



+BODY POSITIVE
• NEW ZEALAND •

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

February 2012

1 IN 5 GAY MEN WITH HIV UNAWARE OF INFECTION



Dr Peter Saxton

2011 Auckland study had undiagnosed HIV infection. A person with undiagnosed HIV cannot tell someone they're infected and might not initiate safe sex. The practical reality of this is that everyone, especially gay men, needs to become better educated, supported and proficient at safe sex to control HIV and other sexually transmitted infections."

"While HIV testing is a cornerstone of control and needs to be made more accessible, increasing

The February 2011 study recruited 1049 gay and bisexual men from community settings. Participants were invited to complete an anonymous questionnaire and provide an anonymous saliva specimen, which could be linked together by a unique code. By comparing respondents' self-reported HIV test history with their saliva result, researchers found that 14 of the 67 HIV positive men did not know they were infected, or 1.3% of all respondents. Most of these men believed they did not have HIV, and many had previously tested for HIV.

There were no differences in overall HIV infection between European and Maori participants. However, HIV infected non-European respondents were less likely to be aware they had HIV. Younger infected gay men also appeared to be less likely to be aware of their infection.

"The existence of people with undiagnosed HIV infection must be taken seriously if we're to bring HIV under better control"

University of Otago research has found that 6.5% of gay and bisexual men in Auckland have HIV, a fifth (21%) of whom are unaware of their infection.

This is the first time a biological measure of HIV has been collected in community settings among this population, providing an estimate of the amount of undiagnosed as well as overall HIV infection. The study is timely, because in 2010 the highest number of new HIV diagnoses was recorded among gay and bisexual men in New Zealand indicating that it remains a major health issue in this population.

"The existence of people with undiagnosed HIV infection must be taken seriously if we're to bring HIV under better control" says lead investigator Dr Peter Saxton of the Department of Preventive and Social Medicine, University of Otago. "Overall about 1 in 80 gay and bisexual men in this

testing alone is not the answer," says Saxton. "There will always be a lag between infection and diagnosis, and a person is particularly infectious early in the course of HIV infection when partners can be exposed unwittingly. This is why condom use remains key to control of your own and your partner's risk".

He adds "Individuals with HIV who remain undiagnosed delay treatments that can improve their quality of life and life expectancy. While treatments don't eliminate the HIV virus, they keep it at low levels and also reduce a person's infectiousness to others."

The study findings are available free online from the journal BMC Public Health http://L/www.biomedcentral.com/bm_~ublichealth/

Source: Saxton P, Dickson, N, Griffiths R, Hughes A, Rowden J. Actual and undiagnosed HIV prevalence in a community sample of men who have sex with men in Auckland, New Zealand. BMC Public Health 2012.

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For more information contact us in complete confidence.

Call toll free from anywhere in New Zealand

Contact:

0800 HIV LINE
(0800 448 5463)
Or 09 309 3989

Website:

www.bodypositive.org.nz

Street Address:

Body Positive House
1/2 Poynton Terrace
Newton
Auckland 1011

Postal Address:

PO Box 68-766
Newton
Auckland 1045

Opening Hours:

10am-5pm, Mon-Fri

E: office@bodypositive.org.nz

Fax: 09 309 3981



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HIV+ Men's 2012 Retreat

Hurry, Places are Filling Fast!!

Register online now at www.bodypositive.org.nz

LAUNCH OF FIRST PRE-HIV EXPOSURE PREVENTION TRIAL FOR GAY MEN IN EUROPE

The ANRS (French National Agency for Research on AIDS and Viral Hepatitis) is about to launch in Europe the first pre-HIV exposure prevention trial in men who have sex with men.

This phase III trial—ANRS IPERGAY—will start at the end of January 2012, in Paris (Hôpital Saint-Louis, Professor Jean-Michel Molina and Hôpital Tenon, Professor Gilles Pialoux) and Lyon (Hôpital de la Croix-Rousse, Dr Laurent Cotte), and later in Montreal in Quebec (CHUM Hôpital Hôtel Dieu, Dr Cécile Tremblay). The trial will include 300 volunteers in the pilot phase and ultimately 1900 in total.

