

VIV AIDS

Are You Ready?

What's new at?



Who is she?

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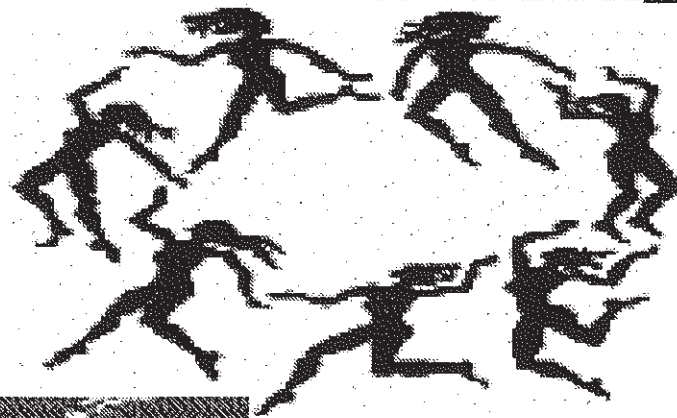
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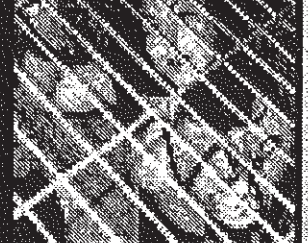
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Who is she?



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Welcome one and all to the current of the VIVAIDS mag. We're still nameless, yet being without a title hasn't posed too great a problem for this issue. After all (as I bet you've noticed), the cover page offers a clear picture of what this issue is on about!

Many people have had input in creating this mag, and their involvement has taken a variety of forms. For as you, reader, will soon discover, the pages that await your attention are crammed with all sorts of articles, & all sorts of delivery styles. One feature of this issue is it's text-based format, yet even so there's still a fair amount of article diversity.

I'm going to take this opportunity to extend a collective 'thank-you' to everyone -and you know who you are! - whose help and input has made this issue possible. Without doubt this 'thank-you' has certainly been earned, as nearly all the work (including ideas, articles, organisation, layout, etc) that created this issue has been accomplished by VIVAIDS volunteers. The fact that it was volunteer workers who, from beginning to end, put this issue together, makes getting this edition on the streets particularly special.

Becoming a VIVAIDS member is a great way to support VIVAIDS (and remember, you can join now and pay some time in the future - so you need a better excuse for not joining up than just being broke!). As a VIVAIDS member you can get involved in a variety of areas, there's always projects being worked on that would definitely benefit by the extra help that volunteers can offer. After all this mag, these pages that are now sitting in your hands are a testament to the work that volunteers at VIVAIDS are able to achieve.

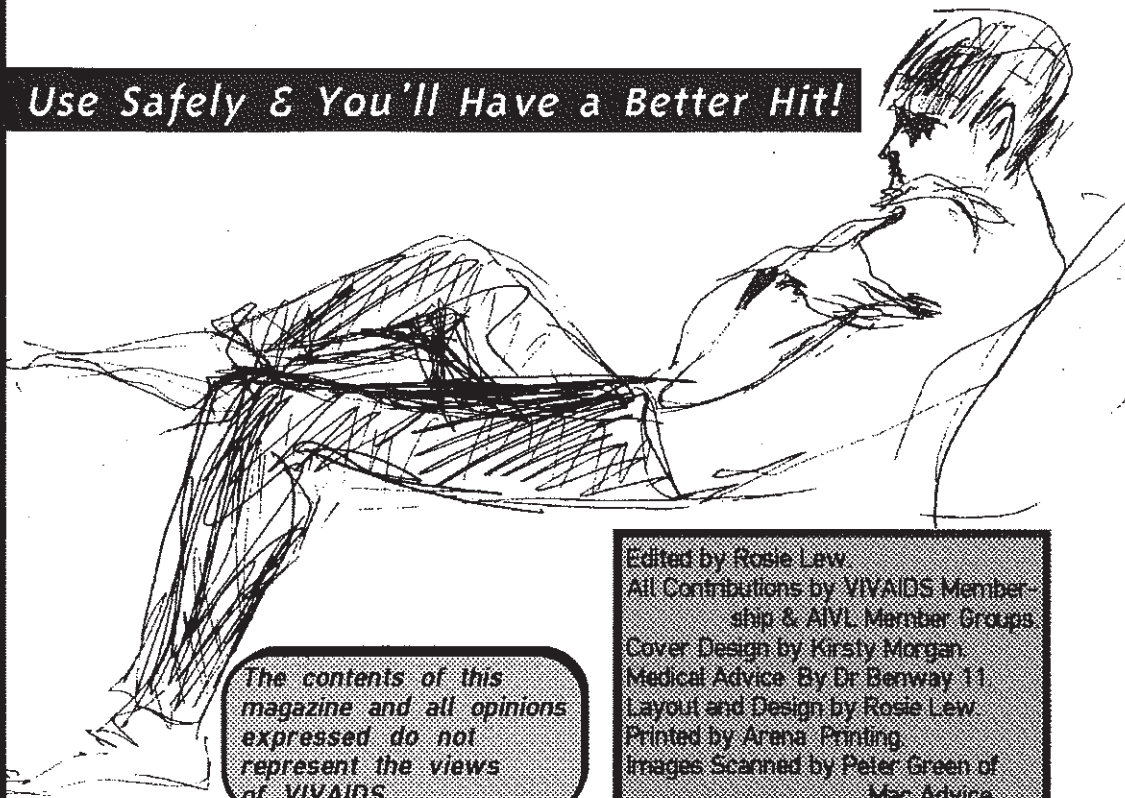
With this issue wrapped up, work on the next edition of the VIVAIDS mag has already begun. To ensure that from now on a VIVAIDS mag hits the streets at least every two months, a Magazine Working Group has very recently formed, and will be responsible for all future VIVAIDS magazines. The Group is looking for contributions: articles, poetry, interviews, whatever, as there's no set topic for the next issue, pretty much anything (as long as it's non-racist & non-sexist) can be submitted. Contact VIVAIDS and check out when the Mag. Group is next meeting.

The VIVAIDS Magazine is your magazine, so getting involved (in whatever way might suit you) is a great way to make sure the mag is just what you'd like it to be!

Rosie Lew, Editor.

February 1997.

Use Safely & You'll Have a Better Hit!



The contents of this magazine and all opinions expressed do not represent the views of VIVAIDS

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VICTORIAN DRUG USERS INC..

1996 ANNUAL GENERAL MEETING

President's Report

VIVAIDS has spent an active year networking and representing the organisation to raise our profile and an awareness around drug use issues at the community and political levels. We commenced the year forming a range of responses to the Premier's Drug Advisory Council. These included hosting consultative and information forums for users and Council members, developing several submissions outlining the role VIVAIDS can play in the drugs and drug use arena and generally highlighting the impact of existing drugs policies. We have the opportunity to be involved at several developmental stages of "Turning the Tide", the new A/D service delivery framework to be implemented following the efforts of the Drug Advisory Council. This is important for VIVAIDS in terms of advocating for the best outcomes in drug services for Victorian users and it is an indication of our increased profile and progress over the last year.

We relocated to a more spacious building in Carlton affording an improved work environment for staff and providing better facilities for meetings, training and work groups. This has made it possible to accommodate several initiatives including the Hepatitis C Peer Education Project and the Handy Hints project which will see an updated Handy Hints - the users' bible - back in circulation.

Numbers of different agencies and organisations are now seeking training, information sessions and workshops from VIVAIDS and we are contributing to key working groups like the IDU working group of the Ministerial Advisory Committee on Aids, Association of Needle Exchanges (ANEX), organisational committees eg. the National Methadone Conference, National IDU Forum in Sydney and consultative committees, such as investigating the feasibility of the use of alternative pharmacotherapies. This gives us the opportunity to keep users issues on the agenda.

Additional to our Victorian drug user activities, VIVAIDS also maintains communication with user groups in other states to try and streamline resource production. The Australian IV League (AIVL) represents national interests, linking drugs and user-based issues across Australia. As a National organisation AIVL serves as a formal conduit for information exchange between the state groups. AIVL comprises 2 delegates from each of the state user groups and in the past has submissions for core funding to establish a national secretariat or communications officer have continually been overlooked and the group was recently forced to review its future role.

Studies show that as a group injecting drug users are discriminated against more than others. To change such attitudes presents us with an enormous challenge. However, the considerable strength of commitment and effort employed by people who either work or have an active interest in this field is heartening. VIVAIDS provides an ideal platform for anyone wishing to get involved in drug user issues and it is important to remember that Victorian drug users are VIVAIDS' most valuable resource.

Stuck Sea Sponge?

Oh my gosh I've lost it!!!

Sigmund Freud, the grandfather of psychiatry, had a theory that women suffer from 'penis envy'. He was right of course, at least when you consider those two situations. Firstly, all those times you're up in the high country with the snow thick on the ground, and your bladder's so full it's about to burst! The next example Freud used for his 'penis envy' theory was those annoying times when you think you've lost your sea sponge.

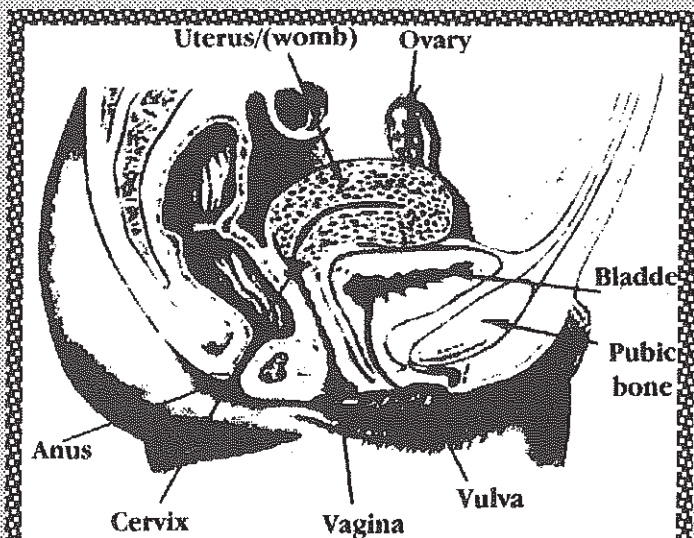
Some women worry that their missing sponge has gone up somewhere inside their uterus. If this sounds like something you're unsure about, this article should set your mind at rest: just check out this diagram, read this page, stop worrying and relax!

At the end of your vagina is your cervix, which you may be able to reach with your finger. It will probably feel a bit rubbery, and sort of like the tip of your nose. A woman's cervix remains closed except when during childbirth, so the sponge definitely will not pass through the cervix into the uterus. When women can't locate a sponge, it's nearly always tucked up snugly beside the cervix. -If you're having trouble finding the sponge, then it's highly likely the little bugger is tucked up snugly somewhere beside the cervix.

RESCUE MISSION

There's several reasons that jumping into a nice warm bath is highly recommended. Firstly I suppose this it's pretty obvious but lying in a bath is a great way to relax yourself, your body. When fucking, it's not unusual for that sponge to not only cop a bit of a beating which can cause a sponge to shrink, but they can easily get pushed even deeper into your vagina then when inserted. When relaxing in a bath you're giving the sponge a chance to soak up some water and expand, hopefully to a size where your fingers can find it again.

a BATH IS BEST Of course, bathing isn't always possible or practical, so if you can't bathe then don't despair. Now that you understand what the point of having a bath is all about (ie relaxing yourself & allowing water to expand the battered sponge), there's another way to go about accomplishing these goals. Firstly, make sure you're nice and relaxed, then get a bowl of warm water and take off your gear from bum down. Squat on the floor with the bowl of water placed underneath your vagina, and with your hand scoop the water up into your vagina. This should have a similar outcome as a bath, the water should reach the sponge which means the sponge should expand. Whilst still squatting insert your finger/s and gently feel around. When using fingers to search for the sponge remember to always use lube so your fingers 1a1 have plenty of manoeuvrability.



Sometimes those sponges just can't seem to be found! If you try these suggested techniques to recover it, but -there's still no sign of it- then you need to trot on down to your local doc. Now now, there's really no need for embarrassment, cos like I said, this sort of stuff happens all the time. Doctor's do have an advantage in that they are very familiar with the internal make-up of women's bodies, so the doc should have a pretty good idea where to look. If you don't want to see a male doc, fine - it's up to you. Phone a local clinic and just make sure you book an appointment with a woman doc., or if none available go to another clinic. It's your right to see who you're comfortable with.

Remember...

Soak sea sponges in salt water (2 tsp. to 1 cup of water), then rinse sponges before replacing or reusing them. Never cut your sponge into pieces which are too small.

VEIN CARE LOOK AFTER YOUR VEINS & THEY'LL LOOK AFTER YOU!

USING A NEW, CLEAN FIT EVERY HIT IS THE BEST WAY OF ENSURING GOOD VEIN CARE.

A sharp pick is less likely to leave you with a callous, and a smaller hole means less scarring. It's also heaps more comfortable not to mention sterile and hygienic. Make sure you rotate your hit spots, even if you have a favourite easy vein try and use a different one every now and again.

Veins don't really enjoy getting punctured by needles, and after awhile some will 'collapse'. You won't be able to use that vein again once this happens, at least not until it heals (which they usually do). Elbow pits tend to bruise easily and are the most telltale signs of IV usage. Try hitting a vein on the underside of your forearm. You may have to get a friend or shooting partner to hit you up as this spot can be hard to reach on your own, but the hit marks will be much less visible and there is a greater stretch of vein to use.

NEVER TOUCH ANYTHING WITH ANYONE ELSE'S BLOOD ON IT, OR LET ANYONE TOUCH SOMETHING YOU'VE BLED ON.

If you miss whilst injecting, pull out, DON'T DIG AROUND. Apply pressure to the site with a tissue until the bleeding stops. Safely dispose of anything, tissue, swab, whatever, that has any blood on it. Simply wrap it in plastic and put it in the bin, or if tissue or toilet paper then flush down the dunny.

TRACKS

Tracks don't have to be a part of using, there are ways to minimise if not prevent them. For users who indulge once or twice a week scarred veins may not be a problem, but if using more frequently than this then it is quite likely that you'll develop your own set of track marks. Tracks, apart from looking nasty, are also a dead give-away that something other than blood has been coursing through your veins. This is often not an ideal position to be in, since many users prefer to keep their status private, or only disclose it among friends - not surprising when you consider the amount of discrimination users must face about their choice of lifestyle!

