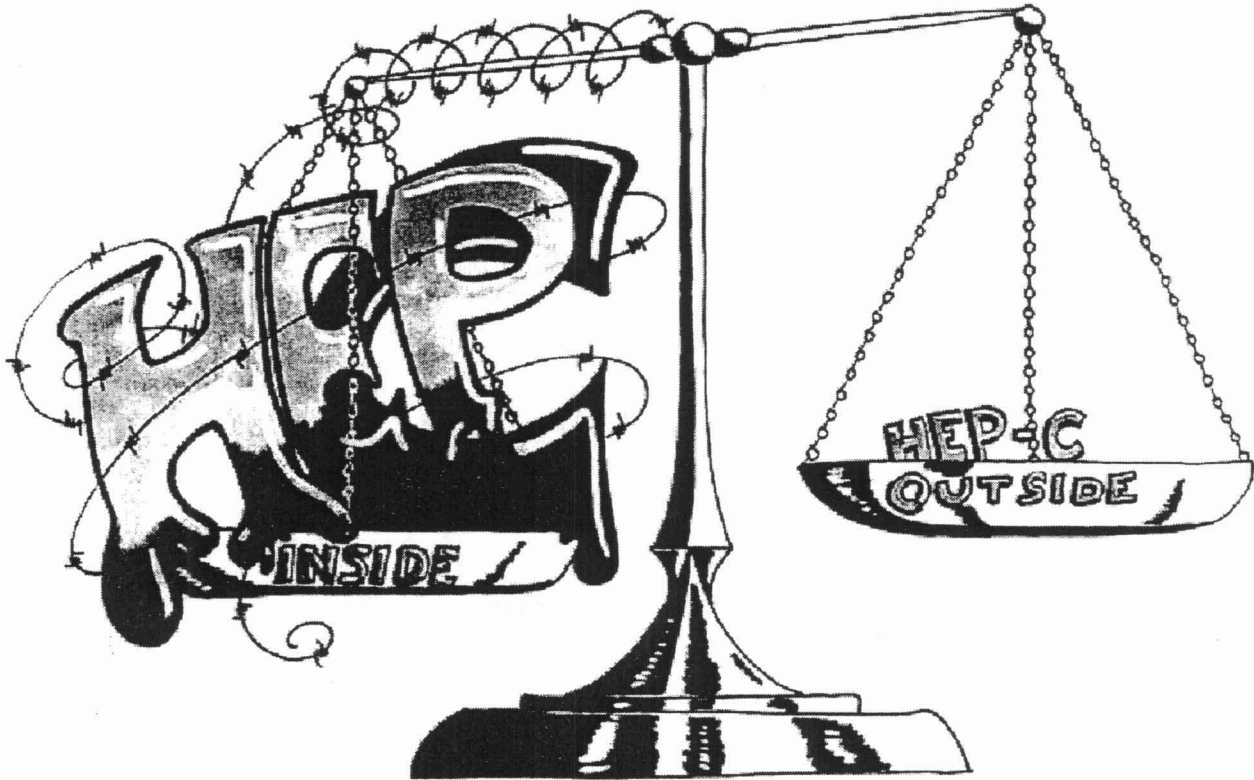


WINTER 2005



**CELL COUNT
ISSUE #40**

= P A S A N =

Prisoners' HIV/AIDS Support Action Network

WHO WE ARE ...

PASAN is a community-based organization working to provide advocacy, education and support to prisoners and young offenders on HIV/AIDS and related issues.

PASAN formed in 1991 as a grassroots response to the emerging AIDS crisis in the Canadian prison system.

Today, PASAN is the only community-based organization in Canada exclusively providing HIV/AIDS prevention, education and support services to prisoners, ex-prisoners, youth in custody and their families.

WHAT WE DO ...

I. SUPPORT SERVICES

PASAN offers support services to prisoners, youth in custody and their families, as well as to other organizations working on issues of HIV/AIDS and/or prison.