ANRS IPERGAY will involve men who have sex with men and seronegative trans men who have anal sex with men without routine use of condoms, with at least two different sexual partners in the six months prior to trial participation. Participation will last for between 12 (minimum) and 48 (maximum) months.

The trial will compare two groups of participants, one given Truvada®, the other a placebo, taken in both cases during the period of sexual activity, starting before sexual relations and ending afterwards.

All participants, irrespective of group, will be offered various means of prevention: free condoms, regular HIV screening, regular screening for and treatment of sexually transmitted diseases, vaccination against hepatitis A and B. Participants can ask for personalized prevention advice, if they wish.

An important part of the trial will involve a social sciences study of the profiles of participants and analysis of their sexual behavior, in particular regarding condom use, and will determine whether or not they take the medication as intended.

Participants will be invited to the hospital every two months or so for an interview and for clinical examinations, including screening tests.

The ANRS will sponsor and fund the trial, and Gilead will supply the medication.

The HIV community-based association Aides helped draw up the protocol, is a scientific and operations partner in the trial, and is a member of the scientific board. It will coordinate recruitment in the field and provide volunteers with prevention support.

Source: French National Agency for Research on AIDS and Viral Hepatitis

US MEDICAL ASSOCIATION NEW REPORT ON HIV AND MARIJUANA

Potential good news for marijuana users - occasionally smoking pot did not affect pulmonary function and may actually increase lung airflow rates and lung capacity, according to a new study published in the January 11 issue of The Journal of the American Medical Association (JAMA). Though the study does not speak to the pulmonary effects of marijuana smoking by people living with HIV, the results will likely help guide risk-versus-benefit analyses of marijuana use to alleviate a variety of disease-related symptoms.

Marijuana is the most commonly used illicit drug in the United States, according to the National Survey on Drug Use and Health. In 2009, 16.7 million Americans ages 12 and older reported using marijuana at least once in the month before being surveyed.

Though federal and state laws generally forbid the sale or possession of marijuana, 16 states and Washington, DC, have legalized the medical use of marijuana to help manage the symptoms of many diseases, including those associated with HIV infection and its treatment.

Though the prevalence of marijuana use among people living with HIV isn't known, it is commonly reported by HIV-positive cohort participants. In addition, the potential benefits of marijuana use have been documented in a variety of studies, including reduced nausea, increased appetite, alleviated muscle and nerve pain, and better managed depression and anxiety.

As for drawbacks associated with marijuana use, there is some lingering concern that it can lower blood concentrations of ARVs - thereby making them less effective - and that pulmonary irritation associated with smoking the drug can work in tandem with HIV-related inflammation and potentially increase the risk of bronchitis or lung cancer.

Though the latest data published in JAMA don't address these concerns, they do help settle one lingering question regarding marijuana smoking: Does it progressively worsen lung function and increase the risk of emphysema and other forms of chronic obstructive pulmonary disease (COPD)?

To help answer this question, Stefan Kertesz, MD, of the University of Alabama at Birmingham and his colleagues used a large national database - the Coronary Artery Risk Development in Young Adults (CARDIA) study - to compare the lung function of marijuana and tobacco smokers during a 20-year period. The cohort consisted of 5,115 men and women, participating through clinics in Birmingham, Chicago, Minneapolis and Oakland, all of whom underwent pulmonary



function testing upon entering the study and then 2, 5, 10 and 20 years later.

Lifetime exposure to marijuana joints was expressed in joint-years, with one joint-year of exposure equivalent to smoking 365 joints or filled pipe bowls.

Marijuana exposure was nearly as common as tobacco exposure - 37 percent of the participants said they used marijuana at some point during the study - but was mostly light. Among those who smoked tobacco, the average was eight cigarettes a day. Among those who smoked marijuana, the average was two to three joints a month.

The data also revealed that tobacco smoke had exactly the effect shown in all previous studies - increasing a person's cumulative exposure to cigarettes results in loss of airflow and lung volumes; the opposite was true for marijuana smoke.

