

HIV Futures: State Reports

Queensland

Living with HIV Program*

Australian Research Centre in Sex, Health and Society

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Introduction

The HIV Futures Survey was the first large-scale nation-wide study of the social aspects of living with HIV/AIDS. This study was developed out of a pilot study of issues of accommodation, employment and treatments for people living with HIV/AIDS (PLWHA) conducted in 1996 (Ezzy, Grubb, de Visser, & McConachy, 1997), and through a range of consultations with community interest groups. Study participants completed a self-administered questionnaire took about 40 minutes to complete. It included questions on demographics, current health, treatments usage, housing, employment history, community participation, sexual practice and finances. The study was approved by the La Trobe University Human Ethics Committee.

Recruitment of study participants throughout Australia involved distribution of self-administered mail-back questionnaires through HIV/AIDS organisations, and a targeted advertising campaign. Questionnaires were also distributed via a number of mailing lists, including the mailing lists of two magazines which provide information about living with HIV/AIDS. It is not possible to know what proportion of the recipients of these magazines are HIV positive, and as a consequence response rates cannot be calculated. Additional targeted distribution occurred in order to ensure the sample included sufficient numbers to enable statistical comparisons from groups that have distinctive issues and experiences who may not have been contacted through the main distribution channels, including women, people living with Haemophilia, and people living outside of New South Wales and Victoria. The recruitment period was from 1st July 1997 to 5th September 1997.

To assess the degree to which the sample recruited for this study is representative of all PLWHA in Australia, comparisons were made with the Australian HIV Surveillance Report (National Centre in HIV Epidemiology and Clinical Research

[NCHECR], 1997). The results discussed in this report are weighted to take account of an under-representation of PLWHA from NSW, and the over-representation of women, people with medically acquired HIV and people with AIDS.

The people who completed the survey

The survey was completed by 925 respondents. This sample represents 8.3% of all PLWHA in Australia. Respondents reported ages between 18 and 77 years (median = 38.0 years, mean = 39.3 years). On average, respondents had been HIV seropositive for 7.5 years (median = 8.0 years). The results relating to the total sample are reported in the document “HIV Futures Community Report: Health, Relationships, Community, and Employment” (Ezzy, de Visser, Bartos, McDonald, O’Donnell, & Rosenthal, 1998).

One hundred and thirty-five Queensland PLWHA completed the HIV Futures Survey. This figure is significantly greater than the number we would have expected in a representative sample of PLWHA in Australia. The large number of Queensland respondents is a reflection of the great efforts to promote the survey made by the AIDS Medical Unit, Brisbane Sexual Health Clinic, Brunswick Street Medical Centre, Gladstone Road Medical Clinic, Nambour Hospital Queensland AIDS Council, Royal Perth Hospital, and the Queensland AIDS Council (Brisbane, Cairns, and Townsville), and Queensland Positive People (Brisbane, Bundaberg, Gold Cost, Mackay, Rockhampton, Sunshine Coast).

Among Queensland respondents, 93% were male and 7% were female - similar proportions to those found in other States. The ages of the Queensland respondents ranged from 18 years to 77 years. The average age for Queensland PLWHA was 38.3 years, which is similar to that of the rest of the sample, however PLWHA living

in Brisbane tended to be younger than PLWHA from other parts of Queensland, and PLWHA from other States. A significant difference was also found between the three groups in terms of the number of years for which they have been HIV seropositive. On average, PLWHA living in Brisbane had been HIV seropositive for a shorter time (5 years 9 months) than PLWHA from regional/rural Queensland (7 years 6 months), and PLWHA from other States (7 years 7 months).

The vast majority of respondents had been infected with HIV through sexual contact: 76% cited homosexual or bisexual contact as the most likely transmission route, 10% reported injecting drug use, 5% cited heterosexual contact, 3% reported homosexual/bisexual contact and injecting drug use; 3% were infected by blood products or in a health care setting; and 2% were haemophiliacs infected through contaminated blood products.

Major findings

The results reported below compare PLWHA from Queensland with PLWHA from other States of Australia. Analyses were also conducted to compare PLWHA living in Brisbane with PLWHA living in regional and rural areas of Queensland. All statistically significant differences are noted in the body of the report.

