



AUSTRALIAN RESEARCH CENTRE IN **SEX, HEALTH AND SOCIETY**

DECEMBER 2000



HIV Futures II Regional Reports Queensland



A COLLABORATING CENTRE TO THE NATIONAL CENTRE IN HIV SOCIAL RESEARCH

FUNDED THROUGH A CARG COLLABORATING CENTRE GRANT FROM THE
COMMONWEALTH DEPARTMENT OF HEALTH AND AGED CARE

AUSTRALIAN RESEARCH CENTRE IN SEX, HEALTH AND SOCIETY
December 2000

HIV Futures II Regional Reports: Queensland

Jeffrey Grierson, Sebastian Misson and Philomena Horsley

Monograph Series Number 23
ISBN 1864465255



A COLLABORATING CENTRE TO THE NATIONAL CENTRE IN HIV SOCIAL RESEARCH

FUNDED THROUGH A CARG COLLABORATING CENTRE GRANT FROM THE
COMMONWEALTH DEPARTMENT OF HEALTH AND AGED CARE

Suggested citation

Grierson, J., Misson, S. and Horsley, P. (2000) *HIV Futures II Regional Reports: Queensland*, Monograph Series Number 23, The Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, Australia.

The Living with HIV Program can be contacted at

The Australian Research Centre in Sex, Health and Society,
LaTrobe University
215 Franklin Street
Melbourne 3000
Australia

Phone: +61 3 9285 5382

Email: hivfutures@latrobe.edu.au

HIV Futures I & II community reports can be found on the HIV Futures website:
www.latrobe.edu.au/hiv-futures

Introduction

The HIV Futures Study is the largest of its kind in Australia. It is designed to provide HIV, health and funding agencies, as well as the affected community, with a picture of the overall situation of people living with HIV/AIDS (PLWHA) in Australia.

The *HIV Futures II* survey was conducted by the Living with HIV research program at the Australian Research Centre in Sex, Health and Society, La Trobe University, in the second half of 1999. The survey asked PLWHA about their health, use of antiretroviral and complementary treatments, use of information and support services, and their housing and financial situation. It also asked about sex and relationships, people's social supports, recreational drug use, work situation and future planning.

This is the second time this national survey has been conducted. The research team held consultations with PLWHA and HIV organisations around the country in order to improve this follow-up survey.

The results of this study have been reported in the document *HIV Futures II: The Health and Well-Being of People with HIV/AIDS in Australia*. The HIV Futures Community Report contains a vast amount of information about the social impacts of HIV/AIDS including: treatment uptake and health management; the impact of HIV/AIDS on sexual practice; the involvement of respondents in community organisations, and the importance of HIV/AIDS organisations to PLWHA; the impact of HIV/AIDS on work and employment participation; and the financial impact of living with HIV/AIDS. This report relates specifically to people who were resident in Queensland at the time of the survey.

We recognise the importance of providing analysis of data for specific communities to assist with planning and policy. The series of state reports give an overview of findings for those states where there were a sufficient number of respondents. The reports cover the major areas of the main report and should be read in conjunction with it.

The people who completed the survey

The survey was completed by 924 respondents. This sample represents 8% of all PLWHA in Australia. Respondents ages ranged from 18 to 77 years (median = 38.0 years, mean = 41 years). The average time since respondents first tested seropositive for HIV was 9.8 years. The results relating to the total sample are reported in the document *HIV Futures II: Health, The Health and Well-Being of People with HIV/AIDS in Australia* (Grierson, Bartos, de Visser and McDonald, 2000).

The national sample under-represents gay men from NSW and over-represents women, heterosexual men, those from non-metropolitan areas and those from outside NSW. All data in the remainder of this report have been weighted based on mode of infection, gender, state of residence and diagnoses of AIDS defining illness in order to conform to the demographic profile detailed in the Australian HIV Surveillance report.

One hundred and thirty-seven Queensland PLWHA completed the HIV Futures II Survey. This figure is significantly greater than would be 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 Centre, Nambour Hospital, Queensland Positive People (QPP), Simon O'Connor at QPP, QPP Bundaberg, QPP Gold Coast, QPP Mackay, QPP Rockhampton, QPP Sunshine Coast, the Queensland AIDS Council (QAC), QAC Cairns, and QAC Townsville.

Among Queensland respondents, 92% were male and 8% were female. The ages of the Queensland respondents ranged from 28 years to 76 years. The average age for Queensland PLWHA was 44.2 years, which is similar to that of the rest of the sample. On average, PLWHA living in Queensland had been HIV seropositive for 9.3 years - a similar length of time to that reported by PLWHA from other States (mean = 9.9 years).

The vast majority of respondents had been infected with HIV through sexual contact: 74% cited homosexual or bisexual contact as the most likely transmission route, 7% reported injecting drug use, 8% cited heterosexual contact, 2% reported homosexual/bisexual contact and injecting drug use; 6% were infected by blood products or in a health care setting; and 2% were people with haemophilia infected through contaminated blood products. These proportions are similar to those reported by PLWHA in other states.