After injecting, wait a few minutes then apply a good cream to the spot. Hirudoid, Lucas's Papaw Ointment, Arnica Ointment or Vitamin E are all recommended, should all be under \$10, and worth the investment. Gently massage into the affected areas once or twice a day, during and after a binge or just after daily use. This should soften any new scarring and can also help to heal existing scars.

It's important to get into the habit of always swabbing your fingers as well as the equipment - your spoon, your knife or razor, etc. If you're going to have a hit quickly check your hands, if they're grubby then take a minute to wash and clean them. If your hands could do with a wash then give them a clean prior to swabbing your fingers.

Having clean skin around the hit site will help to diminish the risk of abscesses, dirty hits, as well as scarring. When skin is exposed to the air, carbon particles will naturally settle. When having a hit these particles get pushed through the skin as the needle penetrates. Unless you clean and swab your fingers, and swab the hit site when whacking up you'll develop (or worsen) those greyish/reddish very distinctive track marks.

When having a hit make sure you release the tourniquet once you've found the vein, ie before pushing down the plunger. Leaving the tourniquet tight can mean your vein will get quite bruised.

Some users still use a belt as a tourniquet, but leather can be rough on your arm and can damage your circulation. Using a sock or stocking is a much gentler option and they're easier to release when ready.

Having trouble getting a vein? Remove the tourniquet & try some of these:

- make sure you use a new clean fit every time, thus ensuring the pick is always clean, safe and sharp!
- stick to using the smallest gage picks possible.
- hang your arm lower than your waist for a couple of minutes.
- run your arm under warm/hot water until a vein shows.
- you could always consider taking the drug via a different route, ie. snorting, swallowing, suppository (wrapping the drug in a cigarette paper & sticking it up your bum), or with smack you could always try smoking - 'chasing the dragon'.

*Don't forget to make sure all your equipment is sterile
and that you are swabbing fingers and hit sites*

Vein care should be a regular part of your shooting routine. Users with fucked veins not only make a simple hit a big drama, they are also stuck with highly visible scars & markings that prying eyes can pick in an instant! Even if you use a lot, that's no reason to have fucked veins!

USING A NEW, CLEAN FIT EVERY HIT IS THE BEST WAY OF ENSURING GOOD VEIN CARE.

FILTERS

Drugs are rarely supplied or available in an unadulterated form. These additives, often chalk or talk, need to be filtered out before injecting. Blasting solid material can have an injurious effect on body tissue, as well as be damaging to veins. Some of the resulting complications are Cellulitis, Septicaemia, abscesses and vein collapse.

Remember, filters are just as important to your health as a clean fit. Ripping the corner of an unused, just opened swab can make a handy filter. New, unopened tampons also make great filters, as do clean cigarette filters. Always avoid tearing filters from the end of smokes as these contain glass particles which can damage your heart and veins. Whichever filter you use it's important to always swab your fingers just before you touch it, as you should swab your spoon, and any other implement you may be using. Never use someone else's filter - the Hep C virus can be transmitted through sharing filters. Never collect and use old filters as they make an excellent breeding ground for bacteria in old filters. Cotton Fever is a condition occurring when you inject a fungus which grows in damp cotton - another reason you should never reuse a filter!

If you're not used to cleaning your hands or swabbing your fingers - let alone swabbing your equipment before having a whack, then these directions might seem a bit 'lengthy', particularly as it means putting off that hit for another minute or so. Well yes, that's right, it is going to take a little bit of time to make sure your hands are clean and that you've swabbed fingers, spoon, etc. Once you get used to this routine and see it as part of the hitting up process then you'll probably stop noticing it as something that holds you up. It's very likely that the more often you follow these procedures then the quicker it'll become second nature, after all, do you resent taking a moment to suck all the dope out of the spoon? Doesn't that take time too? It's just such a part of 'having a hit' that you wouldn't even think about resenting it, or see it as holding up your hit. You might argue that it's ok to spend time getting every last bit of dope from the spoon cos that's going to enhance the hit, but then isn't making sure you have a clean, safe hit also a part of having a great hit?

Just because we are presently forced to put up with these extremely unfair and absurd conditions (ie drugs being outlawed, thus unregulated - esp. no controls on cutting agents) which add an unknown degree of danger to having a hit, is no reason to neglect or even further damage ourselves. It's so important that we make use of relevant information regarding taking care of our own bodies, and that means doing what we can to use safely!

**TREAT YOUR VEINS WITH RESPECT COS THEY'RE YOUR BODY'S OWN
'PATHWAYS TO PARADISE'**

Based on, 'You're So Vein', published in Pure S.

Legalisation and More...

A way of thinking about meanings produced by users is to consider them weapons in what is essentially a dirty, unfair battle that requires guerrilla tactics if we are to etch out small spaces for ourselves.

The major harm associated with drugs in Australia is a direct result of their illegal status, and much needs to be done regarding existing legislation if users are to enjoy the quality of life guaranteed other citizens. While I acknowledge the importance of legalisation issues and the thorny ground of the medicalisation of drugs, I want to spend most of this article suggesting that there are vitally important things we can, and must, consider outside (and in conjunction with) legalisation. The way we live our lives and the artefacts we produce as a result of our lives as IDUs such as poetry, art, prose, photos, conversations, posters, films, clothes, music, festivals etc. are incredibly powerful tools in the battle against stereotypical meanings about addicts. I guess I want to remind you that the symbolic level of power - those images and stereotypical images of what it means to be "a junkie" operate through the law and outside it also, so that we must consider more than legalisation. It gives me a sense of hope that we can produce different meanings to those held in the mainstream community about IDUs, and that this political action is necessary if we are ever to speak on our own terms with dignity and pride. I think the production of these different images and meanings are also essential if we are to get the appropriate services and supports so needed by the various using populations.

The illegal nature of various drugs has undoubtedly increased hardships for users in very real terms, but I remain unconvinced that simply legalising and regulating drugs would remove all social problems experienced by users. On one hand, legalisation of currently prohibited substances would seem to lead to the lessening of economic hardships and the real issue of jail sentences and fines for essentially victimless crimes. On the other hand, the increased medicalisation and governmental regulation of users and their lifestyles. This is a huge and incredibly thorny issue which I don't really want to discuss here except to point to legalisation and medicalisation of various substances. The social meanings of what it means to consume drugs and especially inject drugs

need to be challenged and new meanings produced from within using communities for users. I think these shifts in meanings need to occur hand in hand with changes in legalisation, or might even need to precede for such legal changes to occur. A way of thinking about meanings produced by users is to consider them weapons in what is essentially a dirty, unfair battle that requires guerrilla tactics if we are to etch out small spaces for ourselves. I am not suggesting that we are going to over turn the 'whole system', but we can win small and strategic encounters, while also reinventing or recasting the terms available for positive community and individual images of drug use.

The metaphor of guerrilla warfare seems a little full on I admit, but not that far fetched if one considers the practicalities of living as an IDU in a society where hysteria about drug use has reached the ridiculous. If taken seriously this would entail considering each encounter in a strategic manner and using the most effective images, language or position needed for that specific occurrence. This means a piecemeal approach to located issues one at a time. It also implies that IDUs occupy a marginal position and then strategically go in and undertake specific encounters and then pull out again. Perhaps the combative metaphor isn't for everyone but it might be of some use in terms of visualising political actions at a symbolic level. Giving due importance to the power of meanings and images is vital if we are to speak about drug use in positive terms and empower ourselves so that harm minimisation and HIV strategies are effective within using communities (diverse as they are).

Contradictory meanings about drugs themselves seem to lie at the core of stereotypical and harmful meanings of drug use within mainstream culture as well as drug therapists who create drug addiction knowledge's and recovery programs. At one and the same time drugs are viewed as both cure and poison within western society. Even the same substance can be understood as both cure and poison depending on the

mode of consumption. It isn't the drug itself which seems problematic but the way people imbibe them. Particularly the idea of a self administered injection of substances is viewed as the most offensive and subversive way of using. It seems a bit arbitrary really. Often non users will argue that it is the idea of blood or needles which puts them off or scares them when thinking about bodies and fluids and deviance. Fear regarding self administered injection also is centred around the idea of self sufficiency and self control on the behalf of the user, outside the medical context. The issue of self administration and pleasure seems to lie at the core of the prohibition regarding injecting drug users. The issue of pleasure and pleasuring the self doesn't really come up much within traditional literature on injecting drug use and perhaps it's time we started talking about this and putting pleasure on the agenda as a way of challenging stereotypes which say people inject drugs to avoid feeling of any kind. This might be true some of the time for some of the people depending on a whole lot of variables like drug of choice, mood, gender, economic and social position, ethnicity, or time of the day! But I think self induced and self regulated pleasure as motivation for drug use has been silenced and may be a tool that we need to think about and perhaps reclaim. Pleasure and injecting are complicated even further when it's a woman doing it.

The stakes are changed when it is a woman injecting herself with the connotations of self penetration and self induced pleasure marking her as both subversive and somehow tainted. I guess it is important to remember that within our culture sexed bodies carry different meanings and woman 'junkies' are often portrayed as simultaneously ultra feminine in terms of being heterosexually available and sexually slovenly and (drug)dependent, while also transgressing feminine roles by penetrating the self and finding pleasure and meaning outside usual confines and so being independent. There seems to be this contradiction between women IDUs being ultra feminine (and so ultra deviant) and also outside ideal feminine roles. They are seen as at once ultra dependent and independent and self satisfying. As a result women injectors are marked as dangerous and deviant in ways that male injectors aren't (and different women are marked as more deviant according to ethnicity, class, sexuality etc). Coming back to guerrilla warfare here (and tank girl seems to come to mind for some reason) clearly these images of injecting women need to be addressed. I wonder if at some level, some times this image of IDU women can't be embraced or reclaimed much like the term dyke has been reclaimed within queer politics. I am suggesting that we have to work with what we've got. It might be tactically useful to tease out these meanings of self sufficient pleasure and transgression of stereotypical feminine roles to see if some powerful icon or image might be lurking for use by IDU women in their lives. I for one find

the powerful and dangerous woman image a somewhat appealing one in some ways. Other women might not, or only sometimes, and that is what guerrilla war fare is all about. What do other women out there think?

Another common stereotypical image of IDUs is that they are parasitic in relation to their immediate family and society a whole. We all know the fears about the telly being ripped off and the uncontrolled lying of addicts which receive so much currency within mainstream society. It is argued that addicts never produce anything (as normal and good citizens do), but that they feed off the welfare system and those around them. The image of the parasite is such a damning one because the addict is understood as being of no worth in itself and unsustainable on its own. The parasite image also always suggests that addicts only ever take and by their nature are unable to produce or give anything back. Parasites hinder the host and in a sense are often understood to end up killing off the good host for its evil purposes. I guess that there are lots of ways of trying to deal with this recurrent image. I don't know if the parasite is an image that can be reclaimed, but maybe strategically in terms of the vampire for example, it may be useful to some. We can challenge it at a direct level by insisting upon all the creative and productive features of using communities and individuals. I think this includes reminding ourselves of the wealth of productive and beneficial acts and lifestyles we undertake as part of our everyday lives.

This brings me to the point of this whole article. I think that it is vital that we start producing images of our own about our lives and what it means to inject drugs to each of us (and the meanings will be diverse no doubt) if we are to challenge the meanings produced by those outside of using communities. Up to this point what it means to be an addict has largely been defined by medical and therapeutic voices along with sociologists and law makers. As such drug use is understood as a product of the lack of coping skills, or lack of morality, or lack of self esteem etc. The thing that scares me is that the only words and images left for me to use about my experiences of injecting drug use are ones which tell me I am deviant, dirty, irresponsible, parasitic, incompetent, anti social and lacking! In a sense we need to produce a whole new range of images and meanings about drug use and injecting in particular if we are to be able to speak positively about ourselves and our lives.

This is a tall order, but I think the products of our everyday lives are the place to start. It is a hopeful project that IDUs in their diversity can produce different meanings and speak on their own terms via well thought out guerrilla warfare.

WHO IS SHE?

It's a well known fact that opiate use has been an integrated part of humanity for centuries, particularly among women. From the women concubines in China, who used it to make their lives more tolerable whilst they were imprisoned in their homes by their rich husbands, to the trendy young upper-class women in America in the 1920's. And even today among the women in the hill tribes of Thailand, opiate use is widely accepted, even respected. However in our present western culture, when women use heroin, we are scorned and degraded. Society refers to us as "junkies", "users", etc., which we are not, we are women who use; firstly we are mothers, daughters, sisters, and secondly we use. Saying that we are simply "junkies" is taking away our value as being women.

A woman's life when using can be isolating. When friends who don't use find out you've started using they often lose their trust in you, even though you're not guilty of anything, when something goes missing you're automatically the one to blame. Or maybe there's just always that silent expectation of "when are you going to give up?" when you may wish to continue using, and is a choice for you to choose and you only. This opposition to how you live your life gets tiring, even boring, so it's easier to mix with people that are doing what you're doing, and escape the social stigma attached to heroin use.

Ultimately there came a point in my life when it was much easier not to see people, than to have to cover up or justify my activities. Mixing with other users meant they understood when I was hanging out and I didn't have to fight the joy of nodding off or saying something pathetic like "oh, I'm just a bit tired".

The expense of heroin often forces you to very quickly come up with some kind of lucrative business, there are few choices; theft, dealing, or sex-work. The latter is by far the most profitable, but sex-work is not an easy job! And as if we haven't already been stigmatised enough by being "junkies", when we start working we are then also, "whores", "hookers", and "sluts". Women have to battle these labels; that none of these words are the total sum of who they are, and re-affirm to themselves that we are sex-workers; we are selling sex, not selling ourselves.

You can call us women users whatever you like, but remember it's easy to put a degrading label to something you've never experienced and know nothing about. So who is She? She is firstly a woman, and secondly maybe she is

a woman who uses.

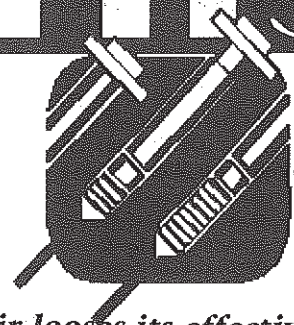
By KM

CLEANING FITS

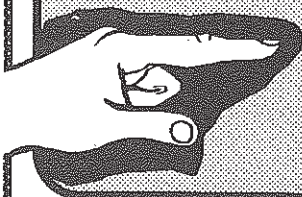
Preparation

Always make sure the bleach you use is -

- a) at least 5% concentration.
- b) a well known brand -like Domestos or White King.
- c) not even approaching it's use-by date.
- d) fresh & not long opened. Bleach exposed to light & air loses its effectiveness.