Current health

Most respondents reported that they currently feel healthy: 34% said that their health is “excellent”, 43% said that their health is “good”, 22% said that their health is “fair”, and 2% said that their health is “poor”.

Approximately one in eight (12%) of the Queensland respondents have been diagnosed with an AIDS-defining illness. Respondents from Queensland are significantly less likely than respondents from other States to report that they have been diagnosed with an AIDS-defining illness. This may be a reflection of the finding that PLWHA in Brisbane had been HIV seropositive for an average of nearly two years less than other PLWHA.

More than one-quarter (29%) of respondents from Queensland have a major health condition other than HIV/AIDS - a similar proportion to the 28% reported by PLWHA from other States. The most frequently cited "other" health conditions included back injury, cancer (non-Kaposi sarcoma), diabetes, hypertension, and psychological/psychiatric conditions. One in five (22%) PLWHA from Queensland have had Hepatitis A, and 32% have had Hepatitis B. Of the 63% of Queensland PLWHA who have been tested for Hepatitis C, 32% have tested positive, 64% have tested negative, and 4% do not know the result of their test.

Nearly all (98%) of the respondents from Queensland have taken a CD4/T-cell test, and 97% have taken a viral load test. The results of respondents' most recent CD4/T-cell tests and viral load tests are displayed in Table 1 (below). It is interesting to note that 8% of Queensland PLWHA have a CD4/T-cell count below 250 and a viral load above 50,000. That is, approximately one in ten Queensland PLWHA has a high viral load and severe immune system damage.

Table 1 Results of serological testing

Description	Result	Proportion
CD4/T-cell count	copies/μL blood	
little or no immune damage	over 500	37%
moderate immune damage	250 - 500	38%
severe immune damage	below 250	25%
Viral load	copies/mL blood	
below detectable level	below 200 / 500	38%
low	500 - 10,000	29%
moderate	10,000 - 50,000	13%
high	over 50,000	20%

Antiretroviral treatments for HIV/AIDS

Just under three-quarters (72%) of the respondents from Queensland use antiretroviral drugs for HIV/AIDS. This figure is slightly lower than the 78% of PLWHA from the rest of Australia using antiretroviral drugs, but it is not a statistically significant difference. Among the PLWHA who use antiretroviral drugs, 3% are on monotherapy, 15% use two drugs in combination and 82% use three or more drugs in combination. Overall, 60% of Queensland PLWHA are using triple combination therapy. PLWHA from Queensland are as likely as PLWHA from other States to use triple combination therapy.

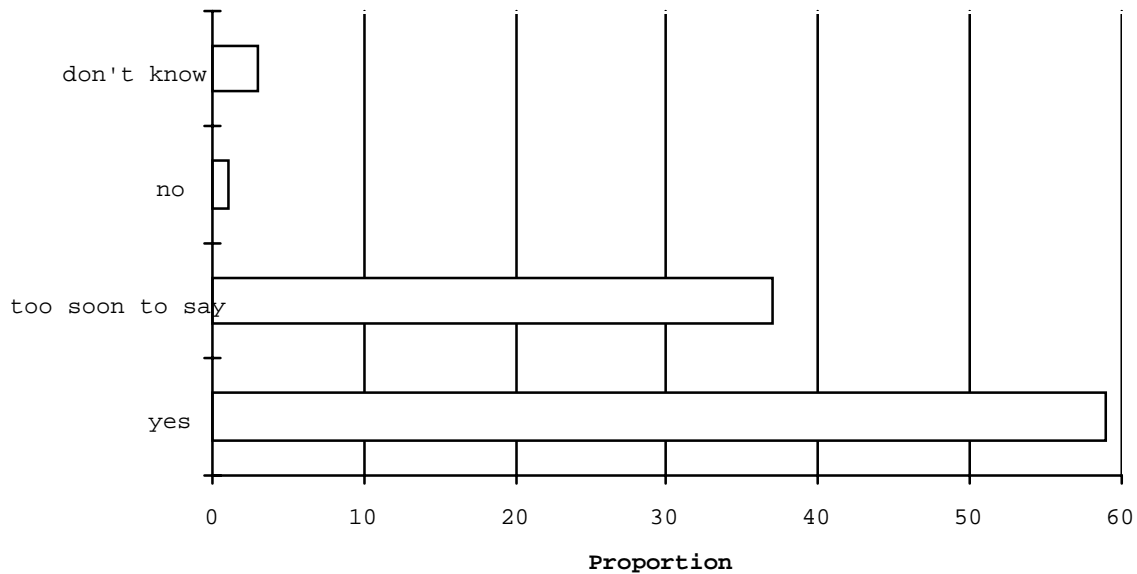
Most (60%) of the PLWHA from Queensland who use antiretroviral drugs reported that they experience side-effects from these drugs - a similar figure to that reported by PLWHA in other States. As was found with the full sample of all PLWHA who completed the survey, the most commonly reported side-effects from antiretroviral drugs are: nausea (experienced by 29% of PLWHA using antiretroviral drugs), diarrhoea (17%), headaches (10%), fatigue/lethargy (7%), skin rashes/dryness (7%), and neuropathy (7%).