"At levels of marijuana exposure commonly seen in Americans, occasional marijuana use was associated with increases in lung air flow rates and increases in lung capacity," Kertesz said in an accompanying announcement. He and his colleagues noted that the average FEV1 among healthy adults - the amount of air

removed from the lungs during the first second of a forced exhale, an important measure of pulmonary function - is 3 to 4 litres. In their study, FEV1 values tended to decrease among tobacco smokers, whereas it increased by about 50 millilitres (ml) among marijuana smokers.

"Those increases were not large, but they were statistically significant," Kertesz said. "And the data showed that even up to moderately high-use levels - one joint a day for seven years - there is no evidence of decreased air-flow rates or lung volumes."

Pulmonary function values decreased for people who had high levels of lifetime exposure. For example, there was a 2.2 ml reduction in FEV1 for every joint-year beyond 10 joint-years of use, the researchers found. "At that point," Kertesz explains, "the data suggests there is a decline in lung air-flow rate. There also may be other damaging effects that don't manifest until extremely high levels of exposure; we did not have enough very heavy marijuana smokers in this study to determine this."

What sets this study apart from any others is both the number of participants and duration of the study, said Mark J. Pletcher, MD, of the University of California at San Francisco, who oversaw the statistical analysis and is the lead author of the JAMA paper.

"This is not the first study to show that marijuana has a complicated relationship with lung function," Pletcher said. "However, the size of the study and the long duration of follow-up help us to paint a clearer picture of the ways in which the relationship changes over time."

Kertesz added that the study did not examine other ways in which smoking marijuana could affect a person's health, and he insisted this study does not advocate the use of marijuana. "Marijuana is still an illegal drug, and it has many complicated effects on the human body and its function," he said. "In our findings we see hints of harm in pulmonary function with heavy use, and other studies have shown that marijuana use increases a user's likelihood of a heart attack, according to the American Heart Association, and impairs the immune system's ability to fight disease, according to the National Institute on Drug Abuse."

Source: www.aidsmeds.com

***"one joint a day
for seven years
- there is no
evidence of
decreased air-
flow rates or
lung volumes"***

Medical Marijuana is not available in
New Zealand
Any use is illegal

POSITIVE HEALTH AVAILABLE IN WELLINGTON

Positive[®] Health

Positive Health is a relatively new initiative launched by Body Positive to assist Members to access medical services when they are required – not when they can be afforded. “Too many of our Members were not accessing doctors or other medical advice when they needed to because they could not afford to go to the doctor” says Bruce Kilmister CEO of Body Positive, “and we were visiting people in hospitals when they really didn’t need to be there if they had visited their

local GP in the first instance.” Those people, particularly those people whose only income is a Work and Income benefit have very little discretionary funds available to be able to afford medical services and whilst we are very lucky in New Zealand with a predominantly free medical healthcare system there is an initial cost to see your local doctor which is the first step in getting medical support.

“POSITIVE HEALTH” allows the Member to access their doctor and have the fee referred

to Body Positive for payment. The scheme covers not only doctor’s fees but it covers ambulance costs, podiatry treatment, discounts dental treatment, homeopathic consultations, chiropractor, and even provides a free gym membership for a limited time. The scheme does have an annual fee of \$150 but for those living on a benefit then an application to the WELLNESS FUND or to WINZ will cover this cost and make it free for the Member.

Services have been available in Auckland since 2009 but more recently being made available in Wellington for our Members there. The services are not yet as comprehensive as they are in Auckland but we are working on them and can offer now free doctors consultation fees, as well as ambulance, discounted dental, massage services as well as free pharmacy dispensing fees.

For those interested in the scheme just call toll free on 0800 HIV LINE

‘6 ON 6 GROUP’ – UP AND RUNNING

Body Positive’s popular and long standing peer support group called 6 on 6 is to launch it’s 2012 season on Monday 13th February.

The course is open to anyone living with HIV who wants a little more information or a little more support for the issues that they face in everyday living. Living with HIV is very different from what it was twenty years ago but there are some things that have not changed. – How do you tell family and friends you are HIV+ - what are your legal obligations when you want to engage in sexual activity.

These are the kinds of questions the group will discuss over a 6 week period on Monday nights starting on 13th February. The group gets together at 6pm which allows anyone working to come along and start off with a cup of tea and something to eat. The first meeting allows us to greet each other and discuss confidentiality and privacy. We then identify the issues we want to discuss and learn more about. If a specialist speaker is required to come along and talk about the particular issue then that is arranged for following weeks. The final group meeting will be the last of the 6 meetings and will be a celebration over dinner.