If the fit you plan to use has just been used by someone, make sure that it's thoroughly rinsed clean in cold water. It is important to use cold water when cleaning syringes as hot water will cause the blood in the fit to congeal. It must be rinsed until all the blood is gone. If the fit was not completely rinsed out immediately after it was last used - and therefore has some blood still in the barrel then **FORGET RE-USING IT!!!** If you can still see any blood in the fit then don't use it, and don't bother to start bleaching because bleach -like hot water- causes blood to congeal.



Step 1 Fill the syringe with fresh full strength bleach, and shake for at least 30 seconds. A useful way to ensure bleach is in the syringe long enough - for the full 30 seconds - is to count slowly, ie one thousand, two thousand, right up until you reach 30 thousand. Counting slowly is extremely important as bleach must be in contact with the virus for at least 30 seconds.

Step 2 Squirt the bleach out into a sink or drain. Refill the syringe with bleach and shake, once again counting slowly as was done during the first bleach wash (1 thousand, 2 thousand.etc), for another full 30 seconds. Once more squirt all the bleach into the sink.

Step 3 Fill the syringe with clean cold water and rinse. Rinse at least twice to ensure no bleach is left in the fit.



Cleaning a used fit with bleach is never 100% effective against blocking the transmission of HIV & Hep

HOWEVER, by using these preparation tips and carefully following the 3 steps you will certainly extend your chances of having a safe + clean hit. Of course, using a new fit each time will guarantee you protection and ensure you always have a safe + clean hit!!

Deadline for the next VIVAIDS Magazine is:

1st of April '97.

If you've got anything you want to contribute, or would like to get involved in any way, just give VIVAIDS a call.

THE VIVAIDS MAG IS YOUR MAGAZINE, SO GET ACTIVE & GET INVOLVED! CALL VIVAIDS NOW!!!

DOING TIME

Even with the publicity generated by Fairlea's closure and Ravenhall, the new private Women's prison opening out at Deer Park, prisons remain a world unto themselves. If you haven't done time in jail you probably have no realistic idea about what it's like, what happens there, and what to expect.

It can be a great shock to suddenly find yourself facing the prospect of having to do time, particularly if you have no idea of what to expect or of what life in prison will entail. It is my hope and intention that this article presented in an interview format will introduce, familiarise and educate those of us who remain ignorant about the 'world' of jail life. That world of prison life which is currently outside and/or beyond the scope and conception/ knowledge/ imagination/ and experience of most people.

Investigation and constant discussion is, I believe, vital if prisons in our community are ever going to achieve any semblance of humanity.

How long have you been in Jail, and which ones have you done time in?

I'd say around 17 years, about half my life has been spent in prisons. I've done time in Fairlea, Tarrengower, & Jika Jika B Annex (Pentridge Women's Section - VIC), Bogga Road (QLD), Yatala (SA), & Mullewa - the Women's part of Long Bay (NSW).

Which was the worst place?

Probably Bogga Road. It was really bad, there wasn't even a sewerage system. When I was there in the early eighties the conditions were disgusting. You had to shit in buckets, and it was part of prisoner's work to have to empty and clean them! No personal things allowed. No tv, radio, heating, hot water, power-points, nothing like that. You got paid 30 cents a day for working (you had to work), or 60 cents tops for kitchen jobs which meant you had to work seven days a week.

I remember one time, everyone was so fed up and pissed off, we were rioting, and Jo Bjeke Peterson comes in to visit. Some publicity stunt I suppose! I can still clearly remember what he said: "Nothings too good for my prisoners, and that's exactly what you'll get!" "NOTHING"!!! And that's right, nothing changed. The girls rioted and eventually stopped, but it wasn't until Wayne Goss got into power that anything changed. The CJC (Criminal Justice Commission) raided the place, took files and everything. The governor & deputy were sacked, so were half the screws, and things have changed there. I've heard it's better, but it's still pretty bad, much worse then down here.

What about Pentridge?

I was in Pentridge back in '82 to '84. Jika Jika, B Annex. That's the women's section of Jika, maximum security. It was all concrete and electronic. Gates & doors were opened and closed by

switches. You had what you needed like tv, radio and appliances, but you were locked down for 23 hours each day. You had to wear monkey-suits all the time (full body jumpsuits - from neck to ankle). It was for maximum security, we were all categorised as 'management' prisoners.

Where did Fairlea fit in to your experience of jail?

Altogether I've done about 7 years in Fairlea. The last time was for 9 months. I went in during November '95 and got out in August '96, a couple of weeks before they moved the women to Ravenhall. Overall, I'd say that Fairlea was easier and had better conditions than a lot of the other jails I've known.

What do you know of other Vic Prisons?

I've done 16 months in Tarrengower, that was back in the early 1990's. It's in Muldon which is just out of Bendigo. Compared to Fairlea it was like a holiday camp. Really relaxed, with no walls or fences, easy! Unlike Fairlea, the shop there was open every day. Women had their children live with them, and the kids stayed right up to finishing primary school. I remember the screws would drive the kids to school. The thing is, there was lots of conditions to satisfy to get put in Tarrengower. You had to be a 'C' rating (minimum/low security) prisoner, you had to have done 2/3 of your sentence, and you couldn't be a known IDU (intravenous drug user).

What were women usually in Fairlea for, & for how long? Were most women 'first timers' or 'old timers'?

At a guess, I'd say 30% were 'first timers' and 70% were 'old timers'. By far, the reasons women are in jail are nearly always drug-related, probably around 95%. You also have women in for Social Security fraud (often older women), there's a handful of murders

(lifers), and then you get the 'rock spiders' (child molesters).

Jail time really differs. When women get 'life' it's usually 14 years. Social Security fraud can mean you're looking at 3 months to 2 years. Molesting kids, maybe 2 to 4 years. It depends on what you're charged with and also what your past involvement has been with the system.

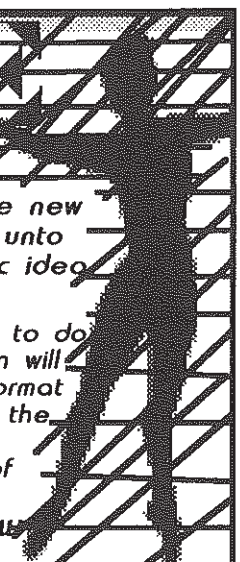
This is only an example, but the first time you're charged (and found guilty) you get a chance. Then you might get put on bond. Then a CBO (Community Based Order), then maybe 3 months, then 6 to 12 months. Next you're looking at 2 years, and so it goes. By now you're really in the system clocking up serious years - or as they say, 'on the merry go-round'.

Is it hard for new people to settle in/settle down, and make friends?

Yes, it's very hard for new women. You can always tell who hasn't been inside before; new women are shit scared and don't have any idea about what's going on. My advice to newcomers? SEE, HEAR, & SAY NOTHING! Make this your number one rule! That's gotta be the best advice I could give someone new. As a rule keep your mouth shut and pay attention to what's happening around you. You'll be ok, just don't mouth off. Eventually women begin trusting you & you'll earn their respect.

What happened when you arrived at Fairlea?

After being found guilty and sentenced you'd be taken back down to the cells. That's the holding cells in the Melbourne Magistrate Court building in William Street. From there you were picked up and taken by the cops out to Fairlea. Sometimes you were forced to wait for weeks in the court cells for a bed in the prison, 3 weeks wasn't unusual. I heard about women who've had to wait up to 6



weeks - it might be different with Ravenhall, I'm not sure.

Once you got out to the prison the cops would escort you inside and 'hand you over' to the prison staff at the reception area. The screws read out your name and warrant and told you how long you'd been sentenced for. They'd ask if you understood, and if you didn't they'd slowly explain everything. For some people, especially the new girls, it was confusing and difficult. You could make one phone call if you needed to let anyone know where you were. Then you went into the clothing store room where you got your kit bag. This had things like your clothing (tracksuit, t-shirts, singlets, undies), towels, linen, bedding, a comb, conditioner, and a book with all the prison rules and regulations.

Next, you had to strip off and you'd get a quick body search, then you'd jump in the shower. You had to wash yourself with anti-lice lotion and put the stuff through your hair. Then you'd dress from the clothes you'd been given. The gear you came in with went into your property box.

When this was finished you'd have your height and weight recorded, a mug shot taken, and a copy went to every area or department of the prison. Once this stuff was done they'd take you over to your section and introduce you to the women you'd be living with.

What personal property could you take in/have? Could you take money in?

You could have your own undies, bras, socks, books, magazines, writing paper & pens. Now, at Ravenhall, I hear you can have things like make-up, perfume, and some jewellery, which is sold at the prison shop. You couldn't take money into the jail but you could have \$100 each month put into your account from someone outside.

What part of the jail did women live?

Most of the women went to 'mainstream' but some went into protection. When you'd come in they asked if you needed protection. 'Rock spiders' were automatically put into protection, otherwise they'd be torn apart in mainstream. Some women with an enemy waiting for them might ask to be put in protection. This wasn't usually worth it. Instead of dealing with the problem they'd opt for protection. This meant they'd be 'branded', forever associated with 'rock-spiders' & informers, so they'd never be able to be in mainstream, anywhere, ever!

Could children stay with their mums?

In Fairlea children could stay with their

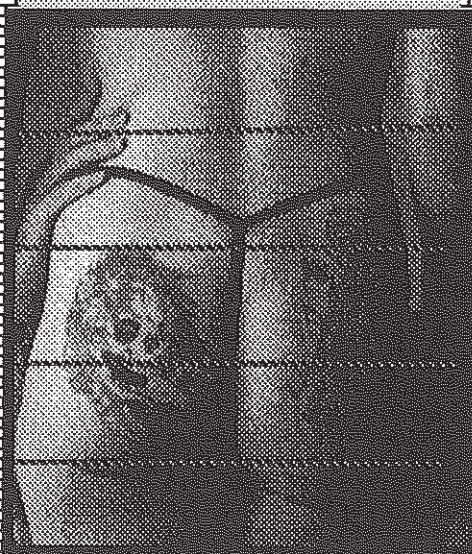
mothers until they reached about 18 months, the absolute maximum was two years. In very rare cases this was slightly extended. Now in Ravenhall I've heard there's 4 kids living out there, and that they can stay until they have to go to prep school, about 4 or 5 years of age.

Where did the women sleep?

In Fairlea the women slept in cottages, some were 4 'outers' (ie single rooms), some were 10 outers. You would have a single bed in your own room - which you could lock. There was a lounge room with a tv and video, a kitchen, bathroom/s and toilet/s. Like a normal house would have. You did your own cooking in the cottages, and cleaning, etc. I hear its similar housing at Ravenhall, with dormitories for women on remand and for those who only have really short stretches.

What hours were you locked in?

From what I hear Ravenhall's lock up times are heaps better than at Fairlea. Now, everyone is woken at 7am and work starts at 8am. At night, those who are A (maximum security) rating are locked up at 8.30pm, B (medium security) rating are locked up at 9.30pm, and C (low security) rating women are



locked up at 10.30pm.

Did everyone have to work? What sort of jobs were there?

In Fairlea, all the women (except those on remand), had to work. The working day would start at 8am and finish at 3.15pm. Now, in Ravenhall, I've heard that its up to you if you want to work. There's all different types of work. Some jobs are 5 days a week, some are seven. Things like kitchen billet are 7 day a week jobs. For most of the work which was for 5 days a week, you'd earn \$20-\$25pw. For working a job that was 7 days you'd make \$25-30pw. Whatever you'd earn, \$4pw was put aside, you'd get this money when you were released.

If you wanted to change jobs you could apply to do something else when a vacancy came up in the area you wanted to work. The Governor decided which woman got the new job; it depended on your record, security rating, stuff like that.

If you wanted to study full time instead of working, then you'd earn \$20/wk. Women on remand couldn't do full time study, nor could those doing less than 12 month sentences.

Was there much violence, what would happen?

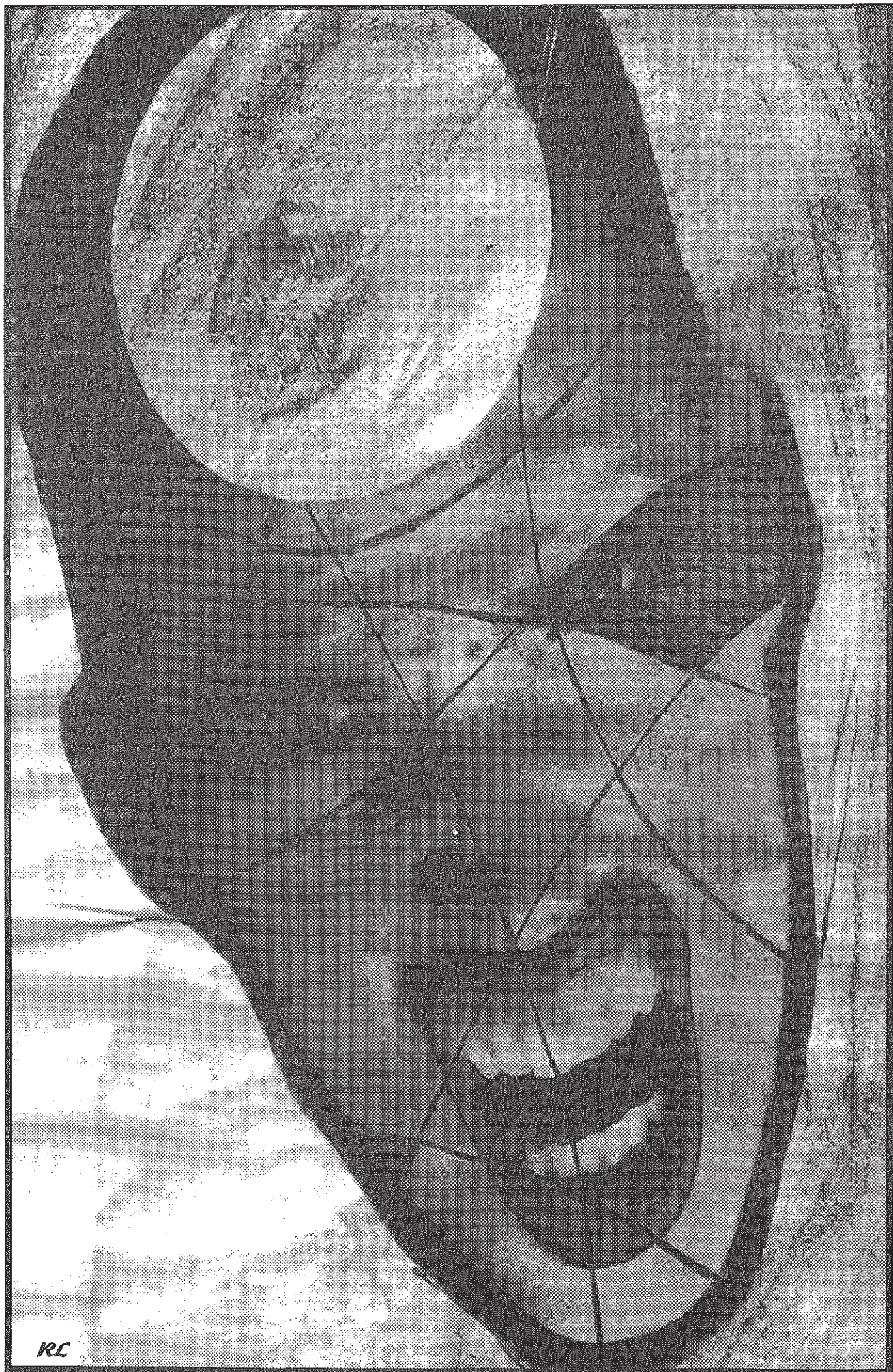
Oh yes, violence was very common. Just about everyday something happened, some sort of incident. Punch-ups were common. If a woman ripped someone off she'd have to answer for that. Anyone 'tagged' as a 'dog' (someone who gives people up) will get a hard time. As women were continually arriving and leaving, there was always some woman turning up who'd be pissed off at someone. Others would arrive who'd have someone waiting inside to get them. So that score would have to get settled. Or maybe someone's mate had an enemy who'd turn up. That sort of stuff was always happening. A couple of times a year someone would get 'shived' (stabbed) - this was severe pay-back. It might be for having gone Crown Witness, or something similar, equally serious. Sometimes women in jail would 'slash up', which is violence towards themselves. I'd guess that depression would play a big part in why this happened.