Three-quarters (75%) of Queensland PLWHA who use antiretroviral drugs report that they have difficulties taking this medication - a similar figure to that reported by PLWHA in other States. As was found with the full sample of all PLWHA who completed the survey, the most commonly reported difficulties are: remembering to take drugs on time (54% of PLWHA using antiretroviral drugs), organising meals around medication schedules (47%), and the large number of tablets (26%).

While large numbers of PLWHA from Queensland have difficulties taking medication and/or experience side-effects, a smaller proportion (33%) reported that it is difficult for them to take their medication in public, and 2% reported that their medication for HIV/AIDS conflicts with medication for other health conditions. These figures are similar to those reported by PLWHA in other States.

Graph 1 (below) shows that most (59%) of the Queensland PLWHA agree that antiretroviral drugs have improved the prospects of most PLWHA, while 37% believe it is too soon to tell. Only one Queensland PLWHA thinks that antiretroviral drugs have not improved the prospects of PLWHA. Similarly, two-thirds (64%) of the Queensland PLWHA think that their friends believe that antiretroviral drugs have improved the prospects of most PLWHA, while 22% believe their friends think that it was too soon to tell, and 13% do not know. Only one of the Queensland PLWHA thinks that their friends believe that antiretroviral drugs have not improved the prospects of PLWHA. Queensland PLWHA's responses to these questions were similar to those of PLWHA from other States.

Have antiretroviral drugs improved the prospects of most PLWHA?

