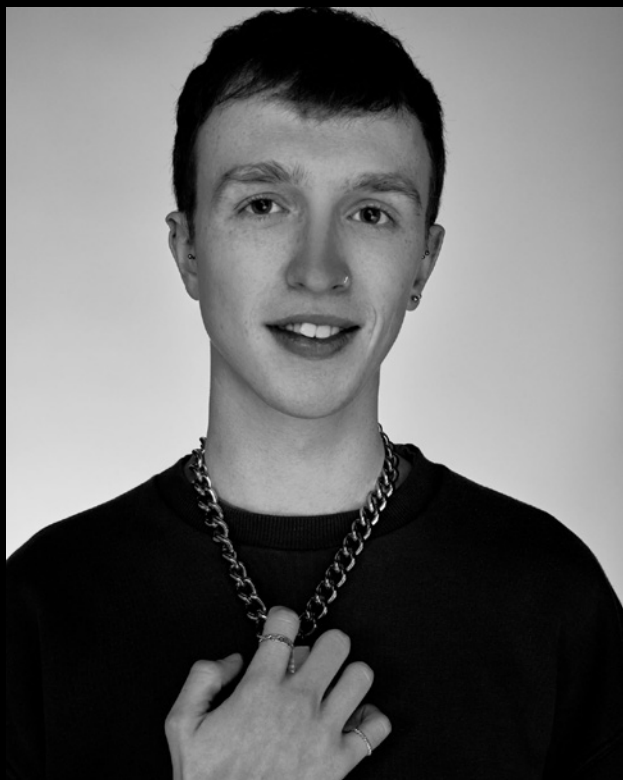


from the beautiful HIV+ community

DECEMBER 2022

# BEAU



№ 3

# BEAU

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BEAU is a **Love Tank** production,  
funded as part of the **Fast  
Track Cities** 'London Stigma  
Empowerment Programme'



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LETTER



by Marc Thompson

We're BACK!

After our debut issue and our second 'difficult album', a warm hello from issue three of BEAU magazine. They say "Three's the magic number" so we hope we've scored a hat-trick with our latest of news, features, and the views of our amazing Beaus.

We had a great response to the last issue. Particularly around our cover star Ben Collins who led our main feature on Long Term Survivors. We had wonderful feedback about giving space to older men with HIV. At BEAU we aim to cover the full spectrum of the lives of queer men living with HIV, so in this issue we scooted to the other end of the age range.

With the success of HIV treatment, new diagnoses in the UK continuing to fall, and HIV becoming less visible, there is a perception that HIV only affects older men. And that men under 30 are less likely to acquire HIV because they have more information, knowledge, and access to prevention tools such as PrEP. Yet HIV has always and continues to impact younger men. When we think back to the epidemic of the 1980s and 1990s, we are reminded of images of sick and dying young

men. We hear the stories of young lives cut short and futures denied. I was diagnosed aged 17 and remember how challenging and isolating it was. Not only are you dealing with growing up and finding your place in the world, you have to navigate a potentially life-threatening illness and all the associated stigma.

Of course, it's fantastic that fewer young lives are affected by an HIV diagnosis compared to a few years ago, but it still happens. For this issue, our cover star George Westwood, explores what it means to be a young gay man, diagnosed and living with HIV in an era of U=U, PrEP, and social media. George speaks to other young men under 25, to learn about their experiences and how they navigate the world. Their narratives are powerful and inspirational. They are the role models and friends I wish I had when I was younger. They give me hope for the future of young people living with HIV.

We welcome back Michael O'Dea, the chemsex and stigma empowerment lead at Terrence Higgins Trust, who gets all Sexy, Sexy! Sex is an important part our lives, yet as men living with HIV the conversation doesn't often go beyond not passing HIV on to our

partners or avoiding STIs. What about pleasure and intimacy? Or whether you're having too much sex or not enough? We asked Michael to tell us what sex means to him and how he finds fulfillment.

And on the subject of sex, we are so excited that porn creator and activist Kayden Gray is our "This much I BEAU" star. Check out those cheeky pics!! Our resident coach, Jim Fielder, is also back with more tips and tools to help you become the best you. This month Jim focuses on resilience, something that many of us will have had tested and one that we can benefit from trying to strengthen.

We've already started to plan for issue four and are really excited to bring BEAU off the page and into the real world with the launch of our Connect Life Coaching programme, in February 2023. If you'd like to share your story in a future edition of BEAU, we'd love to hear from you. Get in touch and tell us about being part of our beautiful HIV community.

It's getting dark and cold out there, so snuggle up with something or someone warm and let our Beaus guide you through the winter months.



# News with Simon Collins Round-up

## The latest in HIV treatment & news

Simon Collins is an HIV positive treatment advocate at [i-Base.info](http://i-base.info) which he co-founded in April 2000. i-Base supports HIV positive people to take an active role in their own health care.

### European HIV news

Every two years, COVID permitting, Scotland hosts an important European HIV Conference in Glasgow. Many of the scientists, doctors and community activists use annual leave to attend these meetings. They stay in budget hotels, and wrap up warm because it is often both wet and cold.

This year the programme was especially dynamic and relevant, as it included a focus on people living with HIV during political conflicts, the latest news on monkeypox, early data on new drugs and new approaches to PrEP and PEP - plus much more.

You can find out more at the conference website: [www.hivglasgow.org](http://www.hivglasgow.org)

And reports from Glasgow here: <https://i-base.info/ntb/44304>

### MPOX review

A session on MPOX (formerly known as Monkeypox) included five talks covering current cases, treatment, vaccines and community responses.

It also included Harun Tulunay, a gay man living with HIV, who posted early on in the outbreak YouTube videos of his experience - which showed many of us the reality of living with MPOX.

Luckily, MPOX cases are now dramatically lower with less than 10 people diagnosed in England each week in November. Experts still worry about outbreaks in the future though.

Vaccines and second vaccines are now available at clinics across the UK.

See more: <https://i-base.info/monkeypox>

### HIV in Ukraine and migrant communities

Several opening talks provided a desperately needed focus on the ongoing war in Ukraine. They reported on HIV treatment and prevention services both for people who remained in Ukraine and those who migrated to other European countries.

We learned how Polish HIV services adapted to provide free ART for thousands of new migrants living with HIV, some previously undiagnosed. Through all the difficulties of interrupted and changing treatment, viral load is now undetectable in 90% of these migrants.

Another talk explained that even though many hospitals in Ukraine have been bombed to rubble, sexual health services are still needed. With international help, PrEP has expanded. More than 7000 people are now on PrEP in Ukraine - roughly 40% are gay men and 35% are people whose partners are HIV positive. PrEP was adapted for soldiers who need longer prescriptions.

Other talks covered experiences of other people who have been displaced due to conflicts, including Syrian refugees in Turkey, migrant experiences in Latin America and Africa and women in and from Afghanistan.

How to support Ukraine: <https://i-base.info/ntb/43798>

### Future HIV meds: lower doses and injectables

Today's HIV meds are already pretty good, but researchers are still pushing for better alternatives. At Glasgow there was breaking news that research into Islatravir will continue. Studies were stopped last year because of an unexpected side effect, but this should no longer be a problem using the lower daily dose of only 0.25 mg. Compare this to the dose of any other medicine you take... There were more studies on injectable ART and on an immune-based treatment called N6LS, that is much more exciting than its name.

### Other sexual health news

Other developments to improve our sexual health were covered by French researcher Jean-Michel Molina. This included a new way to reduce STIs by having antibiotics at home to use as PEP. Called DoxyPEP, people at high risk take the antibiotic after sex to reduce risk of gonorrhoea, syphilis, or chlamydia. US studies might start soon. Also, possible vaccines for these bacterial STIs.

Sheena McCormack from the UK challenged the way that HIV PEP continues to involve taking three HIV drugs for a month. Based on a review of PrEP studies, researchers should study whether using fewer drugs for a shorter time might be just as effective. Starting PEP asap will still be important though, ideally within 24 hours of any risk.





ORDINARY GUYS, DOING ORDINARY THINGS

# Coffee date

with Ant Babajee

Each issue, we profile 'regular' positive guys and highlight how they live well, and beyond their HIV status. For our third issue, we caught up with 44-year-old Ant who has been living with HIV since 2007.