These services include:

- Individual support counseling, advocacy, pre-release planning and referrals for prisoners and young offenders living with HIV/AIDS, primarily in the Ontario region institutions. We can assist our clients in accessing proper medical care and support while incarcerated, as well as help to arrange housing and medical/social support upon release. Much of this support is coordinated via telephone through collect calls, although we also do in-person support whenever possible. To date, PASAN has worked with more than 400 HIV positive prisoners and young offenders in over 30 different institutions (both federal and provincial) in six different provinces.
- The only national AIDS Hotline specifically for prisoners. We accept collect calls from prisoners across Canada at: 1-866-224-9978 or 416-920-9567 and can help you with your questions about HIV/AIDS, and help you get the support you need.
- We can help with replacement fees for birth certificates, S.I.N. cards and other necessary ID & release money (must be a client before release - twice a year maximum). The availability of funds vary, and we require proof of HIV status & incarceration to access the fund.

d) PASAN also provides ongoing support, networking, resources and training for AIDS services organizations (ASO's) and other community groups across Ontario. We assist ASO's to set up their own prison outreach and support projects, and act as a referral 'hub' for HIV positive prisoners and young offenders who are transferred from one region to another, thereby helping to ensure a continuity of support.

II. OUTREACH & EDUCATION

a) PASAN conducts HIV/Hep C prevention education programs in many adult and youth institutions in the southern Ontario region. An integral part of this program is our Peer Educator's Group, which is made up of ex-prisoners living with HIV/AIDS. Peer speakers accompany PASAN staff for workshops in prisons, youth facilities, and other institutions. We have found that Peers are often able to get across HIV/AIDS information in these settings.

b) PASAN produces CELL COUNT quarterly. This publication, which is written and edited primarily by prisoners and ex-prisoners themselves, is the only newsletter in Canada providing an uncensored forum for prisoners

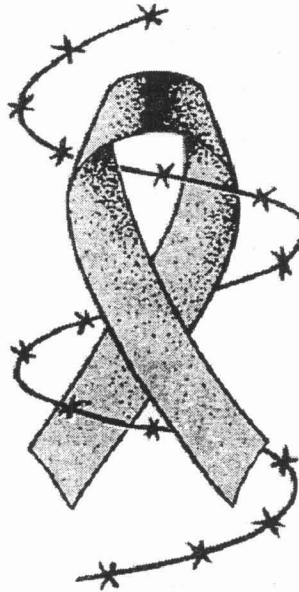
and youth in custody to explore and share their own experiences, and ideas about HIV/AIDS. PASAN distributes 6000 issues a year to prisoners, institutions, and agencies across the country. **CELL COUNT is free for prisoners and people living with HIV/AIDS in Canada.**

c) PASAN also conducts free organizational and staff training for agencies and institutions working with prison affected, and drug using populations. We have experience in conducting training not only for community workers and ASO staff, but also for probation/parole officers, youth custody staff, prison social workers and case management officers.

III. NETWORKING & ADVOCACY

Since our beginning in 1991, PASAN has always maintained a focus on systemic advocacy on issues of HIV/AIDS and prisons. Our advocacy is based in recognition and defense of the fundamental human rights of prisoners, and our perspective derives from PASAN's brief entitled *HIV/AIDS In Prison Systems: A Comprehensive Strategy* (June 1992). This document outlined 40 recommendations for implementing a comprehensive HIV/AIDS strategy in the Canadian prison system. In June 1996, PASAN released the follow-up document *HIV/AIDS in Youth Custody Setting: A Comprehensive Strategy* which specifically addressed the needs of youth in custody. In May 1999, PASAN released *HIV/AIDS in the Male-to-Female Transgendered Prison Population: A Comprehensive Strategy*. In August 1995, PASAN organized the first *National Workshop on HIV/AIDS in Prison* in Kingston, Ontario. PASAN has made presentations on HIV/AIDS in prison at the *XI International Conference on AIDS* in Vancouver (July 1996) and has appeared before the *Parliamentary Subcommittee on AIDS* in Ottawa (November 1996) and the *Presidential Advisory Council on HIV/AIDS* in Washington, DC (1998).

PASAN maintains an *Activist Committee* which monitors and advocates on issues affecting prisoner and/or people living with HIV/AIDS on a local, provincial and national basis. This committee maintains working links with other prisoners' rights groups, prison projects, and ASO's across Canada. We also maintain an *ad-hoc Advocacy Committee* of prisoners who assist us in identifying emerging issues.



OUTREACH & SUPPORT SCHEDULE

IMPORTANT: Programs run on one Unit only per month. If you want to see a worker or attend a program put in a request to the Volunteer Coordinator or the Social Work Dept.