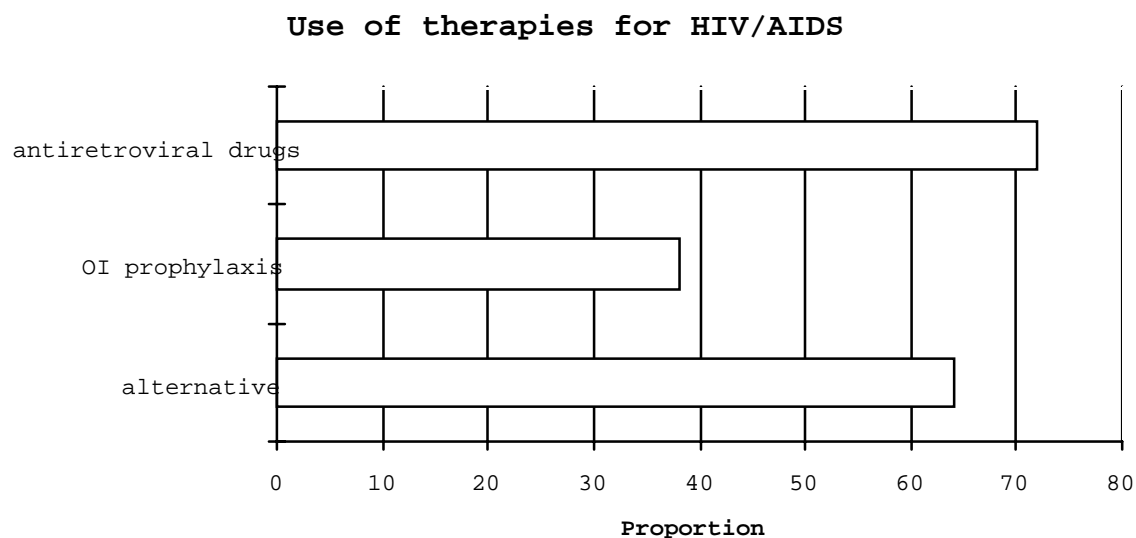


Respondents were asked a number of questions about their attitudes toward antiretroviral drugs and their general attitudes toward treatments for HIV/AIDS. Using these questions it was possible to create a scale of confidence in antiretroviral drugs ranging from 1 to 5, where higher scores indicated greater confidence. The average scale score for Queensland PLWHA was 3.85 which indicates that they generally have confidence in antiretroviral drugs. There was no difference in the attitudes expressed by PLWHA living Brisbane and PLWHA living in other parts of Queensland, and PLWHA from Queensland expressed a similar degree of confidence in antiretroviral drugs as PLWHA from other States.

Other treatments for HIV/AIDS

Graph 2 (below) shows that while the majority of PLWHA use antiretroviral drugs, many use prophylaxis for opportunistic infections (OI), and most use alternative therapies. Slightly more than one-third (38%) of the respondents

from Queensland are using prophylaxis for opportunistic infections - prophylaxis for *Pneumocystis carinii* pneumonia (PCP) and/or prophylaxis for other opportunistic infections. This figure is significantly less than the 50% reported by PLWHA from other areas of Australia. The lower proportion of respondents using prophylaxis for opportunistic infections was found among PLWHA from Brisbane and PLWHA in other areas of Queensland.



Nearly two-thirds (64%) of the respondents from Queensland use complementary or alternative therapies for HIV/AIDS. The most commonly used complementary/alternative therapies are vitamin/mineral supplements (used by 48% of all PLWHA), massage (33%), meditation/visualisation (27%), herbal remedies (24%), acupuncture (6%), and traditional Chinese medicine (5%). PLWHA from Queensland are no more or less likely than PLWHA from other areas of Australia to be use complementary/alternative therapies.

Attitudes toward alternative therapies were measured on a scale from 1 to 5, where higher scores indicate more favourable attitudes. Generally, Queensland PLWHA had favourable attitudes toward alternative therapies.

PLWHA from regional/rural Queensland had more favourable attitudes toward alternative therapies (average = 3.78) than PLWHA from Brisbane (average = 3.48) and PLWHA from other States (average = 3.49).

Attitudes toward personal involvement in health management were measured on a 5-point scale, where higher scores indicate a greater desire to be actively involved in health management. The average score for Queensland PLWHA was 4.32, which indicates that they, like PLWHA in other States, are keen to take an active part in decision-making about their health management. There was no difference between PLWHA living in Brisbane and PLWHA living in other areas of Queensland.

Information and support services

Over three quarters of the respondents (81%) have some direct contact with an HIV/AIDS-related organisation. This is a similar proportion to that found among PLWHA in the rest of the country. Two-thirds (63%) of the Queensland respondents who have contact with an HIV/AIDS-related organisation have contact with the Queensland AIDS Council, and 65% have contact with Queensland Positive People. Queensland PLWHA living in regional/rural areas were significantly more likely than PLWHA from Brisbane and other States to report that they are in contact with a PLWHA organisation (in this case QPP). This finding is likely to be a reflection of the success of the various regional QPP offices in assisting with the distribution of surveys. Queensland PLWHA are significantly less likely than PLWHA from the rest of the country to report that they have contact with their State AIDS Council. No difference was found between PLWHA in Brisbane and PLWHA in regional/rural areas of Queensland. There was no relationship between whether or

not PLWHA had contact with the Queensland AIDS Council and whether or not they have had an AIDS-defining illness, or whether they live in an urban area as opposed to a regional centre or rural area.

Table 2 (below) displays the proportion of Queensland PLWHA who use each of the services provided by HIV/AIDS-related organisations.