Ant is a digital marketing manager at Middlesex University, where he is also co-chair of the LGBT+ Network. Originally from Somerset, Ant has been living in London for more than 15 years. He lives in Brent and recently graduated with a Postgraduate Diploma in Public Health.

**Hello Ant!**

**Tell us a bit about what you do and what you enjoy about it?**

I work in the digital marketing team at Middlesex University. As I manage a database, I jokingly describe myself as the data queen! I love the diversity of our students and my colleagues - it's certainly never boring working there. For the past four years, I have been co-chair of our LGBT+ Network. I graduated earlier this year with a postgrad Diploma in Public Health, which I studied part time. I've volunteered as an HIV peer mentor for years, and in the past few months, I've started an apprenticeship at Middlesex Uni to learn how to be a coach. I'm really fortunate that when I took the decision to go public at work about my HIV status in 2017, I was supported by colleagues who went out of their way to thank me for telling my story. On my encouragement, Middlesex Uni has put in place guidance for managers so that they know how to confidentially support any team members who may decide to share their status with them.

**How does HIV impact your daily life?**

Very little if I'm honest. I take two pills once a day, and I've been on the same meds - minus one pill - since I started in 2010. I describe myself as 'unashamedly undetectable', but still the biggest challenge for me is, and always has been, the stigma and shame that surrounds HIV. I can do my bit to inform others and change their attitudes, but ultimately what's most

important is being comfortable in my own skin.

**What do you know now that you wish you'd known when you were first diagnosed?**

That I don't have to settle for second best. When I was diagnosed in 2007, U=U (Undetectable equals Untransmittable) wasn't a thing. I tended to stick to other positive guys as potential partners, which was limiting to say the least as there aren't so many of us. Earlier this year I celebrated the 15th anniversary of my diagnosis. It was a moment to reflect on how much I have grown in confidence and resilience - for me HIV has always been much more a condition of the soul than the body. But it's also important to remember how far we have progressed with biomedical treatment and prevention. I can live and love without fear these days.

**How do you 'live well' with your HIV?**

Keeping all aspects of my life in some sort of balance is really important. I'm trained as a Mental Health First Aider, but I have to say I'm still working at finding the right balance in my life. Information is power, and finding out more about HIV and becoming a treatment advocate has helped me to feel in control. Helping others to feel more empowered too has given me a fantastic feeling of fulfilment - I know I can be really valuable. Don't be afraid





to ask questions about your care. Seek out those people who build you up rather than knock you down - I found my closest circle of friends through volunteering.

**Who or what inspires you?**

I admire those people who have faced adversity and have still succeeded on their own terms, and hopefully had a lot of fun on the way. My favourite artist is Keith Haring - not just because I love his art, but because I love his activism too. There have been so many incredibly inspiring people I have met as an HIV activist and advocate. I also admire people in the public eye who use their power and privilege to amplify the voices of those people who are repressed. People who punch up metaphorically rather than down are incredibly inspiring and attractive.

**What advice would you give to your 17-year-old self?**

Don't try to please people or to get them to like you. There are guys out there who will like and love you just the way you are. Just be unapologetically and unashamedly yourself, and you can't go wrong. Don't ever be afraid to use your voice, especially if you see something that isn't right, or if you spot someone

interesting you want to talk to. It's nearly always better to regret what you did that didn't turn out quite right than to regret what you didn't even try - you'll never know how good it might have been. Grasp opportunities that come your way, but don't be afraid to say no sometimes.

*Ant's favourite things*

**Book**

Growing up gay in the 90s in the era of Section 28, most of my first Pride marches were to protest against it and you didn't see guys like yourself on TV much, if it all. Before Heartstopper, there was Beautiful Thing and Get Real - both films that are well worth revisiting, and which were incredibly meaningful for me as a teenager. But my first choice would have to be the original series of Queer As Folk. Russell T Davies has to be my favourite screenwriter: I fell in love with Doctor Who when he revived it in 2005, and then there was Years and Years, and It's a Sin too. I can't tell you how out-of-this-world the news is that Russell is coming back to Doctor Who along with David Tennant and Catherine Tate.

**Album**

Featured in the soundtrack to Queer as Folk, Coming Up by Suede is one of my favourite albums, and Suede are one of my favourite bands. Every track is flawless. The fact I got to see them again in concert at Alexandra Palace last year - my first much postponed gig after the pandemic - playing all the tracks from this album was just the best thing. A little-known fact for you: Keeley Hawes, who starred in It's a Sin, features in the video for the last track, Saturday Night.

**Gaming**

Sonic the Hedgehog! By now you've probably realised that I came of age in the 90s. I was firmly a Sega Mega Drive boy rather than a Nintendo one. The Blue Blur has found his stride again recently - there have been two box-office-smash films with a third in production, and Sonic Mania and Sonic Frontiers are the video games I've been longing for since I was a teenager. I love that my seven-year-old nephew is also a Sonic fan. That's when he's not playing Mario Kart!

**Theatre**

Profound and multi-award-winning, Matthew Lopez's The Inheritance, a re-envisioning of E. M. Forster's Howards End for 21st-century New York will

shatter you and simultaneously be life affirming. I was lucky enough to watch the first previews of this two-part epic at the Young Vic. It has just closed off Broadway, and I really hope the theatre production will be made available to stream soon. For now, revisit the script - to know who you are where you've come from.

**Music**

I saved the oldest and arguably the best highlight until last. What can I say about the Eurovision Song Contest?! Some would say it's their cultural lowlight - that Saturday night in May where we jet off to some far-off European city or in 2023 just up the M6 to Liverpool, which is hosting on behalf of Ukraine. Contrary to popular belief, Eurovision is not just for one night a year, but it is for life. I have loved it since I was kid, especially the voting. I've been lucky enough to go to watch it live four times over the past decade: Copenhagen - where I got to meet Conchita Wurst at the airport on the Sunday morning after - as well as Vienna, Stockholm and Lisbon. I am beyond excited that the UK is going to be hosting. Eurovision might be a political football at times, but it has one of the loveliest crowds that you'll ever meet. It really is the fans that make Eurovision so special.







SPOTLIGHT



# Joshua Royal

Photo by: [menart.co.uk](http://menart.co.uk)

dance  
royalty

Photo by: menart.co.uk

**Joshua Royal, 31, dancer.**

Joshua, born in Sri Lanka and brought over to the UK where he was adopted by British parents in Oxfordshire, has always had a passion for dance. He first fell in love with ballet after watching the Nutcracker with the English National Ballet when he was only four years old. He knew immediately that's what he wanted to do but his mum was less keen as she worried that he would be bullied at his all-boys school. Nothing, however, could stop Joshua from dancing on the classroom tables. He remembers his mum saying to him "if only you would learn your tables instead of dancing on them"

From excelling at evening ballet classes, he was encouraged to audition for the Royal Ballet School, getting accepted at age eleven. There he discovered there were other boys like him with a love of smoke machines, disco lights, and silver balls and who loved to dance around the kitchen and put on shows for their families.

During his five years at the Royal Ballet School, he got the chance to perform with The Royal Ballet at the Royal Opera House and to meet

Prince Charles. But it was also the start of some tough times. Joshua was diagnosed with bipolar disorder and from being a confident, enthusiastic child, his dance training led to a loss in self-confidence. After graduating at age sixteen, he moved to the Central School of Ballet and was awarded a scholarship to The Rock School for Dance Education in the United States. He loved the style of ballet there but was so homesick that he left after one year.

Joshua's feelings of insecurity and lack of self-worth took a toll on his mental health. After a dark period in his life, he was diagnosed with HIV in 2015. He hung up his dancing shoes, opting to live a 'normal' life for the next six years. In time though, he came out of the shadows and found a community. This change and discovery of community enabled him to realise what he wanted in life - to return to his career and passion, dance.

After more training at The Royal Academy of Dance and completing a teaching Diploma, Joshua set up his own dance classes in London as well as



## SPOTLIGHT

Photo by: [rodweyphotography.com](http://rodweyphotography.com)

teaching at various dance schools. He now teaches at a Special Educational Needs school in London and hopes to bring adult ballet classes, as well as dance therapy, to students in the future.

As he says 'It's so rewarding to see the development and progress of a child and, for me, this transition back into dance has given me a purpose again.'