Major findings

The results reported below compare PLWHA from Queensland with PLWHA from other States of Australia, ie. the rest of the sample minus the Queensland respondents.

Current health

Most respondents reported that they currently feel healthy: 22% said that their health is *excellent*, 55% said that their health is *good*, 18% said that their health is *fair*, and 4% said that their health is *poor*. Sixteen percent of the Queensland respondents have been diagnosed with an AIDS-defining illness - a similar proportion to that reported by PLWHA from the other states combined.

More than two-fifths (45%) of respondents from Queensland have a major health condition other than HIV/AIDS - a similar proportion to the 40% reported by PLWHA from other States. The most frequently cited "other" health conditions included cardiovascular disease, respiratory illness, diabetes, haemophilia, arthritis, and hepatitis C. Around one in four (28%) PLWHA from Queensland have had hepatitis A, and 40% have had hepatitis B. Of the 71% of Queensland PLWHA who have been tested for hepatitis C, 32% have tested positive, 67% have tested negative, and 1% do not know the result of their test. This means that 22% of Queensland PLWHA have also tested positive for Hep C. A third (24%) of respondents are on medication for anxiety, 26% for depression, and 4% are on anti-psychotic medication.

Among Queensland PLWHA, all but one respondent had taken both a CD4/T-cell test and a viral load test (99%). This respondent had taken neither test. Respondents from rural Queensland had their last viral load and CD4/T-cell tests significantly less recently than respondents both in Brisbane and in the other states of Australia. Queensland PLWHA are significantly less likely to have had a genotypic antiretroviral resistance test in the last twelve months compared with PLWHA from other states (4% vs 15%). The results of respondents' most recent CD4/T-cell tests and viral load tests are displayed in Table 1 (below). Not shown in Table 1 is the finding that 5% of Queensland PLWHA have a CD4/T-cell count below 250 and a viral load above 50,000.

Table 1: Results of serological testing

Description	Result	Proportion
CD4/T-cell count	cells/ml blood	
little or no immune damage	over 500	50%
moderate immune damage	250 - 500	37%
severe immune damage	below 250	13%
Viral load	copies/ml blood	
below detectable level	below 200 / 500	57%
low	500 - 10,000	23%
moderate	10,000 - 50,000	12%
high	over 50,000	9%

Antiretroviral Therapy

Figure 1 shows the uptake of antiretroviral treatment for Queensland PLWHA. Over eight out of ten (83%) of Queensland PLWHA have taken antiretroviral drugs at some stage, of these 71% are using them currently. These figures are similar to those for PLWHA from other states. Of those Queensland PLWHA who have ever taken antiretrovirals 41% report that their health has improved on the medication, 22% reported that their health has stayed the same, 31% that it has fluctuated, and 6% that it has deteriorated.

Most (54%) 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. The most commonly reported side-effects from antiretroviral drugs are: diarrhoea (experienced by 45% of Queensland PLWHA experiencing side effects of antiretroviral drugs), nausea (24%), fatigue/lethargy (14%), headaches (14%), insomnia (13%) and indigestion (11%).

Nearly, three quarters (73%) of Queensland PLWHA who use antiretrovirals report difficulties in taking this medication. The most common difficulties among these respondents are remembering to take drugs on time (48%), organising meals around medication (32%), taking medication in public (25%), taking a large number of tablets (24%) and carrying medication (23%).

Eighteen percent of Queensland PLWHA missed at least one dose on the day before they filled out the survey, with a similar proportion (13%) missing a dose the day before that. Only 7% missed a dose on both days. Twenty-nine percent of Queensland PLWHA have taken a break from antiretrovirals at some stage, a similar proportion to that for other states. The reasons most commonly given for taking a break are side effects (21%), to clean out their system (9%) and to have a drug holiday (9%).