Table 2 Use of services provided by HIV/AIDS-related organisations

Service	Proportion
Newsletters / mail-outs	83%
Treatments advice	60%
Social contact	59%
Counselling	39%
Alternative therapies, etc.	35%
Peer support group	41%
Informal peer support	15%
Financial assistance	8%
Financial advice	14%
Library	16%
Transport services	14%
Domestic help	10%

The data show that PLWHA use HIV/AIDS-related organisations for a wide range of services. While PLWHA most commonly use these organisations for information (newsletters/mail-outs, treatments advice), they also rely on such organisations for social contact, social support, and counselling. PLWHA from Queensland were significantly more likely than PLWHA from other states to report that they make use of the peer support groups, informal peer support, and social contact provided by HIV/AIDS organisations.

Most of the respondents from Queensland read HIV/AIDS-related magazines and newspapers such as Positive Living, and National AIDS Bulletin: 59% read HIV/AIDS-related press regularly, 38% read occasionally, and 3% never read HIV/AIDS-related press.

Respondents were asked to indicate which people and/or organisations they rely upon for information about treatments for HIV/AIDS. Their responses are shown in the Table 3. The most commonly cited source of information about treatments for HIV/AIDS was the PLWHA's doctor. Three-quarters of the respondents rely on HIV/AIDS-related newspapers and magazines, and over half rely on HIV positive friends, which suggest that PLWHA seek information from a range of different sources. Some significant differences were found between PLWHA in Brisbane and PLWHA in other parts of Queensland: PLWHA in regional/rural areas were significantly less likely to report that their doctor is an important source of information, and were significantly more likely to report that an alternative therapist is an important source of information. This last difference is interesting considering the finding that PLWHA in regional/rural areas were not more likely to use alternative therapies. This finding suggests that PLWHA in Brisbane are more likely to use alternative therapies without consulting an alternative therapist.

Table 3 Important sources of information for PLWHA

Information source	Source of information about:	
	Treatments	Living with HIV/AIDS
Doctor	92%	60%
HIV/AIDS press	79%	59%
HIV positive friends	58%	67%
HIV/AIDS organisation staff	55%	55%
Gay press	54%	51%
Nurse	35%	27%
Friends (not HIV positive)	20%	32%
Alternative therapist	21%	17%
Partner/lover	17%	33%
Positive women's organisation	4%	2%
Family	3%	9%

Table 3 also displays the responses of PLWHA to questions they were asked about who they rely upon for information about living with HIV/AIDS (but not about treatments). In contrast to the situation for information about treatments, the PLWHA’s HIV positive friends were the most frequently cited information source - a finding that highlights the importance of the PLWHA’s social network. Some significant differences were found between PLWHA in Brisbane and PLWHA in other parts of Queensland: PLWHA in regional/rural areas were significantly less likely to report that a nurse is an important source of information, and were significantly more likely to report that their partner/lover is an important source of information.

Respondents were asked to indicate how much of their free time they spend with other HIV seropositive people. The results in Table 4 (below) show that while many Queensland PLWHA spend no free time with other positive people, over half spend “some” or “a lot” of time with other positive people. There was no difference between Queensland PLWHA and PLWHA from other States in terms of the amount of free time they spend with other HIV seropositive people.

Table 4 Amount of free time spent with other HIV positive people

Amount of free time	Proportion
None	14%
A little	29%
Some	31%
A lot	26%

Employment

Over half (62%) of Queensland PLWHA were not in paid employment at the time of completing the survey. Of the PLWHA who are working, 71% work full-time and 29% work part-time. The 38% of respondents who are working have been in their current job for an average of four years and four months, and work between 2 and 60 hours per week (average = 36.2 hours). The respondents who are not working have been out of work for an average of 3 years.

Given the large number of PLWHA in Queensland who are not in paid employment, it is not surprising that 55% of respondents reported that their main source of income is a government benefit, pension, or social security payment. One-third (34%) of respondents reported that a salary is their main source of income, while 10% reported superannuation or an annuity as their main source of income. Over half of the Queensland respondents reported annual incomes below \$15,000. Respondents' incomes are displayed in Table 5 (below).