In 2020 during the Covid pandemic he decided to create an event called The Naked Truth for World Aids Day in the hope of ending HIV stigma through the arts. It started off as an online arts event featuring dancers, musicians, singers, activists and poets from around the world who, including Joshua, created short films and interviews on the topic of HIV and the stigma surrounding it.

After raising over £1,500 for the Terrence Higgins Trust and being featured in the Dancing Times in 2021, he plans to create a live gala event of The Naked Truth and fundraise for Positive East, another UK based HIV charity. He hopes to feature a night

of drag, music, dance and poetry for World Aids Day 2023.

His love for dance, he tells Beau, is God's gift to him. He knows that HIV does not define him and has not stopped him from fulfilling a life in dance.

'It's the best feeling when losing myself with the music and expressing my emotions without words - I feel so alive I can move as if nobody is watching. I was born to dance and the dancer in me will be with me till the day I die.'

He is passionate to inspire the next generation of children, through his dance and his HIV activism. He also knows that as long as he stays on treatment he can't pass on the virus to his HIV negative partner and as they look to settle down together, they hope to start a family of their own.

To see more of Joshua' work, visit: [hivthenakedtruth.com](http://hivthenakedtruth.com)







FEATURE

# Young, queer, & HIV+

Four twenty-something  
year olds tell all.

by George Westwood

There's a strange duality to getting an HIV diagnosis. At first, you experience a huge loss of identity and feeling unsure as to whether you'll ever find love or be accepted in social circles. And then, with time, the diagnosis gives more to you than it ever took away.

I was diagnosed with HIV at 19. In an era of U=U, where medication means that I am not a danger to future lovers or friends. Despite this, and this is also born out from conversations I've had with many who were diagnosed years or even decades ago, hearing those four words: 'you are HIV positive' isn't any easier to take in now than it was then.

But why is that? I sat down and chatted to Eli, Michael, and Sam. Three people with whom I share some of the same labels: young, queer, and HIV+. Michael, Eli, and myself all work in HIV and sexual health, whilst Sam works in HR for a tech company. We're all in our early twenties.

What I learnt from those conversations is that for young people in 2022, the social ramifications of an HIV diagnosis far outweigh the medical ones. Medical experiences of HIV have changed, and are now largely managed. Social experiences however, have not. Stigma, whether internalised or actually enacted from others, manifests as isolation, mistrust, fear of rejection, and anxieties around forming relationships. We are socially diagnosed with HIV.

It's not news that receiving an HIV diagnosis is difficult, but I wanted to explore what that diagnosis means for young people today. Like me, Sam was 19 years old when he was diagnosed in 2017. He told me that "there weren't that many young people to talk to". This is confirmed by the numbers. In 2019, of the 4,000 people diagnosed with HIV in the UK, only 393 of them were aged 15-24 years old - that's 7.7%. Sam told me that not having other young people he could relate to around this made it more difficult.

I shared my own experience with Sam, including that at first, I found my diagnosis a lonely place. But that being said, if anyone can be grateful for an HIV diagnosis, I am. And I know countless others feel the same, particularly when we acknowledge the huge medical advances that have been made since the early days of the AIDS epidemic.

Michael, Eli, Sam, and myself have all been living with HIV for varying amounts of time, but our stories share striking similarities. We sometimes speak publicly about HIV, and we all often do that for the same reason: in



the hope that just one other young person living with HIV might feel seen in a community within which they often might not. As Eli reflected: 'doing it alone, that was the hardest part'.

It's hardly surprising that self or internalised stigma was a big talking point in our conversations. Even today, sex and sexual health for most young adults exists within the context of having been taught about it through the lens of shame. Gay sex and gay sexual health were words that weren't even muttered in a school hallway. Some of us didn't even have sex education. Eli told me: 'I had one sex education lesson in sixth form, and then I moved to college, and I didn't have any sex education there.' And Eli's school isn't the anomaly here. Michael echoed the same message, telling me: 'Sex education wasn't something that I ever received, I remember watching one video. It gave me no concept as to what HIV was', with Sam volleying the question back to me: 'what sex education?' And I know that this is the general consensus amongst my gay friends too. We are outsiders in a world we don't understand, and an HIV diagnosis only adds fuel to that fire.

In the early days of the four of us living with HIV, dealing with self-stigma felt like a constant battle. Despite us all now 'thriving with HIV', a phrase that was used across our conversations,

self-stigma still throws up barriers when we least expect it. Michael told me that the self-stigma, for him, manifests in lack of self-confidence and fear around dating, friendships and sex. We fear, or have feared, them all. And that fear, for Michael, didn't come from a lack of knowledge or understanding. It came from the social diagnosis. He told me, loud and clear, that it wasn't that he misunderstood what was happening to him when he was diagnosed with HIV. The problem was that U=U hadn't been prominent in health messaging, and PrEP and PEP programmes were not fully established. So it became almost inevitable that he would internalise those same stigmatising views that he held about the virus before his diagnosis.

Sam told me a similar story. He described his HIV diagnosis as 'weird'. Accompanied by 'the loveliest nurse who chatted to him for an hour about everything', he left the clinic thinking everything was fine. Then, as time went on, he realised it wasn't. He went on to develop agoraphobia, feeling 'too scared' to leave his own flat. Sam added that with poor education around sexual health and HIV in schools, and the public's general knowledge and understanding around HIV being very out of date, it's hard to believe that young people wouldn't experience self-stigma when diagnosed.

For all four of us, our self-stigma became apparent at the moment of diagnosis. Eli, echoing my own story, told me how he got to the point where he was showering three times a day just so that he could keep telling himself that he was clean, not dirty. But the use of the adjective 'dirty' highlights the shame and guilt around feeling labelled as being a 'disease spreader'. Eli and I had to laugh at the end of this chat, recounting shared experiences of crying in the shower – just so no one would know.

Self-stigma is, in many ways, the embodiment of isolation. The feeling that no one quite understands what you are going through. The feeling that, to put it simply - you are alone. I have since reflected on self-stigma since having these conversations, and I have determined that it is something that will never completely go away. As Michael described it, self-stigma is 'the scar of the traumatic experience that I went through'.

I hope in years to come, when queer sex and relationship education is something that doesn't feel so revolutionary, HIV stigma will be a thing of the past. Adults of tomorrow will be taught accurate representations of what it is like to live with HIV, and young people being diagnosed won't need to carry the burden of that social diagnosis.

The conversation around self-stigma soon turned to how others perceive us. It was interesting that, despite our differences, our own networks saw us in similar ways. It's almost as if our HIV diagnoses gave us a set of attributes to live with. Both Eli and Michael told me that 'everyone sees me older than I am' and that 'I am wise for my age'. Living with HIV is certainly a complex issue for a young mind to have to overcome and as Eli said, something that 'feels like a huge responsibility'.

Others perceive us as support systems. As educators. As the 'know-it-all of sexual health'. We are the people our friends come to – not just on HIV, but also syphilis, gonorrhoea, monkeypox, and contraception. I can't begin to tell you the amount of messages I've received on social media asking when is the right time to take a test is or what are the symptoms of such and such sexual infection, which I might never have had! Eli recalls a tale that many of us living with HIV who studied at university will know well - logging onto the 'Liverpool drug checker' to check if our HIV meds would mix with the chosen weekend recreational drug. 'I became the HIV recreational drug resource for my friends', he said.

But then maybe this perception of us as sexual health gurus comes from the fact that we all now work in sexual





"HIV has defined a fundamental part of who we are and have become as individuals. It has connected us with each other and with other people, and for some of us, put us on a new path.

For that, I am grateful."



health. Sam joked with me as he told me the reason his friends saw him as the expert on all things sexual health was likely due to the fact he can 'play bingo with the STIs' he's caught, rather than the fact he's living with HIV. Other factors for Sam included living in London and previously dating medics - all providing him with a catalogue of sexual health knowledge.

We then turn to the flip side of the same coin. Where heads is 'you know everything about sexual health', and tails is 'you have HIV, stay away from me'. I spent some time in conversations with all the guys - and also reflecting, whilst writing this piece - trying to unpick how exactly HIV stigma works. 'The expectation is on us to be the perfect people with HIV, because we're young. That expectation - you know - being undetectable, taking your meds, not letting HIV get to you', Eli said. But what we don't acknowledge in the dialogue is that, as young people, we got HIV in what might be described as the perfect time to be diagnosed - if a perfect time does exist? We have effective treatment. We can't pass HIV on. We can get to live a long, healthy and happy life. All of that is true. But at the same time we can't just ignore that living with HIV is often hard. Taking medication every day for the rest of your life isn't easy, and sometimes it's okay to hold your hands up and say: 'you know what, this virus is shit'.