Were many women into using?

Oh yes, I'd say over 90% of women in jail were into using! As for quality of dope, it was just the same as anywhere, what you got on the outside, you can get in jail. As long as you had the bucks, or someone to 'chop you out' (look after you), you could have just what you wanted! The quality was just like out here too (after all, this is where it all comes from), and as such varies, especially depending on who you got it from. Bank accounts used to be a popular way of conducting financial transactions. Women inside would get an outside friend to deposit money into a nominated account. There have been some 'problems' with that system, so other ways have been developed for organising payment.

Could you get fits inside?

Officially, women (& male prisoners) aren't allowed syringes; prisons won't give them out. Of course, fits do come in. They come in, but unfortunately, not in abundance like dope does. It is



RC

therefore not uncommon for women to share fits in jail. Even though its not what you would prefer to do, often you just don't have any choice.

In Asian jails there's plenty of dope, but a serious shortage of fits. What people do (at least in some jails where it's syringes are too scarce, too expensive) is rinse out the inside of a pen, and file down the nib until it has a razor-sharp point. To have a whack the dope is put in the cleaned straw of the pen and a cut is made just over a vein. This cut is held open so that the vein can be seen. Then a little nick in the vein itself is made, the pen (with the dope in it) is held in the mouth just over the vein. As soon as the vein is nicked the person blows the dope down the thin plastic pen straw, through the sharpened nib, and straight into the vein. Then the cut is pinched shut, and there you have it; that's a hit in an Asian jail!

Do the screws know about the drugs?
The screws know the women use, and there's nothing they can really do. So long as there's no trouble, things go smoothly. A few screws have some involvement with drugs getting into jail, but mainly they're simply 'bystanders'.

What if a woman got caught using?
Everyone had to do random urines, not just 'known IDU's (intravenous drug users). It could be as rarely as every six months, or even nine months. If, however, you got caught with a dirty urine, you'd be recorded and classified as a 'known IDU', and have to do weekly urines from then on. The punishment was to go before the Governor. They'd hold a 'Governor's hearing' when you got charged with something. The punishment for a dirty urine was to be put in the slot (solitary). The first time you were found with a dirty spec you got 7 days in the slot, the next time 14 days, then 21, then you get 28 days. Then you automatically got 28 days every time your spec came back dirty. How would they 'punish' you; and why? At Fairlea they used to fine you all the time. The screws would slap you with

\$50 or \$100 fines whenever they felt like it. It could be for anything, swearing, talking back, not doing what they wanted, anything. It was up to them, when they would fine you and how much it would be.

Hitting the women with expensive fines was very much in their interest! The money from the fines went into their Social Club & Christmas Club accounts. I knew one woman, she stopped her family putting any money into her account cos the screws took every cent of it by constantly fining her. I remember she 'owed' them thousands!... I don't think that stuff is happening at Ravenhall, the money certainly isn't feeding the screws now!

The other punishment they would use was chucking you in the slot, or LOP (Loss Of Privileges), for a week. It was fucked there. No cigarettes, no phone calls, no contact with the other women. All you could take was reading and writing material and toiletries, and that would be it!

Who decided if you went to the slot, could you appeal?

If you got charged with something they gave you a 'pinkie' (a pink-slip). This told you what you were charged with and when you had to front the Gov. about it. When the day came you'd get called up to his office to attend 'Governor's Court'. He'd read out your charge and tell you what the punishment was. Usually, it was time in the slot. You had to wait, though, cos there's a really long waiting list. If you wanted to appeal about your punishment you could see the deputy Governor, but it wasn't worth it. For making a fuss they'd just give you a longer go in the slot.

At least they can't add time to your sentence now. What you go in with the time you will do, so you know exactly when you're getting out. They don't have the power to hold the threat of 'more time' over you anymore. I've been locked up when they did stuff like that so believe me, it's heaps better now!

What happened to relationships when one partner was inside?

It's so difficult to keep relationships going when one partner gets thrown in jail. Relationship usually dissolve when one of the couple goes to jail. This doesn't always happen but often the person waiting just seems to fade away, specially if they haven't had previously involvement in 'prison relationships'.

When you got released, what about money? What happened with the DSS?
When you got released they gave you all the money left in your account. The amount would differ, depending on how long you'd been inside. Every week they took \$4 out of your pay and put it into your account. This couldn't be touched until you left. As soon as you got out you'd go straight to DSS with a release letter from the jail stating that you'd done time and just got out. Immediately you'd get a counter cheque, and were automatically put back on benefits, pension, sickness, unemployment, or whatever it might've been.

Can you recognise ex-prisoners now, both men & women?

Oh, you wouldn't know how easy it is for me to pick anyone who's been inside, and for them to spot me! As soon as someone opens their mouth I can tell straight away if they've done time, that's women & men too. There's a way of talking, a type of lingo that 's picked up inside. I can't really explain it but I can always spot it! Its like picking out other users or spotting people who are stoned; there's lots of little things that tell you, that just give the game away.

Any last words before we finish?
From what I've heard, Ravenhall is heaps better then Fairlea. Hardly any of the screws who worked at Fairlea are now at Ravenhall. The Governor has gone. The women say the new Governor and her deputy are heaps better. They've made heaps of changes, and from what I hear the staff out there are really different to 'screws', they're more like staff! This would make an enormous amount of difference, in every way. I just hope they continue working on changing things, on making things better for the women who get locked up.

This article was made possible by Carla generously sharing her experiences. Neither Carla nor myself expect, in any way, that what has been presented here could completely describe the experience of any other person. There will be those who find similarities in Carla's experience, just as there will be people who feel no connection to what has been here submitted. We are all unique, but importantly, we can also (hopefully!) respect those differences between us and listen to the stories that I, you, and everybody has to tell. Thanks Carla!!!

THAT PAP SMEAR TEST

The Pap Smear Test Is Just One Of Those Things Women Have To Deal With.

Lots of women dread the test and endlessly put it off. But the momentary discomfort and/or embarrassment pales in to insignificance when you realise the benefits of having the test.

It is your best insurance against developing cancer of the cervix. If you have regular pap smear tests (every two years is recommended if you have never had an abnormal result) any abnormality can be picked up early and treated. The best time to have a pap smear is midway between periods.

The pap smear test looks for changes in the cells of the cervix (neck of the womb at the top of the vagina). These changes may be early warning signs which indicate that cancer may develop at sometime in the future. Remember these changes are not cancer but if left untreated may later develop into cancer.

The test only takes a few minutes. A doctor or nurse inserts an instrument called a speculum into the vagina so that the cervix can be seen more easily. She/he then takes a spatula, and sometimes a small brush, to take a sample of cells from the cervix. These are smeared onto a glass slide and sent to the laboratory where they are examined under a microscope.

WHAT DO THE RESULTS MEAN?

Your results will usually be available after two weeks. Mostly the results indicate that the cells of the cervix are the normal. But if you do receive an abnormal pap smear result don't panic; it doesn't mean you have cancer.

A pap smear result can be abnormal for a variety of reasons. It may just be that you have a mild infection, such as thrush, which can easily be treated. The result may show that you have the wart virus (human papilloma virus), a very common infection. There are many small visible warts, others have no signs at all. Some types of wart virus have been linked with the development of cancer of the cervix. If the wart virus is detected in your pap smear the doctor will suggest more regular pap smears to make sure there are no further cell changes. The wart virus often disappears after a year or two.

With low grade abnormalities, the cells of

the cervix often return to normal without any treatment. If the abnormalities are more severe (or if the low grade abnormalities don't clear up on their own), the doctor will suggest a colposcopy. A colposcopy takes about 15 minutes and is performed in a doctor's rooms or in an out-patient department of a hospital. A colposcopy is like a microscope on a stand and it allows the doctor to have a closer look at the abnormal cells. It is similar to a pap smear in that a speculum is inserted into the vagina and the doctor uses the colposcope for the examination. However, the colposcope does not enter the body. Sometimes a sample of tissue is take (a biopsy).

According to the results of the colposcopy, you may require no further treatment or the abnormal cells will be removed by a laser beam or diathermy (a fine electrical current). You will need to continue to have regular pap smears to make sure the abnormal cells don't re-occur

Having an Abnormal Pap Smear Result Doesn't Affect Your Chances of Getting Pregnant.. Just Think, it's Only Five Minutes of Discomfort Every One or Two Years for Lifelong Peace of Mind!!!

FLOWER POWER



When I first became involved with drugs, many moons ago, it was in a spirit of feeling good and liberating the mind. As I moved into regular heroin use it became apparent that (in this socio-political climate) the life-style, financial and health issues that accompany heroin use are increasingly and severely limiting to personal freedom. Most of the options available for de-tox and re-habilitation from the daily smack-whack consist of literal incarceration in various institutions or the chemical handcuffs of methadone.

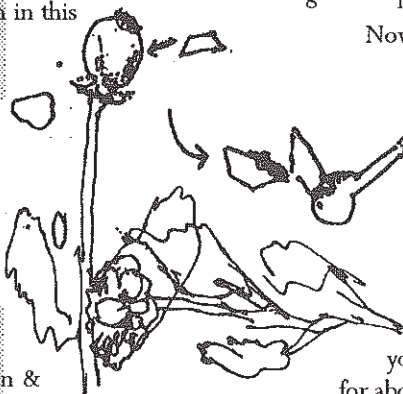
Not for me - Thanks.

From friends I'd heard stories of a clean green place in the clouds where you can live off the land and poppies grew wild and tall. A real holiday and cure in one. Aotearoa - the land of the long white cloud. My next dole check covered the one-way plane fare to the South Island, and accompanied by a native Kiwi guide I was able to get on the dole almost immediately in a de-facto capacity ¹. The mountainous South Island is a lot less populated than the North, small towns are dotted throughout rural communities.

A nomadic community of house truckies, wanderers, gardeners, hippies, bikies & tourists moving around. Powered drugs are expensive and rare in those isolated places where cash is thin on the ground. Self-sufficiency is the style in them thar hills, and do-it-yourself the approach in everything from car maintenance to drug supplies.

Opium poppies grow tall and wild in this climate where the ground ices over in the winter frosts and the cool clear sunny days of spring and summer with plenty of water around means they can grow by themselves in permaculture patches. It is not even illegal to grow poppies in NZ. (yet!) ². Local pensioner and gardening magazines carry articles on the successful cultivation of paparer semrifous for their beautiful flowers. One I read suggested that serious flower gardeners grow their poppies in the back rather than the front garden - to avoid the mysterious harvesting of them on dark nights. Poaching is a real problem in poppy season and serious growers keep dogs and even shotguns to deter this particular garden pest. With staggered seed sowing people can stretch the milking season from late spring right through until easter. This, not being nature's way however, requires a bit of work - as does growing them in this sunburnt country.

To grow your own patch, my advice is to get some seed and gardening hints from someone who has had some success in growing the real thing here in Melbourne. There are thousands of tiny seeds in one dried poppy head almost enough for a whole patch. I have heard a rumour that the poppy seeds available in supermarkets (around \$1 a packet) will grow but I'm yet to see this work. Organic food shops or Indian & Turkish grocers carry poppy seeds that are less likely to have been zapped and you can buy them by the kilo - enough for a whole field!



From garden suppliers, seeds are more expensive. There are many varieties of poppies available and not many places stock the seeds of *Papaver Somniferum*. From Sr. Shewell-Cooper's Basic Book of Flower Gardening (Barrie & Jenkins 1972-76) I have discovered that this flower also goes under the following names: PAEONY, PEPPERPOT, DANISH FLAG, GIGANTEUM, & MAGNIFICUM, and are found in some "oriental" poppy mixes.

The seeds must be sown directly into the patch - they do not like to be transplanted, so don't bother fussing with seedling trays. Their nature is wild and they do not like growing in pots at all.

The soil is best prepared with lime & should not be acid. Just throw them all in in Autumn and thin them back in Spring to give them plenty of room to grow. They like a very sunny spot, and must be kept well watered, preferably in the evening.

As they grow taller they need to be staked or they will flop badly and rot. The flowers may be crimson, scarlet, purple, pink, purple or white and opinions vary as to which color flower produces the best opium. There is opium in the milk of the leaves and stems of the plant but for the best stuff you must wait for the petals to drop from the flowers when you can extract it from the bulbs. This is done by making a slit or two in the bulb with a razor blade, allowing it to bleed for an hour or two, (overnight is better because the juice does not seal the cut as quickly as it does on a hot day-) - then collecting the scrapings with a knife and spoon.