Once the group meets on 13th February it will be closed to any newcomers so if you are interested call now and register your interest.

**Phone: 0800 HIV LINE
(0800 4485469)**



DEVELOPING INNER WELLBEING

Body Positive will start a new group seminar series which will provide useful tools to help you live your life with an overall sense of contentment, balance, and enjoyment. A series of 5 workshops will explore ways to harness your inner energy to achieve improved wellbeing, reduce stress levels, and enhance your relationships with friends, family, and colleagues.

The series will be led by Gudrun Frerichs a qualified therapist who has developed this course.

To register your place and express your interest please contact Body Positive.

Starts Tuesday 6th March from 10am at Body Positive

NEW STUDIES UNDER WAY FOR A 'CURE'

Sangamo BioSciences has begun new clinical studies of its promising gene therapy SB-728-T, a potential "functional cure" for HIV infection, according to a January 9 announcement by the company.

SB-728-T is a zinc finger DNA-binding protein transcription factor (ZFP TF). It disrupts the gene responsible for making CCR5 co-receptors on the surface of CD4 cells, to which HIV bonds. When CD4 cells can't produce functional co-receptors, it is much harder for HIV to infect them.

The aim of SB-728-T therapy is to grow a new population of CD4 cells that are resistant to HIV infection, and thus make antiretroviral (ARV) therapy unnecessary.

The rationale for using SB-728-T comes from the case of Timothy Brown, an HIV-positive man with leukemia who received two stem cell transplants from a donor who inherited two mutated CCR5 genes (CCR5 delta32), from his father and mother, and was genetically unable to produce CD4 cells that carry functional CCR5 co-receptors. Such individuals rarely become infected with HIV. And in cases where only one mutated CCR5 gene is inherited, HIV infection can occur, but the disease tends to progress slowly.

In Brown's case, not only did the stem cell therapy cure his cancer, but it also appears to have cured his HIV infection. All efforts to locate HIV in the man's body have been unsuccessful.

Sangamo is hoping that treating a person's own stem cells with SB-728-T and then reinfusing them will, over time, replace HIV-susceptible cells with HIV-resistant CD4s and reduce the need for continuous antiretroviral therapy.

"We are delighted to be able to open these two important clinical studies ahead of schedule," said Geoff Nichol, MB ChB, Sangamo's executive vice president of research and development. "Data from earlier Phase 1 trials demonstrated a statistically significant relationship between the number of circulating [CD4s] in which both

CCR5 genes are modified and the reduction in HIV viral load in infected subjects during an interruption of antiretroviral therapy. Both of these new [Phase II] clinical trials are specifically designed to confirm and further investigate these findings."

The new studies employ two approaches to increase the number of infused CD4 cells in which both CCR5 gene copies are modified using SB-728-T. The first study, an extension of an ongoing trial (SB-728-902), will explore the effect of SB-728-T treatment on viral load in people living with HIV who inherited one CCR5 delta32 genetic mutation. The second study (SB-728-1101), involving people living with HIV without the CCR5 delta32 mutation, involves a pre-infusion course of chemotherapy to significantly enhance the proliferation of the gene-modified CD4 cells in the body.

In the extension of the SB-728-902 trial, up to 20 HIV-positive volunteers with one copy of the CCR5 delta32 deletion who are currently receiving ARV therapy will be enrolled and will receive a single intravenous infusion of 5 billion to 30 billion SB-728-T-modified CD4 cells. Two months later, these volunteers will undergo a 16-week ARV treatment interruption. HIV treatment will be restarted if the patients' CD4 cells drop below 350 or if their viral loads are above 100,000 for three weeks in a row. After 16 weeks, only those who maintain undetectable viral loads will be permitted to remain off therapy.