Sam told me how he feels lucky to be living with HIV in London. 'More people know about U=U, more people know about HIV', but he wouldn't, he says, ever put his status on dating apps. 'I've seen people that do, and the abuse they get. I'd rather not deal with that noise'. It comes back to that social diagnosis. The notion that we aren't really medically diagnosed with HIV is backed up by the stories I hear. None of them refer to the difficulty of taking medication, or the side effects of drugs, but rather to the side effects of social groups knowing they live with HIV. I went public with my own status because I thought it was safe to do so. The reaction from my close circle was positive and I didn't feel like I had anything to hide. But then, when I entered the realms of social media, you would be forgiven for thinking I'd just committed a crime. My nudes were posted on the internet with the tags 'HIV hole' and 'he tried to give me HIV'. I was later refused a tattoo because of my HIV status, and with that, the stigma had taken its stronghold.

'I wish I knew then what I know now', Eli commented. Not some reference to Katy Perry's critically acclaimed *Wide Awake*, but in reference to dealing with HIV stigma. 'If I knew what I know now, I could have been a stronger person'. I'm sure many other young people feel that way too, but as Eli concluded: 'it is all a journey'. Sam and Michael both reiterated the

same sentiment, with Michael telling me that he really had to work on not caring what people thought about him. I wish, in many ways, I had known more about HIV when I was diagnosed. I remember being eager to be the one who determined the outcome of my story. But life isn't like that and because of our journeys since diagnosis, all of us - Sam, Michael, Eli, and me - now get to be the best at living with HIV. I wouldn't change that journey for the world.

Finally, and as a letter to those who came before us, I want to touch on the issue of guilt. It presents in different ways for all of us young people living with HIV, but at the core of it is the feeling that we are in fact the lucky ones today. We remember that so many young gay men before us didn't get the opportunity to live long healthy lives. Older queers today watched their friends die and we understand that. 'Being HIV positive and feeling good in yourself, there's a guilt that comes with that', commented Eli. Sam and Michael both struggle to consume media around HIV that references the past. For Michael, the justification of why he is upset is difficult. He told me of a feeling that he doesn't deserve to be upset about the HIV epidemic - as though anyone needs a qualifying reason for a human emotion. Sam made it clear too. 'Watching things such as 'It's A Sin' or looking at old photos, they hit a lot harder now that

I'm HIV+, more than ever before'. To the ones who came before us, thanks for helping us, and for everything you've done.

But in that same breath, we ask that you welcome us into your spaces. We know the fight before us was tough, but the fight ahead is tough too. Our numbers are getting smaller and I agree with Eli that the future for young activists is a daunting one. The guilt we feel - if it can be called guilt - shapes our motivation and gives us inspiration for what is left to achieve for those that come after us.

I'm glad I got the chance to speak to other young men living with HIV. Discovering that we share a lot of the same feelings provides a small comfort blanket in a sometimes isolating world. Despite HIV being our shared identity, each of our journeys to this point are unique. On the surface, if you remove HIV from all of us, our paths would never have crossed. We're a mismatch of young people living with the same virus. And that's fascinating, because when you look deeper, we share so much more than just a diagnosis.

HIV has defined a fundamental part of who we are and have become as individuals. It has connected us with each other and with other people, and for some of us, put us on a new path.

For that, I am grateful.

# BEAU Basics: HIV Treatment

Part.2

In BEAU issue 2 we looked at the history of HIV treatment, the long journey from there being no treatment to manage HIV through to having a choice of several treatment options, including eleven single pill regimes and a future with long lasting injectable treatment.

At BEAU we believe the more information we all have about HIV the better we'll be equipped to manage our health and well-being. In this follow-up we explore what HIV treatment is, how it works and breakdown some of the more complex words and language.

HIV treatment has really changed the outlook for people living with HIV for three reasons:

- 1 Treatment is now more effective and easier to take than ever before.
- 2 Life expectancy is no different from being HIV negative - if you are diagnosed early and begin treatment. Living with HIV might mean you live longer because you will have access to regular medical checks throughout your life.
- 3 HIV treatment prevents HIV transmission. This means that our sexual partners, if they are HIV negative, are protected too - with or without condoms. This can also help reduce the fear about HIV and ultimately help reduce stigma.

## What is HIV and how does it impact the body?

When HIV (Human Immunodeficiency Virus) enters the body it targets and infects the CD4 cells ([CD4 T lymphocyte](#)) of the [immune system](#). The immune system is a complex network of specialised cells, tissues, and organs that recognize and defend the body from foreign substances,

primarily disease-causing micro-organisms such as bacteria, viruses, parasites, and fungi. CD4 cells are a type of white blood cell that play a major role in protecting the body from infection. HIV uses the machinery of the CD4 cells to multiply and spread throughout the body. This process, which has at least seven main steps or stages, is called the HIV life cycle.

## How does treatment work?

Antiretroviral treatment (ART) works by blocking the HIV life cycle, dramatically reducing the amount of HIV in your body. This reduces viral load to very low levels.

Without ART, your immune system goes into overdrive. HIV infects CD4 cells and then uses them to make more virus. Your body reacts by producing new CD4 cells to fight the new HIV. The HIV then uses these new cells to produce even more virus. Over time, without ART your immune system simply wears out. ART stops your body over-producing CD4 cells. Your immune system then gets the chance to repair itself and to grow stronger.

To know if your treatment is working and reducing the amount of virus in your blood, you need to take a viral load test.

# HIV Treatment: Explained

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## What is a CD4 count test?

The CD4 count is a test that measures how many CD4 cells you have in your [blood](#). These are a type of white [blood](#) cell, sometimes called T cells, that move throughout your body to find and destroy bacteria, viruses, and other invading germs. Your test results help your doctor know how much damage has been done to your immune system and what's likely to happen next if you don't start taking antiretroviral treatment (ART). CD4 levels may also be used to check the effectiveness of your treatment and make adjustments as necessary. Your CD4 count should go up if your ART is being effective. Once on treatment for a year or two it should remain stable and about the same. This test is used less than it used to be because the viral load test is seen as more useful and important these days.

## What is a viral load test?

Testing for viral load is the main monitoring test for people on treatment. This test shows how much virus there is in a small sample of blood. Results are given as copies of the virus per millilitre of blood (copies/mL). It also shows how well your ART is working. The aim is to reduce viral

load to less than 50 copies/mL. This is called **undetectable**. It doesn't mean that HIV has disappeared entirely. It just means that it's under control.

## What does adherence mean?

If you're adhering to your treatment, this simply means you are taking your medication at the right time, and around the same time every day. It also means you are following any instructions supplied with the medication. For example, some drugs need to be taken with food to be absorbed properly, others need to be taken on an empty stomach. Good adherence also means checking for [interactions with other medicines or drugs you may be taking](#). This includes any medicines prescribed to you, medicines you buy over the counter, herbal and alternative remedies, and recreational drugs.

## What is drug resistance?

Drug resistance occurs when the virus changes its structure in a way that stops a drug you are taking from working. These changes are called drug mutations. The risk of resistance increases when drug levels drop below



# HIV Treatment: Explained (continued)

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a minimum active level. This usually only occurs if you miss more than a few doses or if you stop treatment. Therefore, it's so important that you take your medications as prescribed. When you are diagnosed and before starting treatment, you should also be given a resistance test, to ensure that you won't be resistant to any drugs you will be taking.

## What are the main types of HIV medication?

There are six main classes of antiretroviral drugs:

- Entry inhibitors
- Nucleoside/nucleotide reverse transcriptase inhibitors (NRTIs)
- Non-nucleoside reverse transcriptase inhibitors (NNRTIs)
- Integrase inhibitors
- Protease inhibitors (PIs)
- Attachment inhibitors

Each class of drug blocks the HIV life cycle in a different way. Generally, drugs from two (or sometimes three) classes are combined to ensure a powerful attack on HIV. Most people start HIV treatment on two drugs from the nucleoside/nucleotide reverse transcriptase inhibitors class

combined with an integrase inhibitor. Sometimes the third drug can be a non-nucleoside reverse transcriptase inhibitor, or a protease inhibitor – hence, 'triple therapy'.