Now you have your little lump of raw opium you can go chasing dragons, bake some cookies, stick it in a pipe and smoke it or do more complicated things with it like making tinctures or even making your own heroin. But that's another story. The seed of the d.s.s. - (Drug Self-Sufficiency) revolution is that sticky black lump you hold in the palm of your hand that you have produced for yourself - to do with what you like. The bulbs can be bled every evening for about a week so long as they don't dry out. With practice you can keep the bulb alive and green and still extract opium when there are already many scars on the bulb.

Happy gardening.

1. Otherwise Aussies must wait 6 months before receiving any social security benefit.
2. It is illegal however, to harvest the opium, and the police will trample (some) peoples poppy patches and confiscate blades, spoons, tea-pots, fits - anything that may have traces of the prohibited substance.

by Mary Hassell

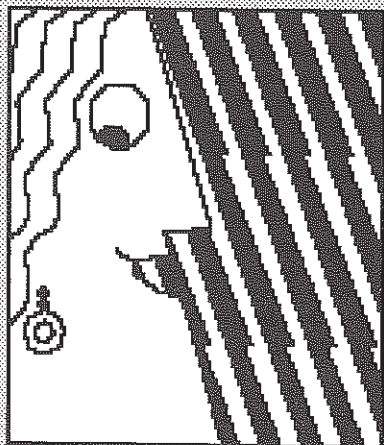
ABSCCESS PREVENTION

One thing you often hear are horror stories about abscesses. They can look pretty gross and be quite painful so it's not surprising that they incite a fair amount of curiosity. Curiosity is great, but satisfying curiosity can be even better, so some of the main questions about abscesses are going to be answered here. Just Read on...

WHAT EXACTLY IS AN ABSCESS?

An abscess is a collection of many small wells filled with pus that forms a cavity under the skin. They are actually a part of the body's natural defence mechanism; forming as part of the body's attempt to trap and then stop the spreading of toxic foreign material. So basically, their purpose is to locate and attack infections.

How and why they form.



Abscesses can develop from a variety of ways; when hitting up it's the contaminants -what the dope's mixed or cut with- that you really have to be careful about. That's why hitting speed + coke are often associated with abscessing, as the chemical process of manufacturing these drugs has no safety or hygiene standards, so they can easily become/contain toxins.

DID YOU HEAR?

⚠ DANGER SIGNS

Be very careful when skin popping, especially with speed, coke + methadone. Missing a vein and shooting into soft tissue or into an area of muscle can create abscessing as the dope won't be readily or immediately absorbed into your system. If you've got contaminants and/or cutting agents hanging around you're inviting your body to become alerted to their presence. Once a foreign agent is sensed somewhere it shouldn't be, it's going to be tagged as an 'invader', then your body responds by mounting some sort of counter-attack; thus an abscess, or the beginning of one is created.

As well as avoiding skin-popping, the surest ways to avoid abscessing is the same sort of stuff we all need to do so as to make sure we protect ourselves and others against blood-borne virus's. That is, make sure every hit is a safe, clean hit

Prevention, always the safest and surest medicine!

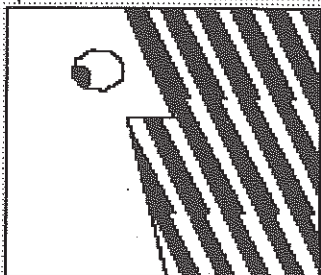
Always wash your hands & then swab your fingers before mixing-up or touching the drugs. It's vital that we all use our own gear, which means each person must always use their own:

- clean new fit every time,
- spoon which should be swabbed (with a clean swab) just before it's used
- filter
- tourniquet
- sterile water supply-no sharing glasses,
- Clean (unopened) swabs
- razor or knife to cut the dope

It may feel like a hassle if you're not used to it, but once you're in the habit of always following these basic guidelines then this stuff is going to seem like such a non-issue - especially when you consider that by using these practices you're ensuring you won't expose yourself (or others) to unnecessary health risks. By always having a safe, clean hit not only will you greatly minimise the risk of developing abscesses, you'll also be guarding yourself against the spread of blood-borne virus', which is extremely important for all of us!

What to do if you develop an abscess

The first sign of an abscess is usually a small, hard + typically red lump at the injection site. Sometimes these lumps can feel warm or even hot to the touch. If pus appears at the top of this lump NEVER squeeze it as you'll only spread the infection under the skin causing even more problems. As an abscess swells it becomes a lump which can press against nerves, this is what creates the pain associated with an abscess.



Never Ever inject through an abscess (or even through a suspected abscess) cos if you do you'll certainly spread the infection and create even more problems & unnecessary complications for yourself.

BEWARE!!!

If you ignore an abscess it's quite likely to get bigger and more painful unless properly treated; they rarely clear up on their own without appropriate medical assistance. The specifics of medical treatment always depends on the individual case but generally abscess are treated with a common antibiotic. Depending on the infection, sometimes an abscess will need to be lanced, and sometimes they require draining. These procedures are generally performed in the doc's rooms - you won't have to be hospitalised. Again, it always depends on individual circumstances but often the doc will apply a local anaesthetic when lancing or draining an abscess.

Sorry there's no gorey picture to gawk at, I tried to get some but organising copyright was too much of a hassle! If you want to investigate further and check out some really gross, over the top abscesses you don't have to develop your own. Simply get hold of old medical journals and look them up, it's a lot less hassle looking at pictures then it is dealing with your own abscess!

Look After Yourself!!!

Based on: 'Prevention, Treatment, Diagnosis of an Abscess', published in *Dart News*

Poetry



Outstretched Arms Unbounded

You've been a king, you've been a clown;
The jester with the broken crown.
But broken wings won't hold you down.
You can be free again.



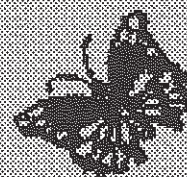
This long night your heart is aching,
The lil' devil follows the path you're taking.
But the dawn is breaking; a new day in the making.
The sun will rise again.



Dream about the days to come,
With hearts fulfilled and yearnings succumbed;
With arms unbound and imaging's found,
Your blood will flow again.



The bruise of darkness does surpass,
Just as love does ever last;
Just as now becomes the past,
Tomorrow will shine again.



Reflections

A drop of blood on your tongue.
Once again you did succumb.
And so, the creeper grows.
To the eye of the well.



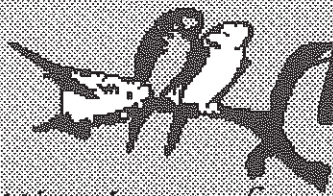
Drifts away the pain.
The white angel made her gain.
There is calmness.
In the eye of the well.



Strong breeze: her wings lifted.
Gliding, spiralling round.
In the eye of the well.



by Kirsty Morgan



Heroin

Sitting in a cafe a man with black clothes and tufted hair
spoke to Karen and told her the way to clean rose quartz beads
of bad vibrations is to dunk them in salt water
(rose quartz beads are good for your heart chakra)
That's a marvellous black leather jacket I said
Yes I've had it a long time he said
He scratched and blinked and off he went
He was on the nod said Karen



I nearly lost her said Mandy
Her lips went blue and the white kept spreading
We threw her in the bath and ran the water and slapped her face
Don't go Don't go we yelled at her Come back
I don't remember any of it said Kerry
I only remember sinking and feeling so relaxed

I close my eyes when they put the needle in
when it was over and arms were rubbed Karen said
my little girl is becoming a Catholic

I asked her why and she said oh but
the lady comes to school and she is so beautiful
she wears a long dress and a blue veil
Children love all that don't they said Mary
The think of the angels and heaven and god

I'd like to learn singing said Karen
I don't know if I have the voice
I'd be very surprised if you didn't said Anna
I'll find you a good teacher

Are you still waitressing asked Karen

I was never waitressing said Anna

You're a working girl are you said Karen and we laughed

Anna burned the white powder in a teaspoon
When I opened my eyes there was blood running down her arm
What music do you like she asked

Debussy said Karen, and Bach
and Mozart said Anna you have to like Mozart
I have to go there's a man waiting for the syringe
We'll go too said Karen

Next time I'll give you the names of singing teachers said Anna
but you should just sing
Just sing for the pure joy of it she said
and went off into the night

by Elaine Fell

...ts get Pierced

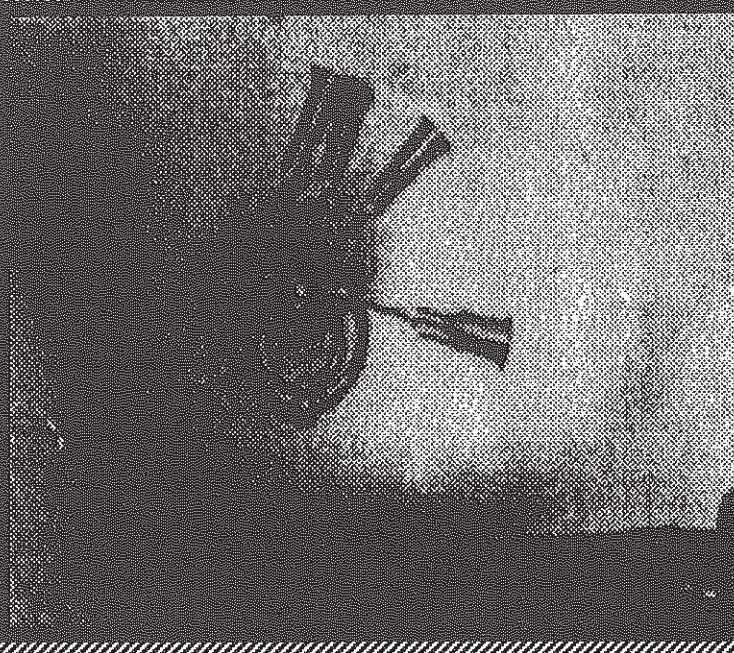
Once it was earlobes that we liked to puncture and decorate. Today, every loose piece of skin is a potential piercer's canvas, and it is no longer only alternative, bohemian cultures and punks who shock the blue-rinse set with their body jewellery.

Noses, nipples, belly-buttons, eyebrows, lips, tongues, labia, foreskins, testicles and clitoris are all popular choices, with no limit being placed on how many bits of body you adorn or how many punctures per bit. Whether you boast a row of diamond nose stud to complement your gold headband, it all comes down to personal choice. However, unlike the spur of the moment head shave or the visit to the tattooist one stoned afternoon, there are vitally important issues to consider before you submit to the piercer's needle.

Body piercing is an ancient tradition practised across cultures, continents and centuries. It often involved crude implements and unsanitary conditions, so it is highly likely that infections and blood poisoning were rife. Sharpened twigs, bone slivers, ivory and thorns were some of the instruments you could have expected to be pierced with. Egyptians are often credited as the first people to make use of the metal needle, heated until red hot for a cleaner, more sanitary puncture.

Although body piercing has a long and broad history, in western culture it has existed mainly in underground circles and has not been subject to the more rigid health regulations imposed upon tattoo studios, ear-piercers and the like.

When something gains popularity in mainstream culture, there are only too many opportunists willing to take on a new trade in order to make a quick buck or gain a new hobby. At the moment, anyone can go into business as a piercer and even boast about being



'professionally trained' or 'qualified'. However, for the true professional, health and safety issues are top priority, and before you undergo any procedure, make sure you check out just how safe the practitioner really is.

Piercing skin anywhere on the body involves blood or other fluids so the potential is there for transmission of HIV/AIDS, Hepatitis B & C and other blood-borne viruses. Other infections from septicaemia to tetanus may result from unsterile, contaminated equipment or hands, no matter how serious or rarely occurring they seem to be. Bad news aside, piercing is a relatively safe and simple process, when completed by a health and safety conscious, experienced practitioner.

Checking for Safe Practising Techniques

The Association of Professional Piercers, based in California, USA strongly advise using the basic requirements listed below as minimum standards. If

the piercer being considered does not meet all these points, for your own safety find a practitioner who does.

Ear piercing guns should not be used. They cannot be sterilised adequately and can cause serious damage. A large gauge (14g is usual) surgically sharp needle, the type that fits onto a syringe, is the standard implement used. Sharp needles pierce the skin rather than brutally tear the tissue, which is the result of a hand gun.

All needles used should be pre-sterilised, used on one person only, in one sitting and immediately disposed of in a medical sharps container. Check that the needles come in sealed packages and a new one is used for each piercing, even on the same person. They are only designed to be used once, and become blunt after the first puncture.

Reusing any piercing equipment that has not been adequately sterilised or autoclaved can result in the transmission of HIV/AIDS, Hep B & C and other blood-borne diseases.



Forceps, tubes, containers etc. need to be pre-sterilised, stored in sterile bags, and used for one person. After this they must be autoclaved and repackaged. Bags should only be opened immediately prior to use, as airborne material accumulates on the implements.

After one use, blood borne material will almost definitely be on the implements whether you can see it or not. It is not acceptable to use anything on two people, regardless of their relationship or disease status. At the very least, infections can result from such circumstances.

The piercer should wear a new pair of latex gloves for every procedure. These should then be disposed of in the same manner as other soiled articles.

Take note of the studio or room where the procedure takes place. Is it comfortable, can you feel relaxed here? Also it should be scrupulously clean, with non-porous surfaces which can be disinfected regularly. Piercing should not take place in the same room as tattooing, hair-cutting, jewellery sales or any other services.

Most piercers will not recommend or use injectable anaesthetics of any kind and be aware that these require a doctor's prescription. Ice may be used for numbing of the area, and some topical ointments and sprays are available from most pharmacies. These may be useful, especially for genital piercing but always purchase your own ointments as they are easily contaminated by fingers and implements.

One of the best ways to judge a piercer is to look at their work (They won't show you their failures and septicaemia cases!). Ask to see a portfolio or talk to past customers. Any questions you have should be answered honestly and helpfully. It may also be useful to inquire about first aid knowledge and technical experience. Choose someone you feel very comfortable around and who understands and respects your requests and concerns.

Pierced Princess



reprinted courtesy Pure S.

Body Piercing

"Bill of Rights"

Every person being pierced has the right:

- 1. To be pierced in a scrupulously hygienic, open environment, by a clean, conscientious piercer wearing a fresh pair of disposable latex gloves.*
- 2. To a sober, friendly, calm, and knowledgeable piercer, who will guide them through their piercing experience with confidence assurance.*
- 3. To the piece of mind which comes from knowing that their piercer knows and practices the very highest standards of sterilisation and hygiene.*
- 4. To be pierced with a brand new, completely sterile needle, which is immediately disposed of in a medical sharps container after use on the piercee alone.*
- 5. To be touched only with freshly sterilised, appropriate implements, properly used and disposed of or re-sterilised in an autoclave prior to use on anyone else.*
- 6. To know that ear-piercing guns are never appropriate, and are often dangerous, when used on anything other than ear lobes.*
- 7. To be fitted only with jewellery which is appropriately sized, safe in material, design, and construction, and which best promotes healing. Gold-plated, gold-filled, and sterling silver jewellery are never appropriate for any new or unhealed piercing.*
- 8. To be fully informed about proper after-care, and to have continuing access to their piercer after consultation and assistance with all their piercing related questions.*

Show your support - Please copy and distribute.