Figure 1: The uptake of antiretroviral drugs

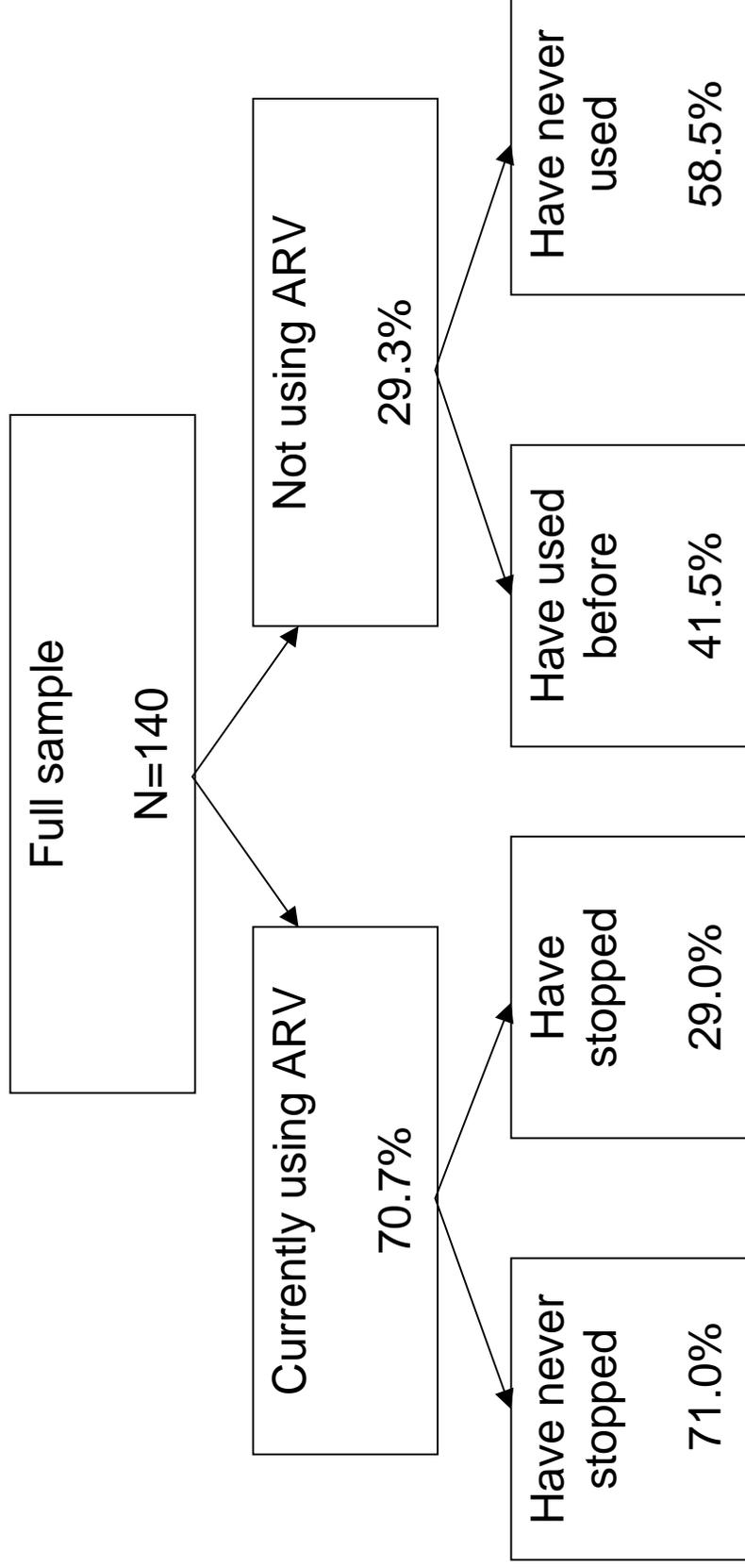


Figure 2 (below) shows that most (68%) of Queensland PLWHA agree that antiretroviral drugs have improved the prospects of most PLWHA, while 25% believe it is too soon to tell, and 4% do not know if antiretroviral drugs have improved the prospects of most PLWHA. Only three Queensland PLWHA (2%) think that antiretroviral drugs have not improved the prospects of PLWHA.

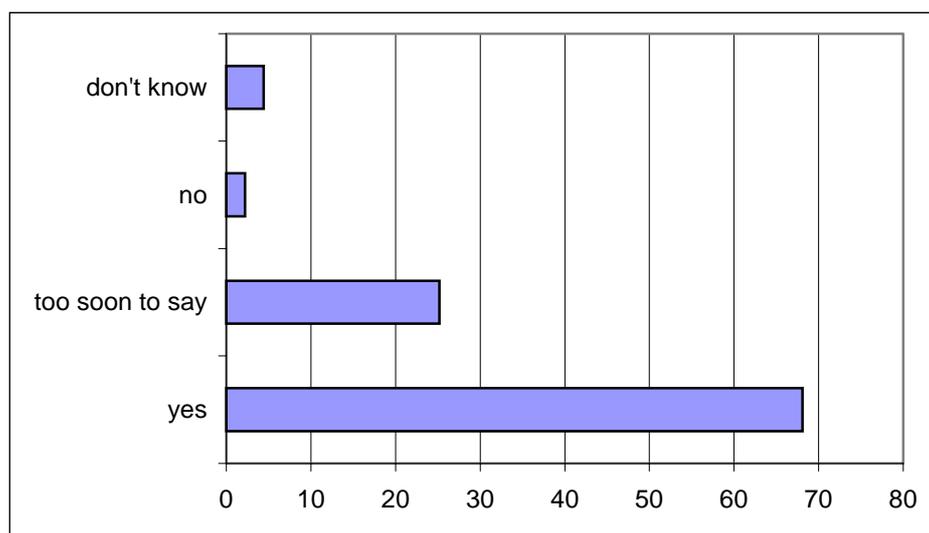


Figure 2: Opinions of Queensland respondents on whether antiretrovirals have improved the prospects of PLWHA.