## What are generic drugs?

When a drug is first approved, the manufacturer is given a licence – called a patent. This usually allows 10 or more years for a company to profit from its investment. After the patent ends, other companies can then make generic versions of the same drug. These are the same quality but are usually much cheaper. Generics are just as effective as the originals but might be a different shape or colour. The packaging, manufacturer and brand name will also be different. In the UK most of all NHS prescriptions are for generic meds. **Your clinic should always talk to you before changing your treatment, including to generics.**

## The future of treatment

HIV treatment is always advancing and new options to make taking our treatment easier and more convenient are on the horizon.

## Two-drug combinations

As we have seen most people on HIV treatment take a combination of three drugs combined into a single tablet. Increasingly two-drug combination are being offered as first-line ART. Dovato, a two-drug combination of dolutegravir and lamivudine, is recommended in the 2022 UK guidelines. This means that the combination is approved and can be recommended for people who are starting treatment, based on results showing it works just as well as using three drugs.

## Long lasting injectables

These two long-acting drugs are given by injection every 2 months. The injections are into the muscle in your buttocks. This is only an option after having an undetectable viral load on ART for more than six months. Other criteria are also important and are covered in British HIV Association (BHIVA) guidelines.

## What about a cure?

ART is really effective, but it is not a cure. Even having an undetectable viral load for years, HIV remains dormant in some CD4 cells that are

resting. These resting cells are mainly in your lymph nodes. These include the small bumps in your neck, armpits, or groin, although they exist all over your body. CD4 cells mainly stay in the lymph nodes until they are needed to fight a new infection.

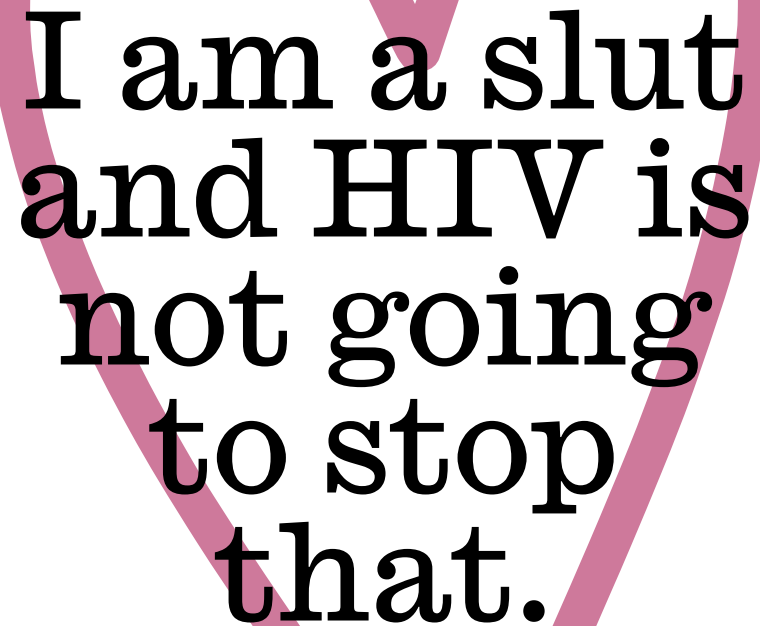
These resting cells are the reason that HIV is so difficult to cure. Resting cells are activated and wake up all the time whether on ART or not. It just doesn't matter when on ART because the meds cope with this. If you stop ART, the newly activated cells make viral load detectable again within a week or two, this is the reason we need to continue taking our treatment. Cure research is trying to find a way to wake up and kill these resting cells. The progress is exciting but finding a cure might still take many years.

Until then, ART means you can live well into older age.

### SOURCES

Text based on i-Base Introduction to ART, also available as a free booklet:  
<https://i-base.info/guides/starting>  
<https://www.bhiva.org/HIV-1-treatment-guidelines>  
<https://www.aidsmap.com/about-hiv/hiv-treatment-and-drug-drug-interactions>





I am a slut  
and HIV is  
not going  
to stop  
that.

Michael O'Dea is an Irish HIV activist, chemsex specialist and nightlife creature. With roots in ACT UP Dublin and other grassroots organisations, they are a queer radical who promotes sexual liberation, stigma free sexuality and positive sexual wellbeing. They currently manage the Chemsex support service within Terrence Higgins Trust.

Photo by @thesinfulson

by Michael O'DEA

After receiving my HIV diagnosis at 18 years old, I swore to myself that I would never have sex again. Within the logical framework of my Hiberno-catholic upbringing, I had committed a cardinal sin and received the most appropriate punishment. I hadn't worn a condom and, therefore, "deserved" to get HIV. In some form of self-flagellation, I even stopped masturbating for one singular week. At the end of that week, I had my first ever wet dream and realised this whole celibacy thing is clearly not going to work. I am a slut and HIV was not going to stop that.

I soon accepted that I was inevitably going to have sex again. Further, I had to figure out how to navigate sex as someone living with HIV. Initially, the thought of this was extremely daunting. I felt like Bambi trying to find their feet. However, I had some awareness that if navigated correctly, I could come out the other side of this a more sex positive person.

The pipeline from HIV diagnosis to sexual enlightenment is not a straightforward journey. For me, it was a stumbling-of-age dark comedy with its own trials and tribulations.

Like some sort of mental deep sea trawler, HIV had dredged up insecurities from the depths of my being. I was suddenly confronted with the fact that I didn't like myself and I never really did. It became obvious that sex was filling a hole in me (pun intended). I'd been in a cycle of seeking validation and then wallowing in the familiar space of shame. I was claiming false ownership of a sex positive attitude by calling myself a slut before anyone else could.

In the absence of appropriate sex education, sex is a little bit like joining a flash mob without attending any of the rehearsals. Doomed for disaster! My understanding of sex and safer practices had largely been acquired through experience. I picked up attitudes and prejudices from hook-ups and conversations in venue smoking areas. I internalised the worst of our community's warped morals around condom use and promiscuity.

As a result, my sex life had always required the careful dodging and weaving of a minefield of stigma, shame and self-blame. These feelings were not new. My HIV diagnosis just removed the overwhelming fear of acquiring the virus. The big bad boogeyman that hides under every queer man's bed was actually just distracting me from the baggage that needed to be unpacked.

Deconstructing these problematic beliefs was not a process completed on my own but rather something encouraged by surrounding myself with the right peers and role models. For me, I found this in ACT UP Dublin. The activists of ACT UP laid the foundations for the philosophy I carry today. This collection of radical weapons of mass disruption enabled me to question my own self-judgement. I began to develop a more positive relationship with sex where I felt HIV actually empowered me to be unabashedly sexual. I no longer had to justify that I was a slut who just happened to have HIV. I am a slut living with HIV and I was proud of it.

Yes I am proud to be a slut living with HIV. For me, being a slut is not about how many people I sleep with. Being a slut is finding power within my sexuality. I am proud of the autonomy I grant myself. The freedom to be and do what I want to do. I can be the sleazy top or the pass-around party bottom. I can be the sexual recluse who engages in momentary celibacy. I can live my life without constantly re-visiting a space of shame and self-blame. I will not let somebody tell me that I should consider myself an irresponsible person for indulging the desires we all have.

Mea culpa! Feck off!



# Imagine a tree in a storm: 5 building blocks to become a more resilient you

by Jim Fielder

Jim Fielder is Head of Living Well at Terrence Higgins Trust and works as a life coach. He's currently studying for a Diploma in Coaching Psychology at Birkbeck University.

For more information on 1-2-1 coaching with Jim or to book a place on our Connect workshops please email [hello@thelovetank.info](mailto:hello@thelovetank.info).

Photo by: Jim Fielder



We live in crazy times, seemingly lurching from one crisis to the next and where constant disruption to so many aspects of our lives feels pretty much the norm these days. This impacts all of us differently, but one thing we all face is that today's world is increasingly testing us and we need to build ourselves up to adapt and flex to rapid change, let go of old certainties and develop our capacity to bounce back when things don't go as we plan.