This Piercee's Bill of Rights is presented as a public service by the
APP - The Association of Professional Piercers, CA, USA.

Re-printed courtesy Pure S.

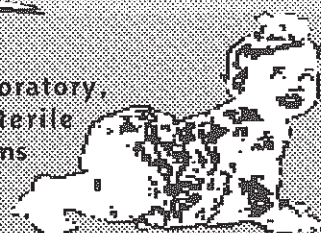
IS CLEANING FITS REALLY SAFE?



**THE SHORT
ANSWER IS
NO!**

*This statement isn't as simple (or as stupid)
as it may initially seem!*

Sure, bleach can kill HIV virus particles in a laboratory, but the important question is whether those sterile results can be transferred to the real-life situations people find themselves in. Can bleach be used to effectively clean a fit? Unfortunately the short answer is no, and the purpose of this article is to explain why.



When you immerse a tray of HIV virus particles into a dish of bleach the virus will die, but rinsing out a syringe with bleach presents a very different scenario. Once you step outside the safe & sterile confines of the laboratory, numerous factors can influence the effectiveness of using bleach. These factors can change from situation to situation, and must be taken into account if cleaning the fit with bleach is to be at all effective. Because these factors are so varied and inconsistent it is very difficult (even impossible) to provide clear and stable information about how to clean fits really safely.

HEAPS OF THINGS CAN INFLUENCE THE EFFECTIVENESS OF CLEANING WITH BLEACH

Ask Yourself:

1. Is there any old blood in the syringe?

Bleach cannot dislodge congealed blood inside a syringe. In fact using bleach on a fit with blood inside it will only congeal (harden) the blood, making the situation even worse. It's only possible to clean a fit with bleach if the fit was thoroughly rinsed out with cold water when it was last used. Any old blood in the syringe will not be removed by bleach, making it virtually impossible to clean such a fit at all safely.

2. How old is the bleach?

To effectively clean syringes you need a full-strength bleach (like White King or Domestos). Remember, bleach is a product with a notoriously short shelf-life; not only should a product never be used when it's passed its used-by-date, but it also loses strength as it is exposed to air and light. After it's been opened several times bleach, even full-strength products, may no longer retain the strength to safely clean fits.

3. What strength is the bleach?

Different brands of bleach have differing levels of strength. When using bleach to clean syringes you must have a product that is at least 5% concentrate. The well known brands are more likely to be a higher concentrate. Always check on the packet to see what strength the bleach you plan to use is. Bleach products that come in powder or tablet form are problematic and dangerous, as it's virtually impossible to guarantee they'll be mixed to the exactly right proportions.

4. How long should you clean the fit for?

In order to kill the virus particles they must have contact with the bleach for a certain amount of time. Knowing that the fit must be filled with bleach and shaken for at least 30 seconds is well and good, but most people are

lucky is they last 15 seconds - time flies when you're waiting for to have your hit. To give yourself the best chance of having a safe hit you really do need those 30 seconds. To be sure you give the bleach enough time to kill the virus, it's recommended to count by thousands, ie. one thousand, 2 thousand...right up to 30 thousand. This procedure of counting by thousands must be repeated -once again right up to 30 times.

5. What temperature water should be used?

Always use cold water when cleaning fits. Cold water should always be used when rinsing fits after they've been used, as well as when you want to clean a fit with bleach. Never mix bleach with hot water when cleaning a fit, and never use hot water when rinsing syringe as you will only congeal any blood you are trying to get rid of.

WHAT IF YOU'RE CAUGHT SHORT? if there's not enough fits to go around here's some ideas you can try:

1. Try to get to a Chemist to buy a new fit.
2. Visit a Needle Exchange, or phone a mobile service, for new fits. Call Direct Line (ph. 0416 1818, 1800 136 385) for your nearest service. Direct line should also have a list of the differing opening hours of the Needle Exchanges.
3. If the lateness of the hour is a problem, you might try the nearest hospital or casualty department. You could try an all-night pharmacy, or maybe a 24 hour GP would be worth contacting.
4. Call a friend. Do you know anyone who might have a spare clean fit, and is generous enough to pass one on to you? Certainly this can be a tricky favour to ask, especially if there isn't enough to go round, but you never know, it just might be worth a shot.
5. If none of the above options are available consider taking your drugs another way (not injecting). You could take them orally (eg. mix them up in a drink) or snort them, or it may be possible to smoke them (eg. heroin can be smoked). It may take longer to get the effect but you will feel it and you'll avoid risk of HIV or hepatitis transmission.
6. If you must re-use a fit try to find one which has only been used by you. It's not very hygienic but it's definitely safer than using someone else's fit.
7. If you are determined to inject and you can't get hold of a new fit (or an old one of yours), then you should ensure the fit you plan to re-use doesn't have any old blood still in it. It's extremely important that you then clean the fit thoroughly with bleach. It certainly isn't 100% safe, but it's definitely better than nothing.

How To Clean a Fit With Bleach

It's important to only use a fit that was rinsed out with cold water straight after it was used. A fit with old blood in it can't be cleaned. You must use a full-strength bleach like 'White King' or 'Domestos' cos home-brand bleaches aren't strong enough. Never dilute the bleach, and only ever use a product that's at least a 5% concentrate.

Rinse the fit several times in cold water. You shouldn't be able to see any blood whatsoever left in the syringe.

Fill the syringe up with undiluted bleach and shake for at least a good 30 seconds. To be sure count to 30 by thousands, one thousand, two thousand, etc right up to 30 thousand. Squirt out all the bleach. Do this step twice - at least 30 seconds x a thousand both times.

Rinse the fit several times with cold water to ensure the bleach is completely gone.

REMEMBER CLEANING FITS IS NOT SAFE, BUT IT'S DEFINATELY BETTER THAN NOTHING. CLEAN FITS ONLY IF THERE IS NO OTHER OPTION

ONLY EVER CLEAN & REUSE FITS IN EMERGENCIES

Pass The Word...there's still lots of users who think that it's perfectly safe to clean fits with bleach. Make sure you tell your friends that the only way to have a safe hit is by always using a new syringe. It's more important than ever to make sure that you've got clean fits, and that you're always prepared. If there's any chance you might shoot up, if you can't keep fits at home you could try hiding them nearby in the shed, burying them in the park, etc). It is not an offence to have clean fits in your possession.

Based on; 'Is Cleaning Fits Safe?' from ACTIV NEWS

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WHAT IS RAVESAFE?

Ravesafe was formed in April 1995 in an attempt to involve Melbourne ravers and users in issues that directly affect our lives. We saw a need to collectivise the knowledge and experience that each of us has and continue to gain when going to parties, using drugs, and being around friends who are using. We focus on safe using, safe sex and AIDS and Hep C prevention. In the last two years we have appeared on Spectrum, a techno oriented show on Channel 31, distributed two guides, thousands of condoms, supplied fits to people at a number of parties, held Pronoid Pandemonium featuring The Speedfreak and a great lineup of Melbourne DJs and have generally had a pretty good time. We have just received funding from the Drug Strategies section of the Health Dept. and have embarked on our Summer of Safe Sin 97 Assault. We will be appearing at a heap of parties over the next four months and are holding our own - 3 Eyed Fish

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If you are interested in becoming involved you can write to P.O. Box 9, Seddon West, 3011; Email: drugsafe@vicnet.net.au, Phone 9381 2211 or drop into our office at 765a Nicholson St North Carlton.

Dance Proud! Doof Hard!

Foot Patrol

Needle Availability Service

The Foot Patrol is an outreach exchange service operating on the streets of Melbourne between 10am - 5pm Mondays to Fridays. We can be contacted on the street or via the mobile phone (by calling) 0412 155 491.

The Foot Patrol carry the range carry a range of equipment that most exchanges have, stock, from iml's to large guage pics and bigger barrels. The Foot Patrol generally distributes 2 packs & 5 packs - wrapped up in brown paper bags. Exchanges take place on the street and we place great importance on confidentiality. The foot patrol walks a beat that takes in Swanston St, Bourke St, Russel St and little Bourke St.

WORKERS CARRY BACK PACKS WHICH HAVE THE FOOT PATROL LOGO SEWN ON THE BACK. THE FOOT PATROL LOGO LOOKS LIKE A PAIR OF CHERRY RED DOC MARTINS. THERE ARE ALWAYS TWO WORKERS TOGETHER ON THE STREET & WE TRY TO ARRANGE IT SO THERE'S ALWAYS A MALE & FEMALE WORKER. WE ARE ALSO HAPPY TO PROVIDE REFERRAL WHEN REQUESTED. THE FOOT PATROL ALSO OPERATE A DISPOSAL SERVICE

AND WE'RE HAPPY TO HAVE YOUR USED FITS DROPPED OFF TO US!

DETECTING DRUG TRACES IN URINE

Whilst testing hasn't completely vanished, these days users aren't forced to succumb to testing based on the punitive model. It wasn't too long ago - just a couple of years back - that doing urine specimens (nearly always supervised) was generally mandatory if you wanted to do any sort of detox; that included residential, outpatient, as well as methadone programs. It's clear that the punitive model, in its attempts to control users through the monitoring and surveillance of their intimate body fluids, was eventually accepted as totally unhelpful - to say the least!

The focus of urine testing has, for the main, shifted; currently testing is primarily administered - in conjunction with self-reporting - as a monitoring device. Even though there's no longer much need to stress out about having to organise yourself to prepare for being tested, it doesn't diminish the fact that everyone has a right to know how long different substances can be found in urine specimens.

When gathering info about the length of time that drugs can be detected, I found that there is some difficulty in nominating set times that substances will be picked up in urine samples.

When urine specimens are taken they get transferred or shipped off to a pathology laboratory. The doc or nurse collecting the sample will use the lab that their clinic has contracted for analysing (blood, urine, etc) samples, some clinics even have pathology labs attached - meaning the

test results are available very quickly.

Whilst pathology labs follow the same procedures in testing for drug traces, results can differ markedly in that the sensitivity of equipment is going to be different from lab to lab. So whilst the precision of the tests is unaffected, labs with state of the art, comprehensive equipment will be able to detect drug traces in urine for a longer amount of time than labs who have perhaps older, less sensitive equipment. So whilst one lab might only pick up traces of Diazepam in urine for the first six days after it was used, another might pick up traces for 8 days, another for 10 days, and another may even be pick to detect traces of Diazepam for up to 12 days.

So as you can see, the unavoidable variations between labs makes it a tricky prospect to present a set amount of days that different drugs will be detected in urine. That's why I've gone into a bit of detail and rambled on some. What I've finally ended up with is based on 'ball-park' figures, and that's how I propose this be read; as a guide only and by no means as definite, exact and without variation. It's certainly possible that you (or a pal) will have (or has already had) an experience that differs from what's presented here; so just remember this is only (and can only be) a genera guide; the important point being to present a picture - a bit of an idea - about the length of time that different substances will be picked up through the process of urine testing.

There's 2 main problems with biological testing;

- 1) false positivity (or specificity) - ie test shows positive but is actually negative
- 2) false negativity (or sensitivity) - ie test shows negative but is really positive

Using more than one test to look for similar things is what most testing labs currently do to get around these two problems with biological testing.

HOW LONG DRUGS CAN BE DETECTED IN URINE

Amphetamines.....	1-2 days	Benzodiazapines.....	3 days- 6wks
Cocaine.....	2-4 days	Cannabis (casual).....	2-6 days
Diazepam.....	2 days - 2 wks	(heavy use).....	28 days plus
Ecstasy.....	2-6 days	Heroin, + opioids.....	1-3 days
LSD (casual Use).....	2-3 days	Methadone.....	3 days
(heavy Use).....	28 days	Normison.....	2 days to 2wks
Temazepam.....	2 days to 2 wks		

As a general rule, the heavier the use the longer the drug remains in the system. Most substances hang around longer if the liver is impaired, and body excretion system(s) are damaged. If you've using and have an approaching urine test for which you need to present a clean specimen, the best advice is to drink as much water as possible. Start pouring water into yourself the night before the test, and at least you'll have a chance of producing a clean result.

If you're on a CBO and it's part of your reporting conditions to give clean urine specimens then read on. You should be aware that under current Victorian Law, 'dirty specimens' can not in themselves be used as proof that someone has broken a condition of bond by using. The sample passes through many hands in getting analysed: from the person who does gives the specimen, to the clinic worker, the courier, the pathology lab workers, and back to the clinic. Therefore (at least under normal conditions), no one person is able to get up in court and swear that the specimen was not tampered with, mixed up with a different person's sample, etc., cos no one person has stayed with the urine sample all the way along its journey of being tested. This legal precedent has already been set, so if it has any relevance to you then keep it in mind, and of course tell your mates. A lot of solicitors are also unaware of this 'loophole', so if it will be of any help to you then let your solicitor know!

Methadone & weight gain;

re-positioning women's body's in relation to space

One area of concern for me and for many women on methadone, as for women who are considering this option, is the link between methadone and weight gain. Fluid retention and bad eating habits - combined with lack of nutritional knowledge - are certainly contributing factors, however there is a further area that warrants some attention.

What of those possibilities that are perhaps, 'under the surface' of our language, and therefore, 'under the surface' of how we understand and experience ourselves, and of how we understand and thus experience our relationship to the world? These are the things that are hardest to speak, though - and as such - may well be the most important. I know this stuff may be complicated, but I ask that you give it a go. Let me know (via Vivavids) what you think, I'm interested in any ideas you might have.

Why does methadone cause weight gain?

One not uncommon side-effect of methadone is that it can cause fluid retention. If your ankles feel sore fluid retention may well be the cause. In some cases your whole body may feel as though it's swollen or bloated, which may also be due to fluid retention. Fluid retention is medically treatable, so if these symptoms describe what you suffer then get yourself checked out.

Fluid retention may be a problem on methadone, but it is rarely the cause of extreme changes in body shape. What is generally viewed as causing weight gain is a change - often dramatic - in lifestyle. On methadone (compared to when just using), you are more likely to eat: to have time to eat and to enjoy eating. This does not mean that you automatically know how to eat healthily. It may sound patronising, but healthy eating does have to be learnt - it is not 'natural' or genetic - and because it is learnt, it can also be forgotten.