MEN'S

CECC – The 1st Friday of each month (look for sign-up sheet).
CNCC – The 2nd or 3rd Wednesday of each month (look for sign-up sheet).
DON JAIL – The 2nd Wednesday of each month from 3:00-4:30.
MAPLEHURST – The 2nd & the 4th Monday of each month from 9:00-11:15.
THE EAST – The 3rd Wednesday of the month from 1:30-3:30.
THE WEST – The 3rd Thursday from 1:30-3:30 for group and one-to-one support.

WOMEN'S

VCW – The 2nd & the 4th Monday of each month from 9:00-11:15.
GVI – (TBA - Call PASAN for info)

YOUTH

– We visit different youth facilities throughout the City of Toronto on a regular basis. For more info call Trevor or Koshala.

FEDERAL INSTITUTIONS

– We visit periodically, trying to get to each prison at least every two months. We see people individually or in group settings and talk about HIV/AIDS, Hep C and Harm Reduction. If you wish to know more or have HIV please contact us to find out when we will be at your institution.

We visit: Kingston Pen, Warkworth, Collins Bay, Bath, Frontenac, Millhaven, Fenbrook, Beaver Creek and Pittsburgh.

**FOR MORE INFORMATION ON ANY OF THESE PROGRAMS CALL
PASAN COLLECT AT: 416-920-9567**

HIV+ CLIENT SERVICES

If you want to see your worker you will need to book an appointment with them. This way we can make sure that we are available to meet with you.

- ◆ **PHONE HOURS** - Mon - Fri from 9-5, except Tuesday mornings
- ◆ **ID REPLACEMENT** - 2 pieces per year
- ◆ **RELEASE FUNDS** - \$50 (twice a year max.)
- ◆ **TOKENS** - 4 per week while available.
- ◆ **NEEDLE EXCHANGE** - is Mon & Wed - Fri: 9-12 and 1:30-5
- ◆ **SAFER CRACK USE KITS** - 1 kit per week, Mon & Wed - Fri: 9-12 and 1:30-5
- ◆ **CLOTHING** - 3 items per month when available.

Sometimes we (and the phones) are very busy so ... *please keep trying !!!*

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ABOUT CELL COUNT

Cell Count is published quarterly by PASAN and FREE for clients & prisoners.

If you are on the outside or part of an organization, please consider a subscription @ \$10 per year or doing a newsletter/zine exchange to help our costs for the free subs.

Circulation: 1,300
Recirculation: ???
Editor: Tom Jackson

Art & poetry contributors: *Please let us know if you would like your originals returned or sent on to someone else..*

ARTISTS IN THIS ISSUE

Cover & Page 4: Pete Collins

Page 4, 5 & 8: Steve Bartkowski

Page 9: Unknown

Page 14: Unknown



Editor's Note

The Fall Issue - #39 of Cell Count was banned from: CNCC, Collins Bay, Fenbrook, GVI, TEDC, OCI & Quinte. Public Health & freedom of speech are still big no-no's inside some regimes.

The following PenPals have moved & have been removed from our mailing list: 102, 103, 105, 109, 111, 112, 113, 115, 119, 120, 123, 124, 132, 137, 149, 155. Write ONLY to ads in the most recent issue, older ones may have moved. All undeliverable mail is destroyed.

Sorry but, too many penpal ads & poems came in for this issue so if yours is not in this one it will be first up to go into the next issue. Because of the high number we receive, ads will be in one issue only, resubmit after being out for one issue.



CIRCLE OF HOPE

Family Support Group

Meetings are every Thursday, 6:00 to 7:30 at:

489 College St, Suite 500
Toronto, ON

Circle of Hope is a group for people who are currently supporting (or have in the past) a loved one in prison. We offer the opportunity to share our experiences, practical advice, information and resources. We encourage a spirit of self-care and self-empowerment in a safe and friendly atmosphere. Be part of a support network of people you can relate to and trust.

For more information:
Call Joan at 416-972-9992
A Partnership of: JustUs and Rittenhouse

TIPS FOR ARTISTS

This newsletter is photo-copied which means 'high-contrast printing'. Tonal pencil sketches get blown-away (don't expect good results). Black ballpoint or felt-tip penwork (tat-style) reproduces quite well. Try to work on paper with no lines & nothing on the back-side (it shows through and degrades the image). Consider the final print size: column width is 2.5 or 5", Cover Art should be about 7x10". Work that is being reduced loses considerable detail.