Those Queensland PLWHA who are currently using combination therapy have done so for an average of 2 years and 11 months. The mean number of combinations they have tried in this time is 2.4, with a mean of 1.4 of these having been used in the past 12 months. They started on these therapies when their viral load was high (mean = 554,704.8 copies/ml) and their CD4 count was low (mean = 235.6). The most common circumstances surrounding the commencement of combination therapy for these respondents were doctors advice (84%), a drop in CD4 count (41%), hearing of the effectiveness of the treatment (39%) and new drugs becoming available (34%).

Among those who have tried more than one combination, the most common reasons for changing the last time they did so were: side effects (44%), resistance to their combination having developed (24%) and their current combination was not working (11%). Most felt they still had options left – 57% reporting they have many options, 30% a few, 11% one and 2% none.

Those Queensland PLWHA who have stopped using antiretrovirals had been using them for an average of 1 years and 11 months and had stopped an average of 2 years and 4 months ago. They have used on average 2.3 combinations. Of the Queensland PLWHA who had taken antiretrovirals and stopped only one respondent (7 %) reported that their health improved on the medication, 20% reported that it stayed the same, 40% that it fluctuated and 33% that it deteriorated. The most common reasons for stopping use of antiretrovirals were side effects (75%), they didn't fit in with the respondent's life style (25%) and taking a break to clean out the respondent's system (25%).

Of all Queensland PLWHA not currently taking antiretroviral medications, 91% reported that they would consider taking them in the future. The most common circumstances which the PLWHA report might make them start antiretrovirals are

becoming very ill (90%), a significant drop in CD4/T-cell count (66%), a significant rise in viral load (66%), hospitalisation due to HIV-related infections (69%) or on a doctor's advice (40%).

Prophylaxis and Complementary Therapies

Figure 2 (below) shows that while the majority of Queensland PLWHA use antiretroviral drugs and most use complementary therapies. Twenty-seven percent of the respondents from Queensland use prophylaxis for opportunistic infections - prophylaxis for *Pneumocystis carinii* pneumonia (PCP) and/or prophylaxis for other opportunistic infections.

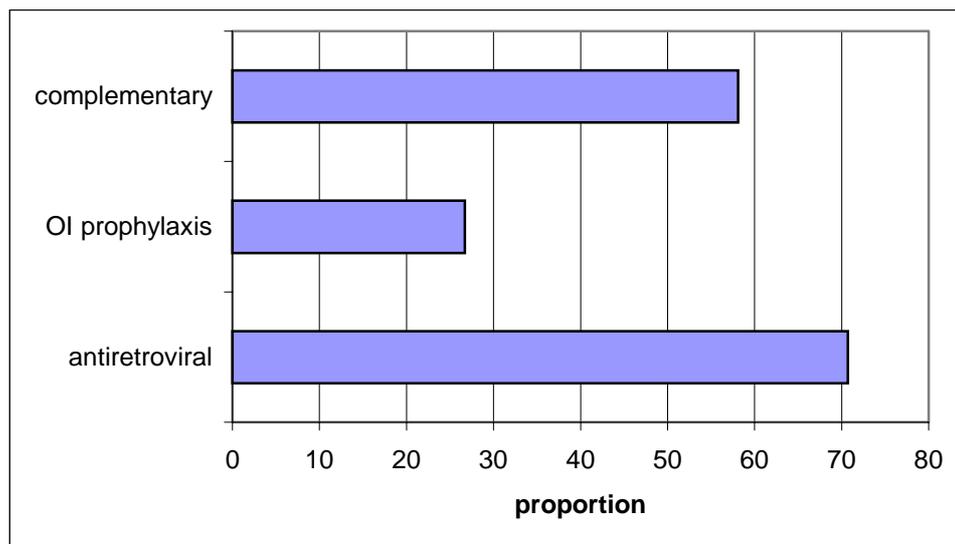


Figure 3: Use of therapies for HIV/AIDS

Over half (58%) of the respondents from Queensland use complementary therapies for HIV/AIDS. The most commonly used complementary therapies are vitamin/mineral supplements (81% of Queensland PLWHA who use complementary therapies), massage (54%), herbal remedies (34%) and meditation/visualisation (33%).

Attitudes toward complementary therapies were measured on a scale from 1 to 5, where higher scores indicate more favourable attitudes. Generally, Queensland PLWHA had favourable attitudes toward complementary therapies (mean = 3.46). PLWHA from Queensland had similar attitudes toward complementary therapies as PLWHA from other States (mean = 3.53).

Health Services

In the last 6 months the health services that Queensland PLWHA had most commonly used were an HIV specialist/physician (59%), an HIV organisation clinic (48%), a hospital outpatient clinic (46%), a GP who specialises in HIV (36%), an AIDS organisation social worker (27%), a sexual health centre (14%), an employment agency (12%), a hospital inpatient clinic (8%) and a hospital social worker/counsellor (7%). Queensland PLWHA were significantly more likely to have used an HIV specialist/physician, an HIV organisation clinic, an AIDS organisation social worker and an employment agency than PLWHA in other states. They were significantly less likely to go to a hospital outpatient clinic and a hospital social worker. A quarter (25%) of Queensland PLWHA have to go to more than one place to get all their prescriptions filled, a significantly smaller proportion than that for PLWHA in other states.