In essence we need to be resilient. There are lots of ways to understand resilience, but one way is to imagine a tree in a storm. It bends in the wind so as not to break, but then returns to its upright position once the storm has passed. The key thing is the ability of the tree, like us, to adapt and change. And if we can embrace that need for change rather than

fighting or ignoring it, it will change us too and change how we respond to future adversity. If, like me, you're living with HIV you will, I'm sure be on your own journey towards self-acceptance, to overcome the challenges of living with a life changing and still stigmatised condition. The good news is that you've probably built at least some resilience in an attempt to move forwards positively with your life. Don't lose sight of that.

Resilience isn't something you're born with but we can all find it and maintain it through conscious effort. Sure, it will come and go according to what life throws at us. But like a muscle, the more we use and practice it, the stronger it will get. So how can we make sure we're better able to handle life's knocks and setbacks? Here are my 5 building blocks to become a more resilient you.

## 1. Fail *well*

I remember, as a teenager, reading a magazine article entitled 'If you don't make mistakes you're not really trying'. This has resonated with me over the years, perhaps because it seems so counter-intuitive. No-one wants to fail, especially if failure can have unpleasant consequences for us, but often we don't know if

something will work until we try it. It's also natural to fear failure, but it can mean we are discovering our strengths: we can learn from failure. With this in mind, if we can re-frame our mistakes as opportunities for growth and learning, we can discover what we're better at and this adds to our resilience.

## 2. Show *more* self-compassion

When we push ourselves forwards but things don't go to plan, we can make a choice. We can get down about it and decide never to try anything challenging again or we can move on and not dwell on things. It's always easy to turn inwards and blame ourselves, I know I do that. Instead, be gentle with yourself and try to see difficulties in the context of the situation you find yourself in. We all need time and energy to rebound from setbacks. Focus on those things over which you have control. Stoicism, a philosophy that originated in ancient Greece, has something to teach us here. It tells us that we cannot often control external events, but what we can do is control how we respond to them.

## 3. Develop a *growth* mindset

We're learning so much new stuff about the brain these days. We used to think it was a fixed organ with a fixed number of brain cells and once these died or were damaged, there was nothing to be done. Now we know that the brain is far more 'plastic' than we thought and this plasticity helps us move from having a 'fixed mindset' to a 'growth mindset'. Essentially this means that we can learn to develop new skills and expertise at any time in our life. Our abilities are not pre-ordained. All that is required is time and effort, and this is something that is within our control. And it's not just about the brain. Taking care of our bodies helps to produce the necessary neurochemicals that are essential to create balance, manage stress and feel good about ourselves. Regular exercise, a healthy diet and enough sleep all help our physical and mental resilience.

## 4. Pause *before* you react

Another thing I find useful in building my resilience when times get tough, is to step back and think: how am I (and others) behaving and thinking? How can we deal with this in a more helpful and constructive way? Try to react in a more 'mindful' rather than knee-jerk or instinctive way. The old maxim 'sleep on it' comes into its own here. Perhaps you've received a challenging email or been confronted by someone or something. Take a pause, think about what might be going on for you and for the other person in that moment. Has something been triggered in you? Could this be a pattern in your behaviour? Give yourself space, consciously, to explore this. Over time you will build better self-awareness and be able to deal with conflict more successfully.



## 5. Keep your sense of *purpose*

Receiving a health diagnosis like HIV, sends a profound message to our inner psyche about our own mortality. This may act as a wake-up call or make us question what we are doing with our lives. It can force us to re-evaluate our purpose and most important values. There are always moments, or transitions in life where these can change or be brought into question: perhaps you've lost interest in your work or have just retired and need to find something to focus on. Staying alert to, and keeping our sense of purpose is important for our resilience because it helps us stay on our chosen path and not be de-railed by inevitable disappointments and failures. Coaching is a good option if you're wanting to re-discover meaning and purpose in your life.





THIS MUCH I BEAU

Kayden is a non-binary, queer identifying London based porn creator, sex educator and HIV activist with nearly 500k Twitter followers @KaydenGrayXXX

# This much I BEAU

by Kayden Gray

Interviewed by: Scott Agnew  
Photo by: fitoman6 - Replika Magazine

When you start working in porn, people often have an idea of what they want from you and sometimes it doesn't match what you want to do. I started bottoming even though I didn't want to, having been gently coerced into it by being offered certain roles. For the first 8 or 9 months I did do bottom scenes and it was during this time that I got diagnosed with HIV - although not through the porn work.

After taking a three month break, I came back as a total top and for eight years I struggled with bottoming altogether. That experience I think

really impacted on me and I started rolling with this hyper-masculine aggressive role. In part it was a reaction to my diagnosis. There was this treatment of people who bottom - almost like a violent treatment. People are sometimes shamed for bottoming due to its association with femininity, and I felt a vulnerability because of that. I felt a lot of shame around my diagnosis layered in with the sex work as well.

Not bottoming during that time wasn't something I consciously decided on - it was just that my mind decided "no

more of that.” I have since bottomed when I’ve been doing my own content because I’ve felt safe and secure. It’s crazy, but I think people expect that if your preference is to bottom, then this must be something you want to do with all your partners. Sometimes you get called “precious” or “a picky bottom” but it’s not like that. It’s not even based on looks necessarily or anything like that, it’s more like “what’s the vibe and how does this make me feel? Do I feel good about it or not?” And that should be it, right?

Growing up in Poland I was small and skinny and was bullied. I never thought that I’d ever live openly as queer. For survival I kept my sexuality hidden until I was 21. I even got married to a woman, because I wanted to shut the lid on the queer thing. I thought getting married would shut that “dirty thing” out.

Fortunately, my parents were quite progressive, they were big dreamers and didn’t follow the herd – so I’m grateful for that. We were quite rich when I was growing up and people hated us for that. Then we lost all our money and people hated us for being poor. So, we adopted a ‘let them talk’ attitude. I’ve probably taken that to an extreme with my sex work, living

openly with HIV and being loud about both of these in the community. This takes courage and I got that from my mum. She’s proud of me but even she’s really taken aback by just how far out there I go. But then she was always pretty out there herself, so I can say it’s her fault!

Choosing to be open about my HIV came from being part of [Impulse](#), a not-for-profit organisation that works to build a healthier and strong community for gay men. Meeting and talking with their amazing advocates such as the late chemsex activist David Stuart gave me a burning desire to do more and educate others. I felt there was this gulf between who I was and who I was projecting to the outside world. I felt a sense of responsibility to say and do more. I wouldn’t say this route is for everyone because for some the personal sacrifice, pain and trauma is too much and you must look after you first.

In 2017 I decided to do a YouTube video to talk openly about my HIV status. Before that though, I had to tell my mum. It was her birthday, so I took her flowers, we drank a lot of wine and discussed it. I like to think that the chance to have that conversation was a good birthday gift.

Now I’m more in control of my output and I really love that. I still get offers to work with studios, but I only accept work with one - [Himeros.tv](#). I love working for Himeros so much. They are more collaborative and the quality of the work as well as the actor welfare that surrounds the production of footage is incomparable to anything else I have experienced in a decade of doing porn.

They not only celebrate me as a person but, also, we can negotiate things. It’s the only studio I’ve ever bare-backed for and alongside that I wanted to work with them to create something educational. So, we filmed a project in Greece called ‘Flesh of the Gods’ alongside which we created a YouTube video called ‘Protected sex without a condom?’ That allowed me to talk about all the tools we have to prevent HIV including testing, treatment, PrEP and condoms.

Himeros like to focus on intimacy, real sex, and real people. I made a video with them that started as an interview about my diagnosis and being undetectable called ‘A World Without Fear’. In it I talk about how U=U is an opportunity to reclaim our sexuality from the AIDS epidemic. As I speak, the video cuts to me jerking

off and as I talk about HIV and this amazing phenomenon of U=U, guys then eat my cum. It’s a different way to get the message across and I’m really proud I had the opportunity to do that. I think there is such an unexplored opportunity for education within porn. After all, this is where sex lives and yet sex education sits at the periphery of that landscape, if at all. In my experience sex education is often quite sexless and not very relatable. Hopefully by incorporating the two, by putting the education where the sex is, that this makes more sense and hopefully it works.

The most important thing I’ve been learning recently – look after you, yourself – is something I haven’t been able to do for most of my life. We’re all going to fucking die and I don’t really know if any of this matters or makes sense but what I do know is that I’m here and I feel everything, unless I numb it with substance use. I have struggled with drugs and alcohol for a while. Recently I went into a recovery programme and have been doing a lot of meditation. I started to figure out what it is that I feel, and I started relating to myself in a kinder way. It’s the only way to then be truly kind to others too.