Table 5 Income reported by PLWHA

Weekly income	Yearly income	Proportion
\$0 - \$150	\$0 - \$7800	14%
\$151 - \$270	\$7801 - \$14040	43%
\$271 - \$390	\$14041 - \$20280	13%
\$391 - \$510	\$20281 - \$26520	10%
\$511 - \$630	\$26521 - \$32760	10%
\$631 - \$750	\$32761 - \$39000	4%
\$751 -	\$39001 -	7%

The poverty lines published by the Institute for Applied Economics and Social Research [IAESR] take into account an individual's income as well as whether or not they are in a relationship and the number of dependent children they have. The data for the June quarter of 1997 (IAESR, 1997) were used to calculate the proportion of PLWHA with incomes below the poverty threshold. Among Queensland PLWHA, 34% reported incomes below the poverty line. This figure is similar to the 32% found for the rest of the sample.

Respondents were asked a series of questions that assessed how difficult it is for them to meet the costs of living with HIV/AIDS. The results in Table 6 (below) demonstrate that while many PLWHA reported difficulties in meeting the costs of social activities such as entertainment and drinking and eating out, a large proportion reported that it is very difficult for them to meet the costs of some of the "basics" of life such as housing, utilities, food, and clothing.

Table 6 Difficulties meeting the cost of living reported by PLWHA (proportion of respondents who use each item)

Item	Not difficult	A little difficult	Very difficult
Prescribed medication	57%	43%	4%
Medical services	63%	26%	11%
Complementary therapies	45%	32%	23%
Support services	74%	12%	15%
Entertainment	32%	27%	41%
Eating / drinking out	29%	30%	41%
Sport / exercise	38%	19%	43%
Recreational drugs	26%	18%	56%
Travel / holidays	18%	22%	61%
Rent / mortgage / housing	37%	36%	28%
Utilities (phone, gas, etc.)	35%	37%	28%
Food	51%	33%	17%
Clothing	33%	28%	39%

Transport

45%

29%

26%

Particularly noteworthy is the finding that a one in six Queensland PLWHA find it “very difficult” to meet the cost of food, and that nearly a third find it “very difficult” to meet the cost of utilities (telephone, gas, electricity). It is also interesting to note that one quarter of the respondents who are using complementary/alternative therapies find it very difficult to meet the cost of this treatment. The only difference between PLWHA in Brisbane and PLWHA in regional/rural areas of Queensland is that PLWHA in regional/rural areas were more likely to report that it is ‘very difficult’ for them to meet the cost of support services.

Planning for the future

Respondents were asked to indicate how far into the future they plan when making major decisions about their future. Table 7 (below) shows the responses given by PLWHA from Queensland. Slightly fewer than half (42%) of the respondents reported that in the past two years they have changed the time frame they use when making major decisions about their future: 13% now use a shorter time frame when planning for the future, while 29% now use a longer time frame. Among respondents who now use a longer time frame when planning for the future, the most commonly cited reason for the change was improved health due to new treatments, while among respondents who now use a shorter time frame when planning for the future, the most commonly cited reason for the change was declining health.

Table 7 Time frame use by PLWHA when planning for the future

Time frame used	Proportion
One day at a time	16%
A few months ahead	27%
1 year ahead	25%
5 years ahead	15%
10 or more years ahead	17%

Housing

The majority (54%) of Queensland respondents live in Brisbane, while 38% live in a regional centre or town, and 8% live in a rural area. These proportions are similar to those reported by PLWHA in other States.

Table 8 (below) shows that while many Queensland PLWHA own their own house or are buying their own house, half are living in private rental accommodation, while a small number live rent-free or in community housing. Compared to PLWHA from other states and PLWHA from regional/rural Queensland, PLWHA from Brisbane were significantly less likely to live in accommodation which they own or are purchasing, and significantly more likely to live in private rental accommodation.

Table 8 Accommodation in which PLWHA live

Accommodation Type	Proportion
Own or purchasing own home	32%
Public rental accommodation	5%
Private rental accommodation	52%
Live rent-free	8%
Community housing	3%