Eating well requires effort. Shopping, preparing foods, eating

nutritious combinations, having regular nourishing meals; all of these - and more - are an ongoing part of effective weight maintenance. After what may have been years centred on using (where there isn't much time for, or interest in, focusing on food), it doesn't make much sense to expect that the knowledge & skills (let alone the interest!) required for a healthy lifestyle will just appear because ..., well because they should!

Unless specific and constant effort is directed at developing an understanding of your body and its needs in the way of a healthy diet, then it makes sense and is likely that you'll gain weight - whilst simultaneously feeling out of control about what's happening to/with your own body. Most Community Health Centres have dietitians available. They teach about healthy eating, as well as everything associated with nutrition. Whether you are or are not overweight you might want to consider speaking to a professional dietitian, and thus learning about how to care for your body, yourself.

The space of the body AND the body in space.

I've been thinking about these issues for a while, for about a year now. In other words, weight-gain has been on my mind since I started my methadone program. Initially, I was wholly occupied with a constant and troubling awareness of myself - in relation to my body and its size. Gradually, I started to notice that other women appeared to be always shifting physical proportions, their body weights rarely seemed stable. If I didn't see someone for a month or so, it was a good bet that she had either gained or lost weight.

When you use heroin constantly and you're either out of it or trying to get that way, there isn't much time left to 'notice yourself'. If you're always stressed, constantly trying to be stoned, and completely focused on smack, it follows that you don't really have much awareness of your own body. In fact, your body might well come to mean very little to you - this may sound a little unusual but it is worth thinking about¹. The more aware you are of what's happening with and for yourself the more control you'll have, and the greater the options that you'll encounter.

One way of visualising and understanding the shift between a life of using and one of being on methadone, might be to imagine it as a move from an unstable place (or space) where you don't even notice yourself, to a stable place (or space) where you suddenly become... or you suddenly exist as a material body. Being confronted with this sudden plunge into being,

or existing, or materiality (so to speak), and attempting to make some sort of sense of this 'new' (or newly noticed) body (and the space it takes up), can be quite unsettling and unnerving - to say the least!

It is generally accepted that historically women tend to experience (the space of) their own bodies as a negative space. Women's bodies are always on show, and are always being measured against impossible criteria, ie unachievable perfection. Thus the demand arises, that whoever's body it is becomes responsible for the state of that body - in relation to where it (the body) is situated - in reference to that position of (unachievable) perfection.

Traditionally, and even now as we near the close of this century, women have been denied safe access to public space. We are still being forced to negotiate or deal with attitudes that deny women the autonomy and the state of an individualised, self-responsible, self-knowing adult personage. So often women are known through, and come into existence because of their material bodies. Notice how men get described (and so are known, are brought into being) by characteristics and traits which are connected to the mind, whilst descriptions of women (how women are known, how women come into existence) are overwhelming linked to the body - specifically to sex/uality. These 'patterns' of images which we use to 'create' ourselves and our/the world are implicated everywhere, and in and by everyone. It's not a matter of, 'them doing something to us',

but rather it's how we all make sense of our/the world.

Consider for instance rape, where there are often obvious, strong and blatant tendencies to blame, or hold the victim/survivor responsible for a crime that was perpetrated against her. Women who are raped can actually believe, even if partially (on a semi/subconscious level), that somehow they 'brought it on themselves'/'were asking to be attacked'. When these notions that focus the blame on the women victim/survivor emerge they enact or betray expressions about women not having the right to engage in public space.

To some degree we have all internalised assumptions about women not having a right to occupy public space. The only way to set about dispelling and resolving these beliefs, that work to blame, constrict and control women, is to encounter and acknowledge those underlying forces which create our reality

Conclusion

Reviewing these issues and it's no wonder that we, as women on methadone, tend to experience problems with -among other things- our bodies, and thus our weight. Firstly, there is that enormous shift which must be bridged or traversed in the movement (in being torn away) from a heroin-centred, erratic lifestyle, to the relative stability and consistency of a methadone program. In a heroin-centred state, occupying space is typically a distant or vague (never a direct), experience. When commencing a methadone program, confronting the newly emerging and/or suddenly experienced (or realised) self as a form, as a 'material' body, is certainly overwhelming. To occupy and acknowledge the space of our own bodies necessitates confronting the implicit assumption of always already failing, of not ever being good enough, and of not

and make up the world in which we all live. By employing tactics of knowing and recognition spaces become enabled where these types of concepts can be contemplated and (hopefully) understood, thus revealing how harmful they are both to yourself as an individual, and to all women - to society at large. Finally, whenever ideas informed by this type of 'logic' arises, they can be confronted for the injurious and illogical concepts that they are. We are all implicated, we are all responsible, and so we can all work towards changing our world. We can all make a difference.

For a woman to acknowledge, and accept responsibility for her own body, she must negotiate the perpetual demands and inherent contradictions that are always bound up in, 'what it is to be a woman'. For you can not separate, untangle or disengage, 'what it is to be a woman', from, 'what it is for a woman to live in her/a woman's body'.

measuring up to, 'what a woman is/what a woman should be'. Lastly, there is the ongoing tension for all women about our right to access, and occupy public space.

If it appears to be a gloomy picture I've presented, perhaps a negative response is simply a narrow or closed way of responding to the ideas that have been discussed. The impetus for attempting to begin teasing these concepts out isn't cos I hope to solve something (thus finish, or put an end to it). On the contrary, my ultimate desired achievement is to discover what new ideas could possibly be envisioned? What new understandings can be imagined, and potentially gained or opened up? What new possibilities might arise? What new paths of understanding will be created - even if only (initially) in a rudimentary fashion?

What I do in my own life, in order to manage the tensions inherent in being a woman, and more specifically in trying to survive and cope on methadone, is to address these issues -in their limitless guises- as often as possible. Engaging with these ideas and struggling to think them through means (sometimes heated) discussions with friends & acquaintances. It means learning to express and explore these thoughts in a written format, such as I have here attempted, intended. Opening up possibilities, transgressing old barriers, and struggling to realise that which still lies under the surface and just out of reach, surely cannot help but work towards creating new ways of dealing with, knowing, and thinking about, ourselves/our lives. A constant movement towards (re)gaining control over our own lives, a control that (many say - as do I) methadone works to discourage.

One last thought before I depart. Personally, I always seek to embrace, to explore and to celebrate the knowledge that I have a right to occupy space. I have a right to the space of my body, as well as the space of my individuality, my sexuality, my creativity, my despair and my desire. These expressions of my-self are never exact or final, but are always moving and re-shaping, thus reflecting the movement & change in/with/of my-self. I exist to (or because I) change, and to (or because I) explore, and I have a right to do so! **AND SO DO YOU!!!**

1. There are ways that you do notice yourself - for instance, you notice yourself as sick (hanging out), and you might also notice yourself as an 'instrument' or a 'tool' when attempting to get on/get stoned. However, these types or styles of awareness are far from being enactments of positive self-acknowledgments.



The Other Side Of SEX:

STDs & TESTS

SEX: The Other Side Of

At some stage most sexually active people come into contact with a sexually transmissible disease (STD). You can't always tell just by looking at someone whether they have any STDs. Many STDs have no tell tale signs or symptoms. STDs range from mild and easily treatable irritations to serious diseases which can cause infertility and even death. STDs include HIV/AIDS, hepatitis, herpes, genital warts, chlamydia, gonorrhoea, syphilis, crabs, thrush and so on and so on. If you have or had lots of sexual partners it is a good idea to have an STD checkup. You can go to a Sexual Health Clinic where all the testing is done for free.

A full STD check-up usually consists of a detailed sexual history being taken, an external examination of the genitallanal area and swabs and blood taken. The tests are usually determined according to the risks you may have been exposed to, such as unsafe sex and/or unsafe using. The most common STDs are the wart virus, chlamydia and herpes followed by gonorrhoea, trichomoniasis, Hep B and syphilis.

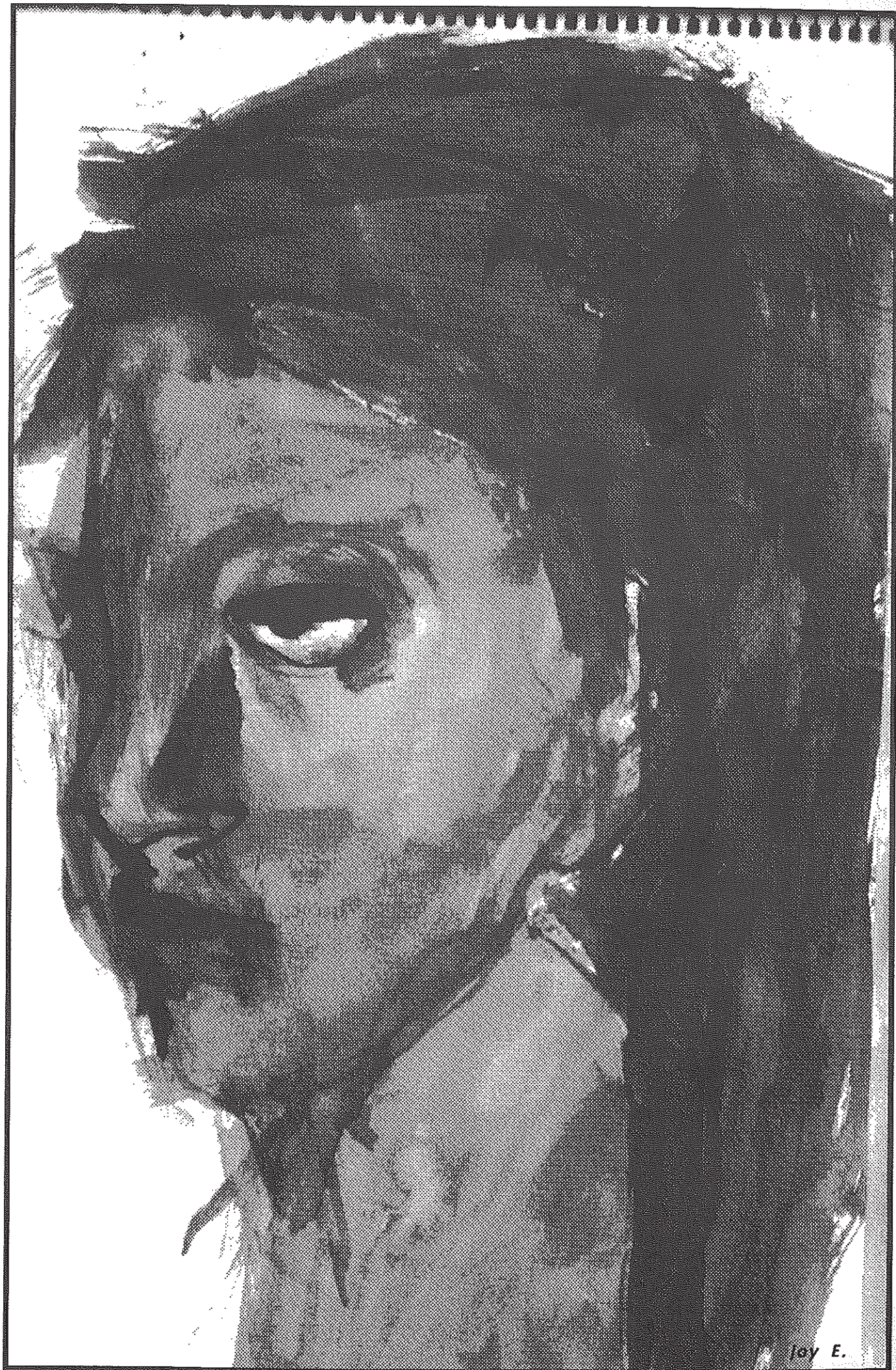
Women will have vaginal swabs taken to look for chlamydia, gonorrhoea, trichomoniasis and bacterial vaginitis. Women will also have a breast examination and a pap smear which looks for any abnormal cell changes in the cervix and may also identify the wart virus. Blood will be taken to look for HIV, syphilis, hepatitis B and C. Swabs may also be taken from the anus.

Men will have swabs taken from the inside of the penis to determine whether there is non-specific urethritis and gonorrhoea. Blood will be taken to look for HIV, syphilis, hepatitis B and C. Swabs may also be taken from the anus.

You can usually request a male or female doctor. You can also ask for particular tests and you can refuse to have certain tests done. If you are unsure of what you are being tested for or feel you haven't given your permission, ask what they are going to test for and make it clear what you agree to. If you have not given your consent to a test but you have been tested anyway, you have the right to complain to the Health Services Commissioner.

It will take a week before you receive the results of the gonorrhoea and chlamydia tests. But if you are at a sexual health centre with a pathology lab attached, you will get your pap smear and non-specific urethritis test results within about half an hour. HIV and Hep C results may take up to two weeks to come back.

You should receive pre and post test counselling for HIV and Hep C. When you come back for your results a trained counsellor should be available to discuss the implications of your result and give advice on treatments. If you have been treated with antibiotics for an STD you should return to the doctor/clinic when you finish the medication and they will take another swab to check that the infection has cleared up.



Joy E.

HEPATITIS C

WHAT IS IT, HOW IS IT PASSED ON, & WHAT DO THE TESTS MEAN?

Hepatitis is a general term used to describe inflammation of the liver. There are various causes of hepatitis but it mainly occurs through a viral infection.

If you become infected with Hep C you may have an initial illness, six to ten weeks after exposure, with symptoms of tiredness and aches and pains which resemble the flu. Or, more likely, you may have no symptoms at all. Some people clear the virus from their bodies after the initial infection. But for the majority of people (about 80%), the body is unable to get rid of the virus. If this is the case it means you have a chronic infection and can pass the virus on to other people. You may become a healthy carrier, that is you have no symptoms, or you may develop chronic Hep C.

Statistics suggest that: 20% of people who are infected with Hep C clear it from their bodies in two to six months, about 60% will have a long term infection that may cause

no problems or may cause mild to serious liver damage, about 20% will have a long term infection which, after 20 years, will cause serious liver damage, and about half of these people will in the next 5 to 10 years progress to liver failure or cancer.

The virus is spread by infected blood passing from one person to another. Tiny amounts of blood, which you may not be able to see, can pass on the virus. Sharing fits can transmit the virus, as can sharing water, glasses, spoon, filters and tourniquets. Blood may also get on fingers, hands, table tops and cups and spread the virus this way. Hep C is a much tougher virus than HIV/AIDS and therefore more contagious. We don't yet know how long Hep C can survive outside the body, but it may be for about two days.