The SB-728-1101 trial will mainly evaluate the safety and tolerability of Cytoxan (cyclophosphamide) chemotherapy, administered one day before being infused with SB-728-T-modified CD4 cells. Cytoxan is a chemotherapeutic drug used to temporarily



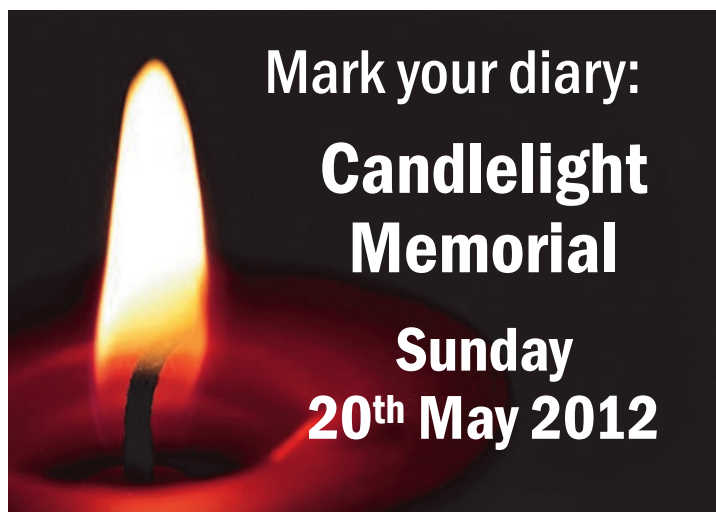
reduce the numbers of CD4 cells in the body, which then rapidly repopulate once the drug is discontinued.

Chemotherapeutic "conditioning" therapy has been used to enhance engraftment of cells in the treatment of cancer and for numerous autoimmune diseases. The drug has been previously used in people living with HIV, with studies demonstrating that while the drug does reduce CD4s, it does not have a long-term effect on CD4 cell counts.

In addition to safety, the study will evaluate the effect of Cytoxan—administered intravenously at a dose of either 200 milligrams (mg), 500 mg or 1,000 mg—on SB-728-T engraftment, the effect of SB-728-T treatment on viral load following ARV therapy interruption, the change in CD4 cell counts and the long-term persistence of SB-728-T. At least nine people living with HIV receiving ARV therapy will be enrolled in the study.

Six weeks after receiving the infusion of SB-728-T-modified CD4 cells, patients with CD4 cell counts of at least 500 will undergo a 16-week treatment interruption. Therapy will be reinstated in the event the CD4 cell count falls below 500 or viral load exceeds 100,000 for three weeks.

Source: www.aidsmeds.com



Mark your diary:
Candlelight Memorial
Sunday
20th May 2012

Free Massage

Use this coupon for a free massage at Body Positive House. Call 09-309-3989 to make an appointment.



Limit one per member



The Wellness Fund needs more funding – any ideas?

WELLNESS FUND

In October last year the funds in the Wellness Fund dried up. For over 20 years the Wellness Fund has supported people living with HIV/AIDS to meet financial costs in keeping well. There was a change of management from the New Zealand AIDS Foundation when a cheque for \$8,000 was passed to Body Positive to start management of the scheme. The news of the “handover” created a flurry of applications and the annual entitlement of \$500 to each Positive Person living on a benefit meant the \$8,000 was very quickly expended. The Wellness Fund is replenished each year from proceeds collected from the annual World AIDS Day Street Collection which meant there were no funds in the bank from October until recently when a cheque was received for \$10,000 representing 50% of the net proceeds of the street collection.

Since October there has been a backlog of applications totalling over \$7,000 which means unless some new initiative is found to raise funds for the Wellness Fund then it will be dry again very quickly. Body Positive manages the Wellness Fund scheme on behalf of the National Collective of People Living with HIV and has asked the National Collective as well as the NZ AIDS Foundation to put on our thinking caps as to how we can raise more funding for this important and well used fund.

In the meantime, to assist as many people as possible, the National Collective of Positive People have resolved to temporarily reduce the maximum amount of any grant to \$300 per person until additional funds are raised.

CANADA: SHOULD HIV NON-DISCLOSURE REMAIN A CRIME?

In an article published in December in the Canadian Medical Association Journal, three prominent AIDS researchers say there is no evidence that criminal prosecutions for HIV non-disclosure protects individuals from infection. In fact, they argue, this overly legalistic approach to public health could be counterproductive.