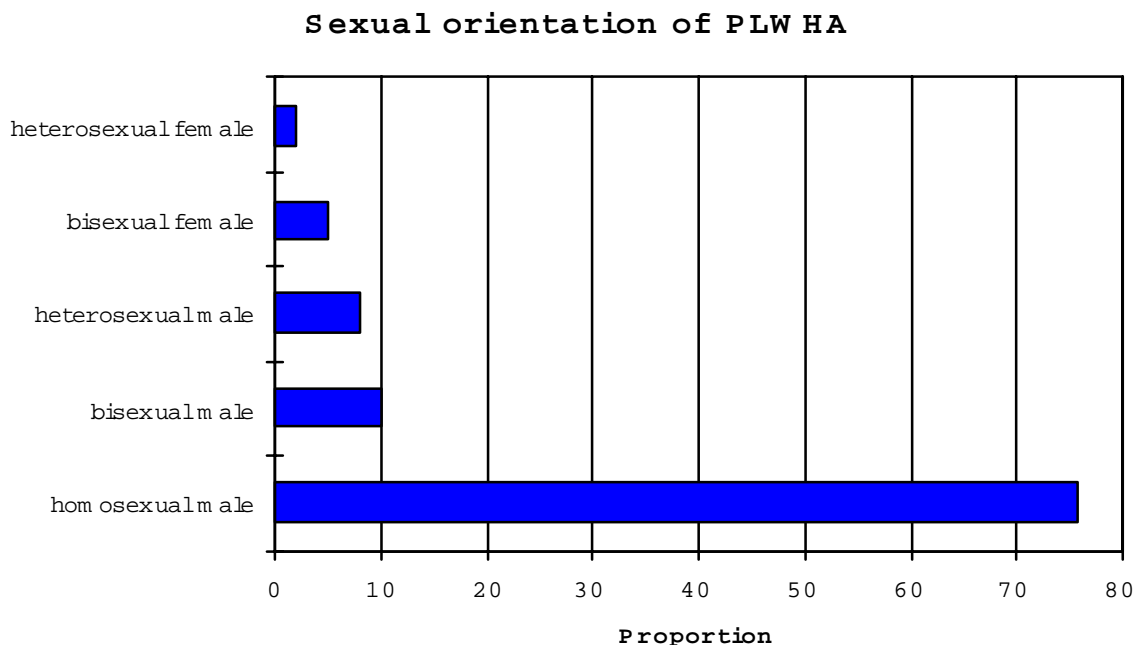
The vast majority (86%) of Queensland respondents believe that their current housing is suitable for their needs - as was the case for PLWHA from other States. As was the case for the whole sample, approximately one in eight Queensland PLWHA (12%) reported that they have ever experienced HIV/AIDS-related discrimination in the area in which they live.

When asked whom they live with, 33% of Queensland PLWHA reported that they live alone. Of the remainder, 56% live with a sexual partner, 3% live with dependent children, 25% live with friends or housemates, and 20% live with family members.

Sexual Relationships

Respondents were asked to describe their sexual orientation or sexual identity. Their responses (similar to those of respondents from other States) are displayed in Graph 3 (below). The majority of respondents were homosexual men, with smaller numbers of bisexual men and women, and heterosexual men and women.

When asked to describe their current sexual relationships, 31% reported that they are not currently sexually active, while 24% reported that they only have casual sex, 26% have sex in a monogamous regular relationship, and 20% have sex in a non-monogamous regular relationship. Compared to other PLWHA, those in regional/rural Queensland were significantly more likely to report that they are not sexually active. Among those who are sexually active, PLWHA from regional/rural Queensland were significantly more likely to be in a monogamous regular relationship, and significantly less likely to only have sex with casual partners.



Half (51%) of the respondents from Queensland reported that they are in a regular sexual relationship. One-third (39%) of these respondents are in a seroconcordant relationship, the remainder (61%) are in a relationship with an HIV seronegative partner, or a partner whose serostatus is unknown. All but two (96%) of the respondents who are in a regular relationship have told their partner that they are HIV seropositive. Respondents were asked to indicate when they told their partner that they are HIV seropositive. One-quarter (24%) of respondents said that their partner already knew they were HIV positive, and a quarter (24%) said that they told their partner when they found out (i.e. they seroconverted after the formation of the relationship). Of the remainder, most (60%) told their partner at the beginning of the relationship. Respondents also reported how their partner reacted when they were told that the respondent is HIV seropositive. Nearly half (42%) of the respondents said that it did not make any difference, while 80% reported that their partner was very supportive, and 43% said that they became closer.