When asked who they usually see for HIV related treatment, PLWHA from Queensland were most likely to nominate a HIV specialist (46%), while 19% use a HIV/AIDS organisation clinic, 14% use a HIV GP and 13 % visit a sexual health centre. When asked who they see for general (non-HIV) medical care, they were most likely to nominate a generalist GP (32%), followed by a HIV specialist (26%) and a HIV GP (20%). These usage patterns are significantly different to those PLWHA from the other states.

Information and support services

Over three-quarters of the respondents (85%) have direct contact with an HIV/AIDS-related organisation. This is a similar proportion to that found among PLWHA in the rest of the country. Of those Queensland PLWHA in contact with HIV/AIDS organisations, 100% receive a newsletter, 59% are clients, 73% are members and 9% are volunteers. Of those PLWHA in the Queensland sample who do not have contact with an HIV/AIDS organisation the most common reasons given are not wanting to be involved (74%), not having time (21%) and not having transport (20%). There are no significant differences between Queensland PLWHA and those from other states on reasons why they don't have contact with HIV/AIDS organisations. Eighty-one percent of Queensland PLWHA who have contact with an HIV/AIDS-related organisation have contact with the Queensland AIDS Council, and 82% have contact with Queensland Positive People. Among Queensland PLWHA there was no relationship between having contact with the Queensland AIDS Council and having an AIDS-defining illness, or living in an urban area as opposed to a regional centre or rural area.

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

Service	HIV/AIDS Organisation	Other service organisation
Social contact with other PLWHA	54%	9%
Treatments advice	50%	12%
Counselling	43%	13%
Peer support group	37%	9%
Informal peer support	33%	13%
Financial assistance	29%	12%
Alternative therapies	26%	25%
Pharmacy services	16%	30%
Financial advice	14%	14%
Library	11%	21%
Mental health services	10%	17%
Housing assistance	9%	20%
Respite care	9%	9%
Internet access	8%	12%
Legal advice	7%	21%
Return to work skills	6%	15%
Drug/alcohol treatment	4%	13%
Employment services	1%	17%

Table 2 (above) displays the proportion of Queensland PLWHA who use each of the services provided by HIV/AIDS-related organisations. The data show that PLWHA use HIV/AIDS-related organisations for a wide range of services. PLWHA most commonly use these organisations for social contact, treatments advice, and counselling. PLWHA from Queensland were significantly less likely than PLWHA from other states to report that they make use of legal advice provided by HIV/AIDS organisations. They are more likely to take advantage of counselling services,

informal peer support, and social contact with other PLWHA by HIV/AIDS organisations.

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 a doctor specialising in HIV. However, nearly two thirds of the respondents rely on HIV/AIDS-related newspapers and magazines, and around half rely on the gay press and HIV positive friends which suggests that PLWHA seek information from a range of different sources. Queensland PLWHA were significantly more likely than PLWHA from other parts of Australia to report nurses as an important source of information about treatments.

Respondents were also asked which was the *most* important source of information. Doctors specialising in HIV were most commonly cited (79%) as such.

Table 3 also displays the responses of PLWHA to questions they were asked about whom they rely on for information about living with HIV/AIDS (but not about treatments). The sources of information about living with HIV/AIDS most frequently cited as being important were HIV magazines and newspapers and HIV positive friends. Queensland PLWHA were more likely than other PLWHA to cite the nurses as an important source of information. People from Brisbane were significantly less likely to use HIV negative friends as a source of information on living with HIV/AIDS than those in other areas of the state.

Respondents were also asked which was the *most* important source of information on living with HIV/AIDS. Doctors specialising in HIV (20%) and HIV/AIDS organisation staff (19%) were most commonly cited as such.

Table 3: Important sources of information for PLWHA

Information source	Source of information about:	
	Treatments	Living with HIV/AIDS
Doctor specialising in HIV	96%	56%
Other doctor	23%	21%
Nurse	36%	26%
Pharmacist	11%	7%
Alternative therapist	23%	24%
Treatments officer	29%	16%
Other HIV/AIDS organisation staff	28%	37%
Positive women's organisation	4%	7%
Injecting drug user's organisation	5%	5%
Haemophilia Foundation	0%	2%
HIV positive friends	44%	58%
Other friends	10%	24%
Partner/lover	11%	25%
Family	11%	16%
Gay press	54%	49%
HIV magazine/newspaper	64%	61%
Internet	16%	14%

The HIV-related publications most read by Queensland PLWHA are *QPP Alive* (78%), *Positive Living* (54%), gay newspapers (65%), the *HIV Herald* (36%), newsletters from community organisations (31%) and gay magazines (30%).

We asked respondents whether they thought lack of information made it difficult to make decisions about various issues surrounding living with HIV. Queensland respondents most felt a lack of information when making decisions on managing side effects (29%), legal issues (21%), and taking a break from antiretrovirals (20%). These figures were similar to those for PLWHA from other states.

