

Contact Body Positive for further information or just turn up on the night.



Straight Arrows

A monthly get together for **Heterosexual Men and Women living with HIV** on the last Thursday of each month a Body Positive House from 6.30pm.

Contact Body Positive for further information