When asked about their patterns of condom use during sex with regular partners in the 6 months prior to completing the survey, 55% reported that they always used a condom, 16% reported that they sometimes used a condom, and 29% reported that they never used a condom. Small numbers meant that it was not possible to analyse the relationship between regular partner serostatus and consistency of condom use for the Queensland respondents. However, when the whole sample of all the PLWHA who completed the survey was used, it was found that respondents were more likely to use condoms with an HIV negative partner than with an HIV positive partner.

When asked about their patterns of condom use during sex with casual partners in the 6 months prior to completing the survey, 68% reported that they always used a condom, 20% reported that they sometimes used a condom, and 12% never. No respondents reported that they never used a condom when having sex with a casual

partner. Again, Small numbers meant that it was not possible

to analyse the relationship between casual partner serostatus and consistency of condom use for the Queensland respondents. However, when the whole sample was used, it was found that respondents were more likely to use condoms with HIV negative partners (or partners of unknown serostatus) than with an HIV positive partner.

Detailed analyses of sexual behaviour and condom use are reported in the document “HIV Futures Community Report: Health, Relationships, Community, and Employment” (Ezzy et al., 1998).

Summary and conclusion

One of the most striking findings in this study of Queensland PLWHA is the similarity of their responses and the responses of PLWHA from other States of Australia. These data suggest that the experience of living with HIV/AIDS is very similar for PLWHA in Queensland and in other States.

In summary, this survey revealed that nearly two-thirds of Queensland PLWHA are using antiretroviral drugs for HIV/AIDS as part of a triple combination regimen. In spite of the fact that many PLWHA experience difficulties taking these drugs, and unpleasant side effects, most respondents believe that antiretroviral drugs have improved the prospects of people living with HIV/AIDS. Furthermore, Queensland PLWHA generally express confidence in the efficacy and safety of antiretroviral drugs. Queensland PLWHA are less likely than other PLWHA to use prophylaxis for opportunistic infections. Nearly two-thirds of Queensland PLWHA use complementary or alternative therapies.

The results of this study also reveal that the majority of PLWHA in Queensland have direct contact with an HIV/AIDS-related organisation such as

the Queensland AIDS Council, and that they use these organisations for a range of services.

Fewer than two-thirds of the Queensland PLWHA who completed the survey are in paid employment, and most respondents reported that their main source of income is a government benefit. Of concern is the finding that 34% of the Queensland sample reported incomes below the poverty line. As a consequence, many respondents reported difficulties affording a range of expenses, including some of the “basics of life”. These findings suggest that many PLWHA may be in need of financial assistance and/or advice on financial planning to help them meet the costs of living with HIV/AIDS.

Few differences were found between Brisbane and rural/regional PLWHA in terms of the medical and health impacts of HIV/AIDS. Queensland PLWHA were significantly less likely than PLWHA from other States to report use of prophylaxis for opportunistic infections. This may be a reflection of the finding that PLWHA from Queensland were significantly less likely to have been diagnosed with an AIDS-defining illness.

Few differences were found between PLWHA in Brisbane and PLWHA in other parts of Queensland in terms of the social context of living with HIV/AIDS - specifically engagement with HIV/AIDS organisations, and use of services provided by these organisations. Patterns of therapy use were similar for PLWHA living in Brisbane and PLWHA living in other parts of Queensland. However, it is interesting to note that when asked about who they see as important sources of information about treatments for HIV/AIDS, PLWHA in regional/rural areas were less likely to mention doctors, and more likely to mention alternative therapists. This difference was observed despite no difference in the proportions actually using alternative

therapies. This finding suggests that PLWHA in Brisbane are more likely to use alternative therapies without consulting an alternative therapist.

The results presented here suggest that in Queensland the experience of living with HIV/AIDS is similar for PLWHA in urban areas and in regional/rural areas, and the experience of living with HIV/AIDS in Queensland is similar to the experience of living with HIV/AIDS in other parts of Australia.

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Acronyms Used in the Report

AFAO Australian Federation of AIDS Organisations

AIDS Acquired Immune Deficiency Syndrome

HIV Human Immunodeficiency Virus

IAESR Institute of Applied Economics and Social Research

NAPWA National Association of People Living With HIV/AIDS

NCHSR National Centre in HIV Social Research

NCHECR National Centre in HIV Epidemiology and Clinical Research

PLWHA People Living with HIV/AIDS