More than a third (36%) of Queensland PLWHA had experienced less favourable treatment than other people when attending a medical service. This was a similar proportion to PLWHA in other states (31%).

Ninety-nine percent of Queensland PLWHA know other PLWHA - a similar proportion to that found among respondents from other states. 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 many Queensland PLWHA spend no free time with other positive people and under 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. One in four (24%) Queensland PLWHA has been involved in the care or nursing of another PLWHA within the last two years - a similar proportion to that found among respondents from other states.

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

Amount of free time	Proportion
None	20%
A little	34%
Some	23%
A lot	23%

Only 4 respondents (3%) from Queensland have not disclosed their HIV status to anyone. More than a half (54%) of PLWHA from Queensland have had their HIV status disclosed when they didn't want it to be. Respondents were asked to rate the amount of social support they received from different sources on a scale of 1 (*a lot*) to 4 (*none*). Queensland PLWHA received the most support from their partners (mean = 1.33), their pets (mean = 1.51) and their close friends (mean = 1.59). There were no significant differences in the ratings of support given to each group between PLWHA in Queensland and those in other states.

Items were included in the questionnaire to assess respondents' levels of depression (from the Beck Depression Inventory), body image and the meaning of HIV in their lives. The results from Queensland respondents can be seen in Table 5 (below). No significant differences were found between Queensland PLWHA and those from other states on these items. Agreement with the first four items in Table 5 is a measure of the extent of depressive symptoms. Among Queensland PLWHA 39% agreed or strongly agreed with none of these items, 27% with one item, 15% with two, 11% with three and 8% with all four. Agreement with all four items is suggestive of clinical depression. Queensland respondents have mixed feelings about their body image. Over half (54%) of respondents agreed or strongly agreed that they were happy with the way their body looks, however 51% agreed or strongly agreed that changes in their bodies due to HIV/AIDS had made them sexually unattractive. Respondents also have a positive attitude to their HIV. Most (55%) report that they do prefer to think about HIV even when they are well, and almost half (49%) felt that their life had become more meaningful since they were diagnosed with HIV.

HIV status was rated as being *important* to self-definition by most (58%) of Queensland PLWHA, while it was considered *essential* to 12% and irrelevant to 10%. This was not significantly different to the rest of the sample.

Table 5: Responses to mental health and wellbeing attitudinal items from the Queensland sample

	strongly agree	agree	disagree	strongly disagree
I cry or feel like crying all the time	5%	22%	48%	26%
I don't enjoy things the way I used to	12%	42%	32%	15%
I have lost interest in other people	7%	23%	49%	21%
I don't feel it's worth going on	5%	8%	43%	45%
As long as I'm well I prefer not think about HIV/AIDS	13%	42%	39%	7%
Changes in my body due to HIV/AIDS have made me feel sexually unattractive	11%	40%	35%	14%
I am happy with the way my body looks	10%	44%	38%	8%
Life has become more meaningful since I became HIV positive	14%	35%	39%	12%

Planning for the future

Respondents were asked to indicate how far into the future they plan when making major decisions about their future. Table 6 (below) shows the responses given by PLWHA from Queensland. Forty-two percent of Queensland PLWHA have changed how far they plan into the future in the last two years, of whom 69% had started planning for a longer time frame. Among all 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 (54%). 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 (58%).

Table 6: Time frame use by PLWHA when planning for the future

Time frame used	Proportion
One day at a time	20%
A few months ahead	31%
1 year ahead	24%
5 years ahead	10%
10 or more years ahead	14%

Accommodation

The majority (55%) of Queensland respondents live in Brisbane, while 36% live in a regional centre or town, and 9% live in a rural area. Compared to other PLWHA, Queensland PLWHA were significantly less likely to live in their state capital and significantly more likely to live in a regional centre.

Table 7 (below) shows that while many Queensland PLWHA own their home or are buying their own home, half are living in rental accommodation, while a small number live rent-free or in community housing. The vast majority (89%) of Queensland respondents believe that their current housing is suitable for their needs. Forty-four percent of Queensland PLWHA have changed their accommodation as a result of having HIV/AIDS. Among these, the most common reasons for change were having stopped working, (46%), moving to a quieter location (34%) and moving closer to health services (26%). Having stopped working was a more common reason for Queensland PLWHA who have moved due to HIV than those from other parts of Australia.

Table 7: Accommodation in which PLWHA live

Accommodation Type	Proportion
Own or purchasing own house or flat	37%
Private rental accommodation	40%
Public rental accommodation	12%
Live rent-free	6%
Community housing	4%

When asked with whom they live, 33% of Queensland PLWHA reported that they live alone, 41% live with a sexual partner, 19% live with friends or housemates, 4% live with dependent children, and 6% live with other family members.

Sex and Relationships

Respondents were asked to describe their sexual orientation or sexual identity. The majority of respondents were homosexual men (81%), and also included bisexual men (4%), heterosexual men (6%) and women (6%). There was also another 4% who had other sexual orientations.