You can also reinfect yourself with Hep C as there are a variety of strains of the virus (some say up to 70). The more strains of Hep C the liver is dealing with the worse it is for your liver. So don't believe the old "we've all got Hep C so what does it matter" routine: it does matter.

Other ways of passing it on

Since February 1990 blood products have been tested for Hep C so receiving blood since then is safe. People who had blood transfusions before 1990 may wish to be tested for Hep C. If you have Hep C you are not allowed to donate blood.

Tattooing and body piercing are very risky if the conditions are not sterile. Although single-use needles are commonly used, dye and dye tubs may be used for multiple customers. Check that the tattooist is using new needles, disposable surgical gloves and dye tubs. Check for a certificate which shows that the business is approved by the Health Department. If you feel unsure go somewhere else - it just isn't worth taking the risk.

Mother to baby

The risk of a woman with Hep C passing the virus on to her baby is low. At first the baby may test positive for Hep C antibodies due to the transfer of the mother's antibodies across the placenta. But these antibodies usually disappear 6 to 15 months after birth. The risk of the virus being transmitted through breast milk appears minimal. To be safe it's recommended that Hep C positive breast feeding mothers check their nipples before each feed, make sure the baby is properly attached & avoid breast feeding if their nipples are cracked or bleeding*.

*Nipple guards are available at chemists.

Sex

Hep C is not classified as a sexually transmissible disease as the risk of passing it on through sexual contact appears to be low. It is recommended that you use condoms and dams the day before, during and the day after a woman partner is menstruating or whenever having anal sex. Clean sex toys before and after use. Also use lots of water-based lubricant to avoid condom breakage, skin damage or abrasion during sex. If you have any condition that involves scratching, sores or blisters the chance of blood to blood contact is increased. If you've had or you have been having unsafe sex don't assume you must have already contracted the virus: It's never too late to start practising safer sex. Safer sex practices protect you not only from viruses such as HIV and hepatitis but a whole range of sexually transmissible diseases.

Household Transmission

Hep C can't be passed on through ordinary social contact such as hugging, kissing, shaking hands and sharing plates and cutlery, showers and toilets. However, avoid sharing equipment which may have been in contact with blood, for example razors and toothbrushes. It is important that you look after your own cuts and wipe up any of your spilt blood with paper towels and bleach. Responsibly dispose of anything that has your blood on it, preferably wrap it in plastic and place it in a bin. Fats, of course, should be put in disposal containers and returned to a needle exchange.

Testing for Hepatitis C

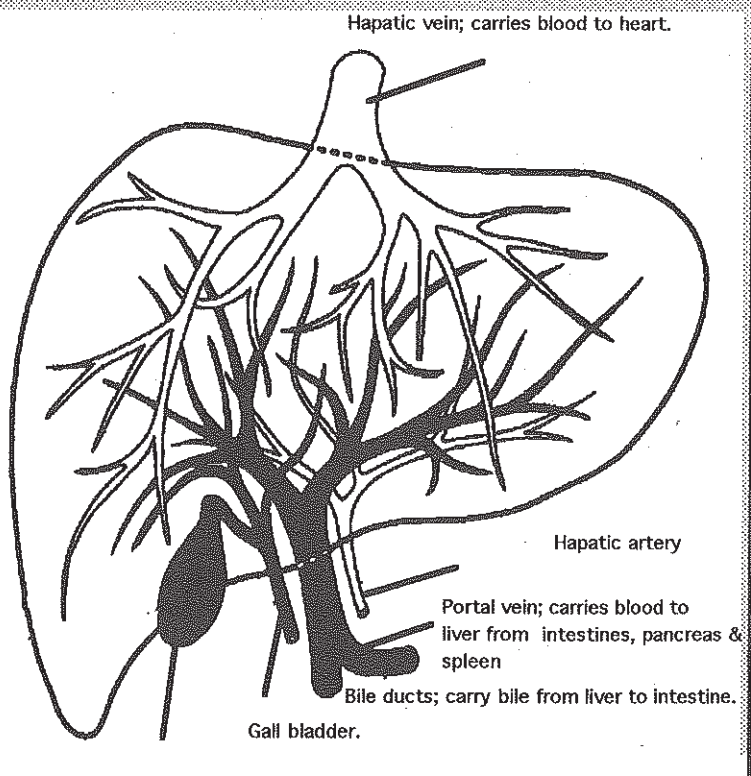
The test for Hep C doesn't look directly for the virus but for the antibodies which are produced in the body to fight the virus. The tests usually come back with a negative or positive result but sometimes they are unclear. If this happens ask to be tested again. You may also want to be tested again if your result is positive, to be sure.

Your doctor should provide you with pre and post test counselling so that she/he can explain in detail what they are testing for, what the results mean, ways to ensure that you don't pass on the virus and, if the result is negative, how to make sure you stay that way.

If you think you may have been infected with Hep C remember that it may take up to six months to develop the Hep C antibodies. This time is called the window period. Your initial test result may be negative but you will need to be tested again in a couple of months.

The test will show if you have been exposed to the virus and have produced antibodies to fight it. The test won't show whether you still have the virus, whether you are infectious or how long it is since you were infected. If your test result is positive your doctor may order liver function tests. These are blood tests (called ALT tests) which look for any dysfunction or damage to the liver.

Women and men may be affected by Hepatitis C



in different ways. This seems to be due to hormonal differences and their effect on the liver. Hormonal effects can involve menstrual irregularities, particularly if you are experiencing significant Hep C symptoms. In that case it may be better not to use the oestrogen-based contraceptive pill. If you are menopausal and want to use hormone replacement therapy it may be better to use external vaginal creams and skin patches than pills. Best of all, talk to your doctor about your specific needs.

PICTURE FROM DART NEWS.

we are mothers, daughters,

sisters, lovers, doctors, labourers, teachers, leaders, preachers, saints, whores, providers, prisoners, philosophers, women, whatever, we are over half the entire population. we are also, first and foremost, last of all or just occasionally, drug users, but always, always at our own discretion. we suffer the pain of separation when our children are removed, because we are deemed unfit parents. Yet a man, drunk or sober, can abuse, assault and affect a child for years before public action is taken.

"their mother's a junkie"

we are demeaned, called immoral or just slut, because we choose to rent our body and services to support ourselves or our families. however, in the US "land of the free" a woman is raped every six minutes, with only 2 per cent of rapists so much as apprehended.

we are placed in treatment or knocked around, because due to our drug use, we are neglecting to cook, clean and perform the regular duties our bread-winners expect. Nevertheless, in Australia a woman is killed by her husband every 6 days, in the US, every 3 hours. Most of these men are not convicted and in many countries, including Brazil, Bangladesh, and Pakistan, WIFE MURDER is not A CRIME

"their house is so messy"

we are labelled selfish and irresponsible, when we bring to the world a child and have not abstained from use, despite the love and support we pledge for life. But all around us, girls as young as 9 are sold as prostitutes and slaves, by parents who know their fate is death by mistreatment or AIDS.

"she made her baby an addict too"

we are begrudged or denied abortion, when we do admit our uncertainty or reluctance about motherhood. Do these pro-life, anti-drug fascists acknowledge the 77 million baby girls that no longer exist (in Asia alone) due to senseless infanticide? And when we do decide that our drug use has become a problem or is affecting our family, how many detox clinics offer ongoing, 24 hour child care for low or no cost? Or how many treatment centre staff will clean the house and change the sheets while you sweat, shake and suffer it out at home?

"I've fucked up, I need help"

WHY. If we are honest about our drug use, do we find discrimination, differential treatment and judgmental attitudes when we access health & medical services? and why are we always the ones that bring the condom, take the pill, use the fit last, accept the smaller taste, fund both habits with our sex work, clean up after mates AND Take All The Risks but don't expect the favour returned. And forever get the blunt end of the fit, so to speak.

She's taking control - we should show our support

*We deserve a better deal; we must stand up
against discrimination, inadequate
services, ill-treatment, user-phobia, and
all condescending attitudes that drug using
women & their children, often encounter!*

Hitting Up Temazepam (Normison, Euhypnos & Temaze)

Temazepam comes in several different "brands" which are the same medication only they are made by different drug companies. They can be called Euhypnos (green), Normison (orange) and Temaze (white). The most commonly prescribed is Normison so that's the name used here.

Normison is a sleeping pill and legally must be prescribed by a doctor. It's part of the Benzodiazapine family along with Valium, Serapax, Rohypnol, etc. Normison are little orange, football shaped gelatine capsules which contain a thick, sticky liquid.

Some people get the liquid out of Normies and put it into a fit, heat it and then hit it up. If you hit Normies, or plan to, or you know someone who does, then there are things which you or anyone who's into hitting up Normison- should make it your (their) business to know.

The liquid in Normison caps is specifically designed to make injecting difficult. Not impossible, just difficult and dangerous. The liquid in these capsules is really thick and oily, and doesn't mix smoothly with water.

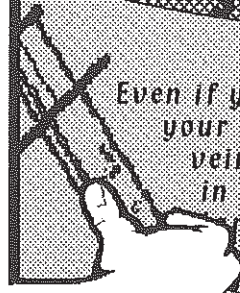
After injecting, once you get the stuff into yourself, the liquid breaks up into little round globules. These globule will not combine or blend with your blood, they just float around in it. A real danger of injecting Normison is that the globules of liquid can flow into places where the vein or capillary is narrower than the globule of liquid trying to pass through it. When this happens the globule will block the blood flow to that area the blood is attempting to reach. With no, or with an obstructed blood flow, the affected area can simply die

and rot away - this is what leads to gangrene.

Blocked blood supplies seem to occur mostly in the hands and feet, and can easily result in the loss of fingers, toes, even a hand or a foot. You should NEVER inject Normison into your hands or feet. These veins are simply too small, and you run the risk doing permanent nerve damage. However people have also been known to lose arms and legs from injecting Normison. It's also possible for the Normison liquid to stop the blood supply in the heart or the brain, in which case you can die.

It's important to remember that Normison are designed to be taken orally (swallowed) and since people began injecting them their liquid has been changed and made increasingly difficult and dangerous to hit.

**It's your body, and your life,
so know your drugs and use safely!**



Even if you don't lose a limb, a finger, or a toe, hitting up Normison will destroy your veins (whatever creams you apply), and that's 100% guaranteed! Even veins you can drive a truck through are no match for the sticky crap that's in these capsules. If you must inject Normison ALWAYS use 1 ml fits (never larger ones), because the smaller the needle the smaller the globules that get into your blood stream.

The stupid thing is that when you inject Normison you don't get any more stoned than you do if you swallow them; it's risking a lot just to get out of it 10 minutes quicker!!! If you've had other depressant drugs, like heroin, other pills, or alcohol, then it won't take many Normison before you overdose.

Most drug-related deaths are connected to benzodiazapines, so if you're into pills be aware & take care!

I bet I can guess what you're thinking; "I've hit up Normies a couple of times (or my mates have) and it never did any harm!" Well maybe not, but if you keep doing it your luck will eventually run out. Consider yourself really blessed if the only bad effect you get from hitting Normison is fucked veins.

based on: 'Hitting Up Temazepam' by Tarquin,
first published in Activ News

Women's Services Directory

GENERAL

DIRECT LINE 24 Hour Service providing counselling, info about doctors and chemists that provide methadone, and locations of needle exchanges. 9416 1818

PCV -Prostitutes Collective Victoria 9534 8166

POSITIVE WOMEN Services for women with HIV or AIDS. 9483 6700

WOMEN'S LEGAL RESOURCE GROUP -For immediate legal advice. 9642 0877

WINJA ULUPNA -Women's drug & alcohol rehab in St Kilda. 9525 5442

MORELAND HALL Alcohol & drug treatment & detox centre. 9386 2876

WIRE -WOMEN'S INFORMATION & REFERRAL EXCHANGE 9654 6844

WOMEN IN INDUSTRY & COMMUNITY HEALTH 9419 0625

Immigrant Women's Health Organisation Provides info on health, education, and other relevant issues for women from non-English speaking backgrounds, Fitzroy.

HANOVER WOMEN'S AND YOUTH SERVICES 9525 4466

Provides women with accomodation assistance, and helps with other issues.

WOMBAT ACCOMODATION SERVICES -For emergency accom. 9376 5391

OAKLEY YOUNG WOMEN'S PROJECT 9563 2022

INDIAN SISTERS -Provides emergency accomodation. 9415 1010

WOMEN'S DOMESTIC VIOLENCE CRISIS SERVICE 24hr crisis line 9328 8433
1800 015 188

MEDICAL

NORTHCOTE COMMUNITY HEALTH CENTRE 9486 3411

Has several women doctors & lots of info re women and health issues.

PRAHRAN MARKET CLINIC - Women & drug 'user friendly' clinic. 9826 4500

MELBOURNE SEXUAL HEALTH CENTRE Has a 'Women's Clinic'. 9347 0244
inc. TTY; 008 032 017

VIVAIDS Membership

Vivaids

Victorian Drug User Group, 765A Nicholson Street,
North Carlton, Vic. 3054. Telephone (03) 9381 2211 Fax (03) 9381 2287
Email: drugsafe@vicnet.net.au

VIVAIDS is a statewide membership based organisation of drug users. Our membership is made up of current users, ex users and people who agree with our aims and objectives.

Our mission is to increase information and education about illicit drug use so that people who take drugs do so with minimum harm to themselves.

We also seek to improve the way people who take drugs are treated by medical, community and government services and to increase the awareness in the general community, about issues relating to illicit drug use.

VIVAIDS is funded through government grants to increase the knowledge and understanding amongst drug users about blood borne viruses, overdose and other issues of concern to illicit drug users.

Memberships

Simply join now & pay later!

Wageless	\$4
Waged	\$15
Organisation	\$30

Is this your first VIVAIDS membership, or is it a renewal?

NEW MEMBERSHIP

☐

RENEWED MEMBERSHIP

☐

Do you want to get involved with:

Working Groups

☐

Peer Education

☐

Magazine

☐

Please notify VIVAIDS whenever you change your address
so you're kept up-to-date on the VIVAIDS mailing list.

Blood Aware



Avoid sharing all
injecting equipment

flts

spoons

water

filters

swabs

torniquets

and remember to
wash hands before
and after using

FOR MORE INFORMATION
CONTACT

VIVAIDS

Victorian Drug Users Group

(03) 9381 2211



(03) 9496 4124

Hepatitis

C Aware