At the beginning of the AIDS epidemic, doctors had little means of treating the disease and most patients faced certain death. But medical advances have transformed HIV treatment. Patients given highly active antiretroviral therapy, known as HAART, can now expect to live an almost normal lifespan. Furthermore, the drugs reduce HIV to undetectable levels in semen, vaginal fluids and blood.

“HAART-treated patients become dramatically less likely to transmit the infection,” according to the authors of the article, M-J Milloy, Thomas Kerr and Julio Montaner of St. Paul’s Hospital in Vancouver. “Therefore, these people should not be found guilty for exposing sexual partners to HIV.”

But to stop the spread of HIV, infected individuals must first be diagnosed so that they can begin treatment. The researchers warn that “high-profile prosecutions reported in the mainstream media may deter individuals from HIV testing.” After all, many people assume they can’t be charged if they don’t know their own HIV status.

“The best thing you can do for the infected person and for public health is to offer them treatment,” Dr. Montaner, who is also director of the B.C. Centre for Excellence in HIV/AIDS, said in an interview. “If you drive people away



Is it time for Canada to end the criminal prosecution of people who fail to tell their sexual partners that they are infected with the human immunodeficiency virus?

from testing and treatment, you are defeating your own purpose.”

Dr. Montaner said Canada’s legal system has appropriate measures to deal with HIV-infected individuals who are aware of their status and act with intent to harm others. Under existing circumstances, however, non-disclosers can be charged even if they practise safe sex and use a condom.

“Canada now ranks among the world leaders” in the rate of prosecutions for non-disclosure, the article says. According to Alison Symington, a senior policy analyst with the Canadian HIV/AIDS Legal Network in Toronto, about 140 people have been charged in Canada. In contrast, 345 individuals faced prosecution in the United States, which has a population 10

times the size of Canada’s.

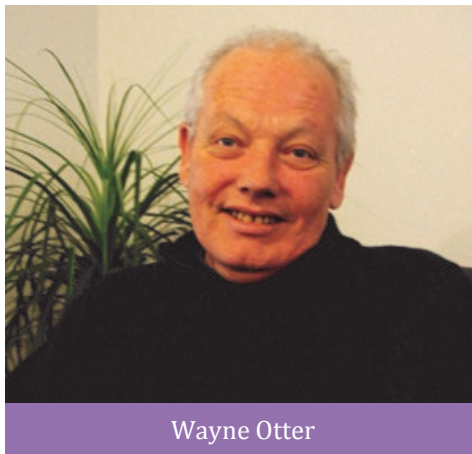
Ms. Symington noted that Canada does not have a specific law requiring people to disclose their HIV status to sexual partners. Instead, prosecutors have used existing Criminal Code provisions such as aggravated assault or aggravated sexual assault – a strategy supported by a 1998 ruling of the Supreme Court of Canada.

In February, 2012, the Supreme Court is scheduled to hear two cases involving HIV non-disclosure. It will be the first opportunity for the top judges to consider these prosecutions in light of new scientific evidence and a much improved outlook for those infected with HIV, Ms. Symington said.

Source: www.theglobeandmail.com

WAYNE OTTER

Wayne Otter has resigned from the New Zealand AIDS Foundation Inc. After 18 years as both Counsellor and managing the Counselling services at the AIDS Foundation what possibly could have caused Wayne to move on – especially as he doesn't seem to have a clear idea of what he's going to do. "Well it's not really one reason or even one person that's made this decision for me" says Wayne. "There are several - reasons including my health." Wayne has lived with Hep C for several years dealing with this chronic health condition. "I would like to develop my celebrancy work as I have enjoyed this for many years in formalising and officialising civil unions, and other formal and not so formal occasions. But first Wayne will take a long overdue rest and holiday with friends in the north. I asked Wayne what he thought his most significant times were at the AIDS Foundation and he says without hesitation the introduction of antiretroviral medication for keeping HIV+ people alive. "After medication arrived the deaths and funerals just stopped and today they almost have dropped off altogether." He tells me the Burnett Centre has evolved and changed with the times and this is what must be retained – the ability to change to the ever changing challenges of HIV and what impact it has on our community. I asked who are some of the



Wayne Otter

significant people he has worked with during his 18 years at the Foundation. Wayne tells me he has a huge respect for people like Tony Hughes (Research Director at NZAF) Dr Mark Thomas (HIV physician at Auckland Hospital), Douglas Jenkins (another ex NZAF staff member who developed the prevention campaigns) and Matt Wildbore (a gay GP now deceased who dealt with positive clients in the early days. There's a time and a place for everything and everyone and we can certainly expect to hear more from Wayne in the future as he is keen to keep a connection with his HIV work experience.