When asked to describe their current sexual relationships, 34% reported that they are not currently sexually active, while 22% reported that they only have casual sex, 32% have sex in a monogamous regular relationship, and 11% have sex in a non-monogamous regular relationship.

Thirty-one percent of respondents who have a regular relationship are in a seroconcordant relationship - the remainder (69%) are in a relationship with an HIV seronegative partner, or a partner whose serostatus is unknown. Regular partners of PLWHA from Brisbane were significantly less likely than those of PLWHA from other areas in the state to be HIV seropositive. All but two (97%) of the respondents who are in a regular relationship have told their partner that they are HIV seropositive. Respondents were asked to indicate at what point in the relationship they told their partner that they are HIV seropositive. Respondents most commonly told their partner when they found out (37%) or that their partner already knew they were HIV positive when they started the relationship (19%). Of the remainder, two thirds (67%) told their partner at the start of the relationship, while another quarter (19%) did so within a few days. Respondents were also asked how their partner reacted when they told them that they are HIV seropositive. Many respondents (53%) said that it did not make any difference. Almost two-thirds (61%) of respondents reported that their partner was very supportive, and 30% said that they became closer, while 19% said that their partner was worried or scared and 2% (1 respondent) said that their partner was angry.

When asked about their patterns of condom use during sex with regular partners in the 6 months prior to completing the survey, 47% reported that they always used a condom, 23% reported that they sometimes used a condom, and 30% reported that they never used a condom. These proportions are similar to those reported by PLWHA from other States. 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, 67% reported that they always used a condom, 29% reported that they sometimes used a condom, and 7% never used a

condom. These proportions are similar to those reported by PLWHA from other States. 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 analysed, 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.

Respondents were also asked about their most recent sexual contact with a casual partner. For Queensland PLWHA, all of these sexual contacts were with male partners, and the majority (74%) involved vaginal or anal intercourse. The respondents most often didn't know the HIV status of their partners (67%), of the rest 37% were known to be positive and 63% were known to be negative. The majority (84%) of respondents who knew their partner's status did so because their partner disclosed this information. Amongst those who engaged in vaginal or anal intercourse, 80% of Queensland PLWHA used a condom. Low sample size again made it impossible to say whether condom use was affected by partner serostatus for Queensland PLWHA for their most recent sexual encounter. However, when the whole sample was analysed, it was found that PLWHA were more likely to use condoms when their partners HIV status was negative or unknown than they were when they're partner was HIV positive.

Recreational drug use

Table 8 compares the rate of use of non-prescription drugs of Queensland PLWHA with the general population using data from the 1998 National Drug Strategy Household Survey (AIHW, 1999). While alcohol, the most commonly used drug, was used by a comparable proportion of Queensland PLWHA to the general population, other recreational drugs (with the exception of injected cocaine and heroin) are used by considerably greater proportions. Queensland PLWHA used ecstasy, marijuana, LSD, and amyl significantly less commonly than PLWHA from the other states combined. Most PLWHA from Queensland were happy with the amount of drugs they took. Seventy-seven percent either disagreed or strongly disagreed with the statement that they use illegal drugs more than they would like, and 72% disagreed or strongly disagreed that they drink more alcohol than they would like. Less than one in five (19%) reported ever missing a dose of antiretrovirals due to the use of illegal drugs.

Table 8: Use of non-prescription drugs, PLWHA and general population rates

	Percentage of sample using in last 12 months	General population rates
Alcohol	80.3%	80.7%
Cigarettes	50.8%	26.4%
Marijuana	43.5%	17.9%
Amyl	26.7%	0.8%
Speed (injected)	12.1%	3.6%*
Speed (not injected)	11.4%	3.6%*
Ecstasy	9.1%	2.4%
Methadone (prescribed)	8.4%	0.2%
Heroin (injected)	7.6%	0.7%*
LSD/trips	5.3%	3.0%
Cocaine (not injected)	3.1%	1.4%*
Steroids (injected)	2.3%	0.2%
Methadone (non-prescribed)	1.5%	0.2%
Heroin (not injected)	0.8%	0.7%*
Cocaine (injected)	0.8%	1.4%*

*Rates in the AIHW report do not differentiate between injected and administered through other means. General population rates given for any use of substance.

Employment

Most (60%) Queensland PLWHA were not in paid employment at the time of completing the survey. Of the PLWHA who were working, 49% work full-time and 51% work part-time. Most Queensland PLWHA (82%) reported that being HIV positive has affected their career plans - 44% report that they stopped work, 24% report that it is more difficult to plan, 20% report that having a career is no longer as important, 14% have changed careers since diagnosis and 2% report they are now less likely to change their career. When asked the effect of antiretrovirals on their work plans 31% said they haven't changed, 15% that they considered stopping work, 18% that they haven't used antiretrovirals and 10% that they considered returning to the workforce. One in five (22%) of Queensland PLWHA report having been discriminated against at work as a result of having HIV/AIDS. Brisbane PLWHA were significantly more likely to have no trouble keeping their HIV status confidential at work than both PLWHA from other areas in Queensland and PLWHA from other states.