THIS MUCH I BEAU

For about the last three years I have started to reject the idea of gender and am comfortable with using he, she and they pronouns to describe myself.



I can talk about this here, but there are many spaces where I wouldn't be comfortable doing that as I know I would get attacked for it with people saying 'but you look like a man'.







# Positively UK's Youth Project: *under 30's*



All photos: Positively UK

Positively UK's Youth Project came about in 2016 after realising there was a need to support young people growing up with HIV in their transition from paediatric to adult services, supporting those aged 18 to 25. Over the years, the project has grown and changed. Today we support anyone (aged 18 to 30) living with HIV. We do this with the knowledge and awareness that regardless of how someone acquired their HIV, being young and positive isn't easy and that all young people experience HIV in a unique and individual way.

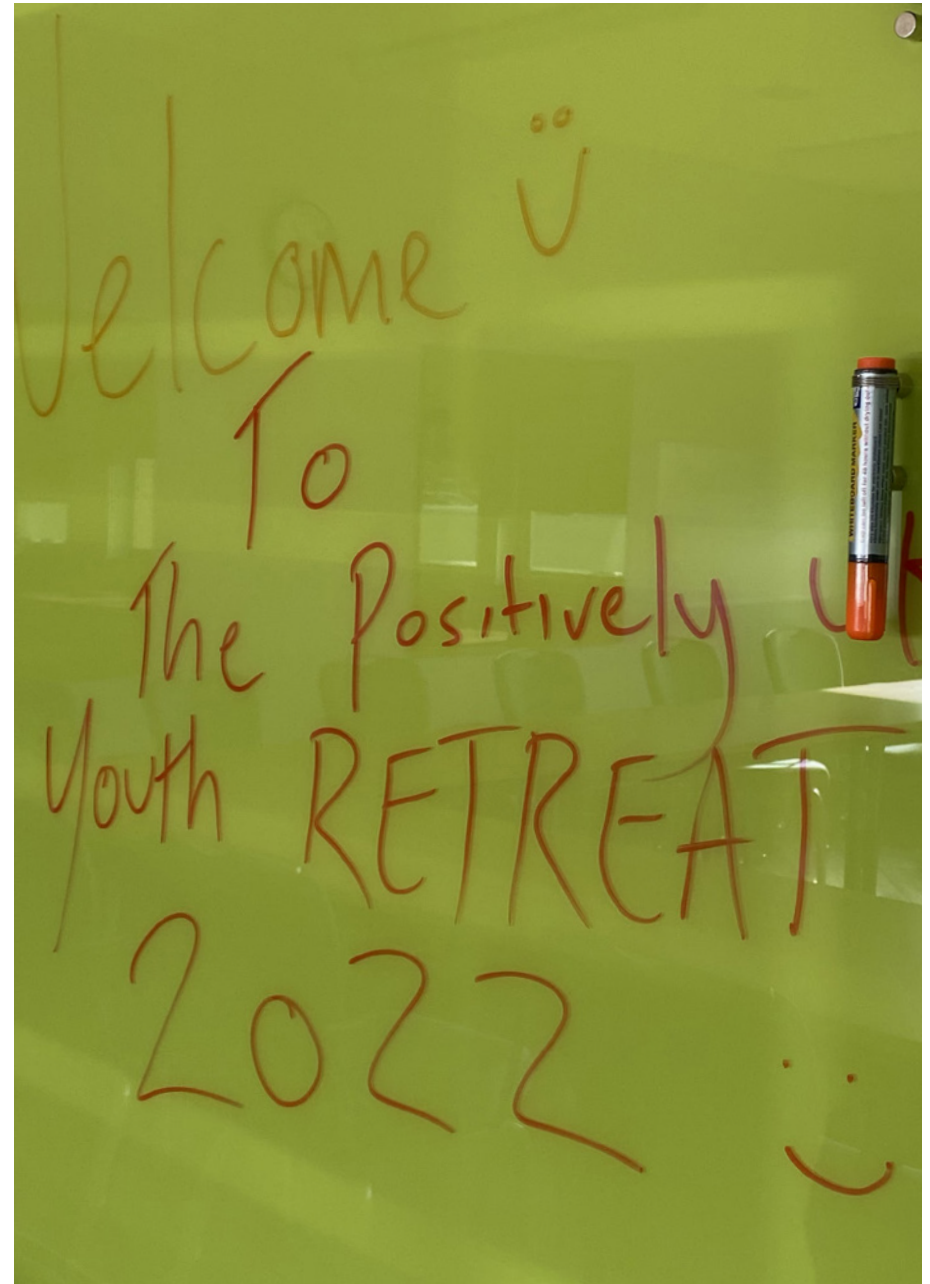
Feeling isolated, having financial worries, dealing with medication and adherence, navigating relationships, coping with mental ill health - these are all issues we try and support our young adults to manage and overcome, whether that's through 1 to 1 peer support, workshops, clinical outreach, or social events. We aim to help people any way we can because we've been there ourselves. The Youth Project is run by Youth Project Coordinators Michelle and Eli, both living with HIV and who understand the importance of a project that is peer run and shaped around the wants and needs of young adults living with HIV.

Over the past year the Youth Project has continued to grow; we've launched two new groups - an under 35's

LGBTQ+ group which runs monthly (both online and in person), and a monthly Theatre Group, which provides free spaces to watch plays and performances. We also run an annual retreat, held in September. This provides a weekend away to socialise, relax, and learn in a supportive and understanding space. We work together to enable the young adults form new connections, address isolation, and empower each other. At the end of the retreat people leave with new friendships, confidence, and knowing that living with HIV means you can live well.

One of our young adults, who attends the LGBTQ+ Group, told us "community can be hard to come by, but I found it with the Youth Project. They were welcoming and warm, and helped me out when I was in a rough patch".

If you would like more information about Positively UK's Youth Project or would like to find out more on what we do, you can email us at: [youth@positivelyuk.org](mailto:youth@positivelyuk.org) or go to the Positively UK website and find the "[Under 30's](#)" [page](#) or visit our Instagram page [@positivelyukyouthproject](#)



# From the archives:

In every issue we choose a couple of items from the archives, to celebrate and recognise our history and the creativity of our beautiful HIV community.

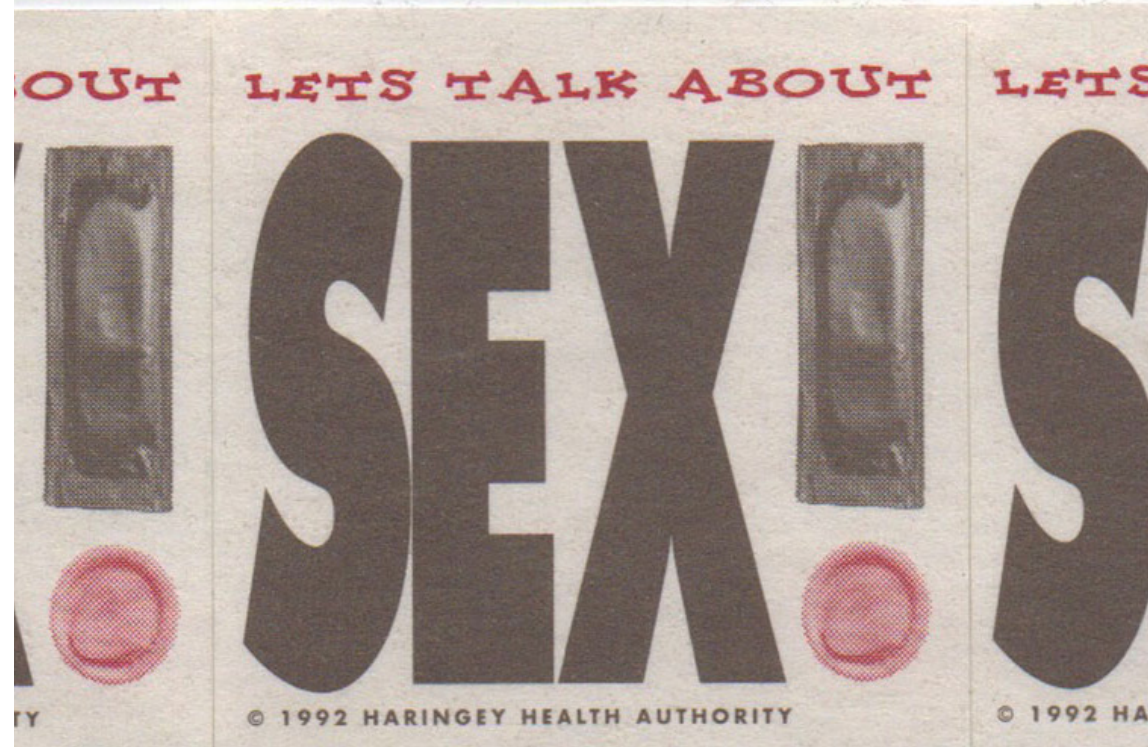
Visuals and messages have been key to shaping people's perception and understanding of HIV since the start of the epidemic.