By Bruce Kilmister

NEW SERVICE AT BODY POSITIVE - CHIROPRACTIC CLINIC



Dr Michelle Dickinson

Any type of stress on the body, whether it is physical, chemical or emotional, can cause the vertebrae (spinal bones) to lock up and lose their free movement. When this happens pressure may be placed on delicate nerves, leading to a decrease in the communication between the brain and the body. Chiropractors call this problem a subluxation.

Subluxations affect the function of the body and may be related to poor posture, back pain, neck pain, headaches, migraines, sinusitis, energy levels, allergies and digestive problems to name just a few. However subluxations may not always cause specific symptoms, instead they may lower the overall performance and health of your body.

Chiropractors use varying techniques to correct these spinal problems, and can help people of all ages improve the performance of their body naturally.

Dr Michelle Dickinson (Chiropractor) from Kingsland Chiropractic is in her tenth year of practise. She utilises a gentle, comprehensive technique call Sacro Occipital Technique that allows her to work with people with a wide range of issues. Book an appointment at Body Positive and find out how chiropractic may benefit you.

The first clinic will be on Wednesday 7th March at Body Positive House. To make a booking or for further details contact Body Positive on 09 309 3989
Clinic cost is \$40, or free of charge to those with a Positive Health Card

The back, or more specifically the spine, is an incredibly important part of our body, and central to our overall wellbeing, yet how often do you think about it or do anything to look after it? Chiropractic is a natural form of health care that focuses specifically on the function of the spine and the nervous system.

The nervous system (brain, spinal cord and nerves) controls and coordinates all the functions of the body including the endocrine, cardiovascular, genitourinary, dermatological, immunological, digestive and musculoskeletal systems. The spine protects the spinal cord whilst still being flexible enough to allow us to move freely.



Diary Dates

February

- Tue 21 **Message Clinic**
- Wed 22 **PopUp Fundraiser at DNA Bar, Auckland**
- Wed 22 **Club Phoenix**
- Fri 24 **Members Lunch** 
- Sat 25 **Straight Arrows Minigolf** 

- Tue 28 **Message Clinic**
- Wed 29 **Club Phoenix**

March


- Fri 2 **Members Lunch** 
- Sun 5 **Under 35's Group**



- Tue 6 **Developing Inner Wellbeing** 

- Tue 6 **Message Clinic**
- Wed 7 **Chiropractor Clinic**
- Wed 7 **Club Phoenix**
- Fri 9 **Members Lunch** 

- Tue 13 **Developing Inner Wellbeing**


- Tue 13 **Message Clinic**
- Wed 14 **Club Phoenix**
- Fri 16 **Members Lunch** 

- Tue 20 **Developing Inner Wellbeing**

- Tue 20 **Message Clinic**
- Wed 21 **Club Phoenix**
- Fri 23 **Members Lunch** 

- Tue 27 **Developing Inner Wellbeing**

- Tue 27 **Message Clinic**
- Wed 28 **Club Phoenix**

- Fri 30 **HIV+ Men's Retreat 2012** 
- Sat 31
- Sun 1

May

- Sun 20 **Candlelight Memorial**

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

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.



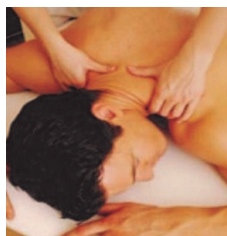
Please contact Body Positive on 0800 HIV LINE for more information.

Massage Therapy

Massage Therapy is available at Body Positive House every Tuesday.

\$40 per session or free with a Positive Health ID Card (Limit: 6 free sessions)

Phone 09 309 3989 to book an hour to pamper your body.



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