Fifty-nine percent of Queensland PLWHA who have ever worked have stopped doing so at some stage due to their HIV diagnosis. These PLWHA stopped work for an average of three years and eleven months. The last time they stopped working the most common reasons were low energy (60%), stress or depression (63%) and poor health (46%). When asked their HIV status at the time they stopped work 55% reported they were HIV positive but had not been ill, 34% they were HIV positive and had been ill, and 12% that they had been diagnosed with an AIDS defining illness. When they were not working 82% received government benefits. Less than half (42%) of these PLWHA have returned to work. The most common reasons for returning to work were financial issues (84%) and the desire to do something worthwhile (47%).

The 49% of Queensland PLWHA who are currently employed work an average of 30.8 hours per week. Most (71%) report that their job involves a moderate to very high stress level. Fifty-two percent of Queensland PLWHA who are working report that their capacity to perform their work duties is affected by having HIV/AIDS: these respondents reported that they tire quickly, work fewer hours, or have difficulty concentrating. Seventy-one percent of workers reported that they could *often* or *always* get time off work for medical appointments, 23% for counselling, 66% for sick leave, and 18% for volunteer work.

Forty-seven percent of Queensland PLWHA indicated that they are considering changing their work arrangements. Of these 51% want to start or return to work, 52% want to change the type of work they do, 24% want to reduce their hours, 11% want to increase their hours and 3% want to stop work. Queensland rural PLWHA are significantly more likely to want to reduce the hours they work than PLWHA from Brisbane and PLWHA from the other states. Most of the PLWHA who want to change their work arrangements perceived that this would be difficult: 36% believe it will be *very difficult*, 53% believe that it will be *somewhat difficult* and 11% that it will be *not at all* difficult.

Finances

Given the large number of PLWHA in Queensland who are not in paid employment, it is not surprising that 61% of respondents reported that their main source of income is a government benefit, pension, or social security payment. Thirty percent of respondents reported that a salary is their main source of income, while 7% reported superannuation or an annuity as their main source of income, and 2 respondents (2%) reported that they receive financial support from their partner and/or family

members. Incomes for Queensland PLWHA are significantly lower than those for PLWHA in the other states combined. Over half of the Queensland respondents reported annual incomes below \$15,000. Respondents' incomes are displayed in Table 9 (below).

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 September quarter of 1999 (IAESR, 1999) were used to calculate the proportion of PLWHA with incomes below the poverty threshold. Among Queensland PLWHA, 37% reported incomes below the poverty line. This figure is similar to the 29% found for the rest of the sample.

Table 9: Income reported by PLWHA

Weekly income	Yearly income	Proportion
\$0 - \$150	\$0 - \$7800	7%
\$151 - \$270	\$7801 - \$14040	55%
\$271 - \$390	\$14041 - \$20280	12%
\$391 - \$510	\$20281 - \$26520	14%
\$511 - \$630	\$26521 - \$32760	8%
\$631 - \$750	\$32761 - \$39000	3%
\$751 -	\$39001 -	2%

Respondents were asked a series of questions which assessed how difficult it is for them to meet the costs of living with HIV/AIDS. The results in Table 7 (below) demonstrate that while many PLWHA reported difficulties in meeting the costs of social activities such as entertainment and going 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.

Particularly noteworthy is the finding that one in eight Queensland PLWHA find it *very difficult* to meet the cost of food, and that a quarter find it *very difficult* to meet the cost of utilities (telephone, gas, electricity). It is also interesting to note one-quarter of the respondents who use complementary/alternative therapies find it very difficult to meet the cost of this treatment. Queensland PLWHA reported significantly more difficulty than PLWHA from other states in meeting the costs of entertainment, sport and transport. Rural Queensland PLWHA reported more difficulty paying for their AIDS medications than did both Brisbane PLWHA and PLWHA from outside Queensland.

Table 10: Difficulties meeting the cost of living reported by PLWHA
(proportion of respondents who use each item)

Item	Not difficult	A little difficult	Very difficult
Co-payment for medication for AIDS	62%	31%	6%
Other prescribed medication	56%	35%	9%
Medical services	56%	27%	17%
Complementary therapies	43%	35%	23%
Support services	70%	20%	11%
Entertainment	31%	34%	35%
Going out	28%	33%	39%
Sport	41%	31%	28%
Recreational drugs	30%	30%	39%
Travel / holidays	20%	26%	54%
Rent / mortgage / housing	43%	41%	16%
Utilities (phone, gas, etc.)	34%	43%	23%
Food	46%	41%	13%
Clothing	31%	36%	33%
<i>Transport</i>	49%	38%	13%
Child care	43%	32%	26%

Detailed analyses of sexual behaviour and condom use are reported in the document *HIV Futures II: The Health and Well-Being of People with HIV/AIDS in Australia* (Grierson et al., 2000).