Most people remember the Tombstones/Iceberg campaign (better known as the *Don't Die of Ignorance* campaign) or the Act Up *Silence=Death* reclaiming the pink triangle.

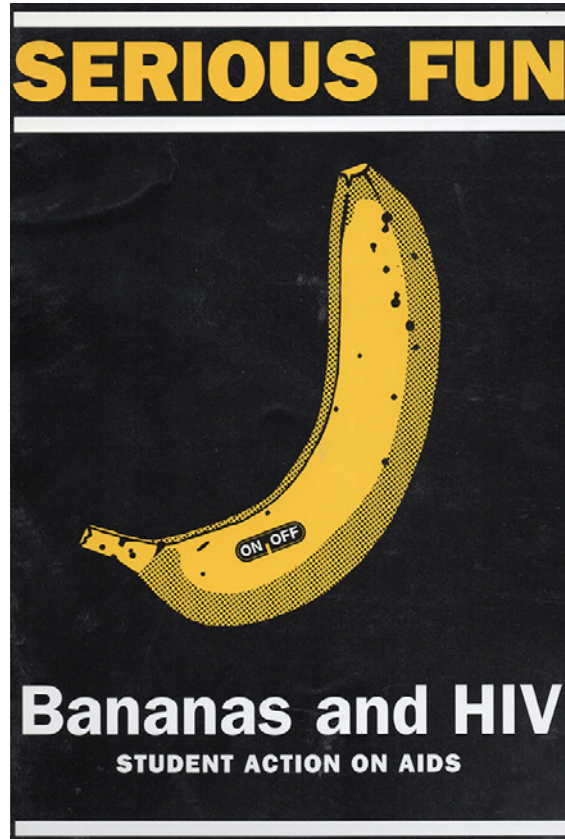
We want to acknowledge the role of design and creativity in changing the narrative on HIV, combating HIV and empowering people living with HIV.

The following images are kindly provided to us by *HIV Graphic Communication* - a historic visual archive of promotional campaigns and graphic ephemera from the UK.

ACROSS: LOVE & SEX!  
Haringey Health Authority. Stickers:  
38x38mm 2 col. 1992. (Updated in 1993 by  
New River Health Promotion).







**TOP: SERIOUS FUN**

NAT, NUS & CUSU. Folder; 319x225mm, 2 col.  
Contains; Letter, World AIDS Day Newsletter (A3  
4pp folding to A4, mono + spot red. Design: Ideology)  
11 x A4 loose pages, mono. Sexpo '93 4pp A4 mono.  
NAT Red Ribbon leaflet. 1993.

**ACROSS: UNDER 25?**

56 Dean Street. Press ad; FP, 4 col,  
Boyz no. 1454, Jan 2020.

**UNDER 25?**  
**CONSIDERING**  
**PrEP BUT THINK**  
**IT'S EXPENSIVE?**

Get it from us for  
**FREE** (or pay what  
you can afford)

Walk into Dean Street Express  
and ask us about PrEP

If you're over 25, get  
the best prices from  
us [dean.st/prepshop](http://dean.st/prepshop).  
From just £17.50

**56**  
DEAN  
STREET

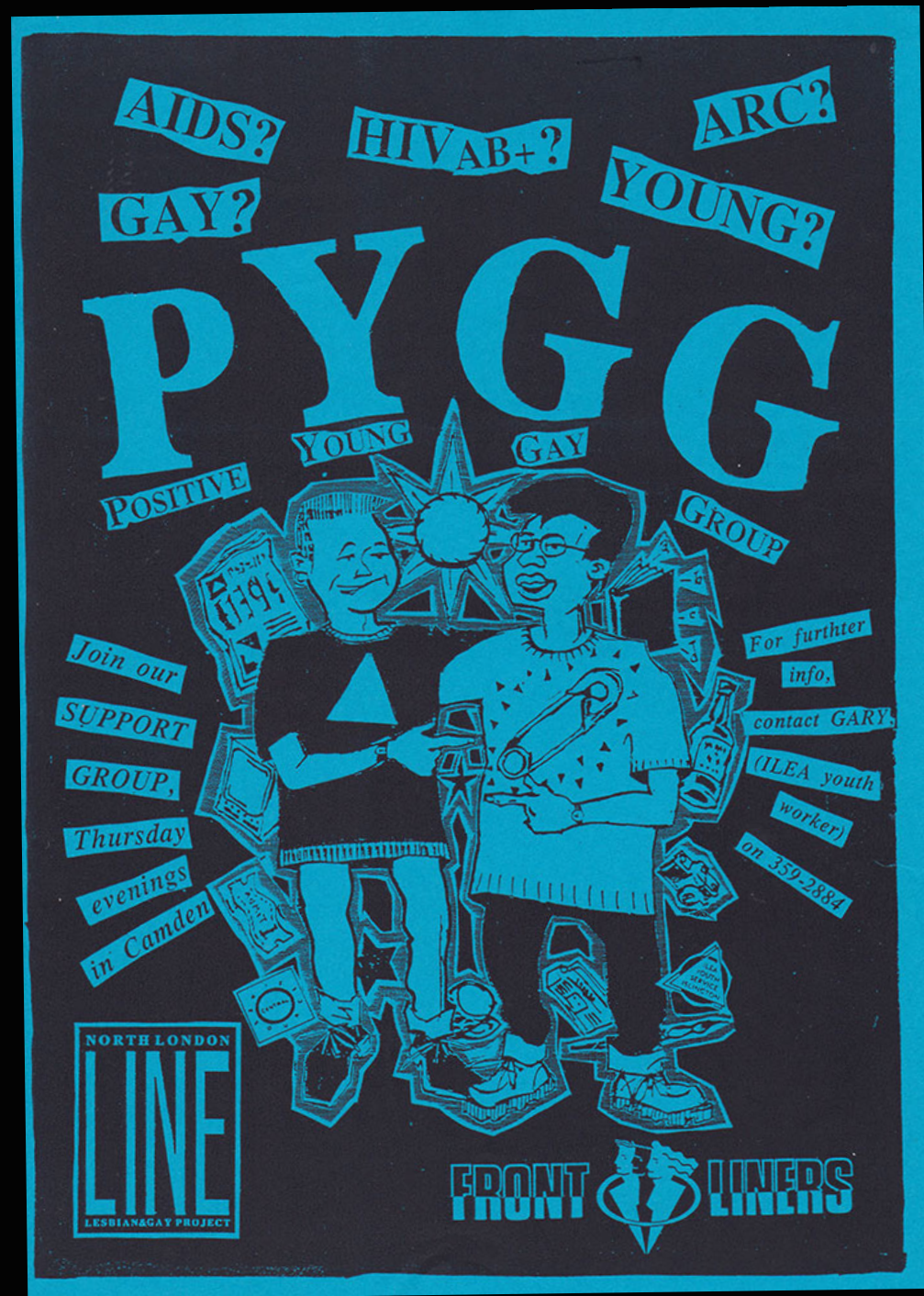
DEAN  
STREET  
PrEP  
SHOP

**0%**  
[dean.st/zero](http://dean.st/zero)



TOP: +VE  
GMFA. lapel badges:  
8x20mm metal.  
circa 1997-1999.

ACROSS: PYGG  
Positive Young Gay Group, North London Line  
lesbian & Gay Project & Front Liners. Flyer: A4  
black on coloured stock. Design: in-house at NLL.  
1988. Kindly donated by James M Barrett.





from the beautiful HIV+ community

DECEMBER 2022

# BEAUF

№ 3