Cover Art should not have the Issue # on it because if it is not selected it could still be used for a later issue.

Let us know if you would like your work returned to you or sent on to another person.

A DROP-IN

for HIV+ Women & TSITG People

Come out and join us for an afternoon of talking, eating, sharing information and hanging out!

Special Guest Speakers and Interesting Topics!

Food, tokens, clothing, condoms, crack kits & needle exchange will be available.

When: Every Wednesday, 1:00 - 3:00

Where: PASAN
489 College St, Suite #500
(1 block west of Bathurst)

Looking forward to seeing you there!

A Partnership of:
2-Spirited People of the 1st Nations, BLACK-CAP,
PASAN, The 519 Community Centre
& Voices of Positive Women

~ DEAR READERS ~

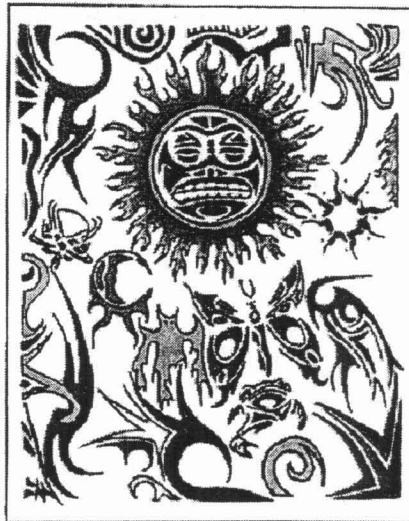
We get about 75 Cell Counts returned each mail-out due to incorrect addresses.

Please help us reduce our mailing expenses by letting us know of any address changes!

FEDERAL INMATES

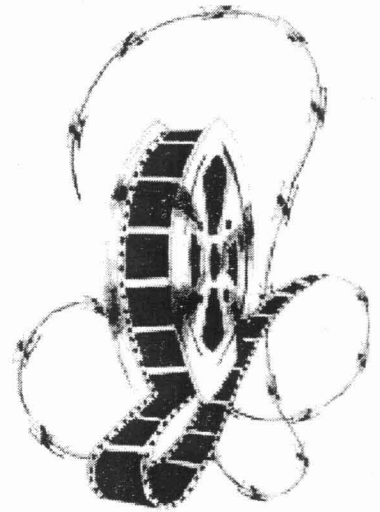
If you are in any federal prison please call us Toll Free: 1-866-224-9978

Using this number will greatly reduce our Long Distance charges, thank you!



2005 Steve Bartkowski

PJAC FILM FESTIVAL



The 2nd annual Prisoners' Justice Film Festival is happening February 23-26th 2006 in Toronto at Innis Town Hall.

About the Film Festival:

The first Prisoners' Justice Film Festival was held in January of 2005 at Innis Town Hall, University of Toronto. The festival drew hundreds of community members, prison abolitionists, youths, activists, students, educators, artists, ex-prisoners, family members and allies from across Ontario.

The 2005 Festival featured over 15 films on a wide spectrum of issues including prison privatization, youth detention, First Nations Prisoners, immigrant and refugee detention, prison & health, and resistance. Festival highlights included a live video talk by former U.S. political prisoner Laura Whitehorn, and recorded greetings from men, women and trans folks inside Canadian prisons, as well as panel discussions with film makers, actors, prisoners rights activists, ex-prisoners and families/friends of prisoners.

This year's Festival will build on the last one, and audiences will have the opportunity to join in discussions with guest film-makers and actors, attend activist panels with current and ex-prisoners, connect with community organizations at an info fair, and view exhibits of art by prisoners and families. Opportunities to network with other filmmakers will be available during the three day festival through panels and Q&A sessions.

About the Prisoners' Justice Action Committee:

The Prisoners' Justice Action Committee believes that prisons do not make our communities safer or more secure. We believe that the prison industrial complex perpetuates violence and oppression, including racism, classism, sexism, colonialism, homophobia and ableism. PJAC works to end incarceration and detention and to create healthy communities built on social justice. Visit our website: www.pjac.org

Re: Ombudsman Marin

I saw a notice in the paper blowing this guy up as a 'new broom' and with an awesome track record.

I also saw an article on use of plastic restraints at the Abu Ghraib in Iraq as being against the code of the Geneva Convention.

I wrote asking what Marin's position would be on the use of said plastic restraints in our prisons. I.C.I.T. members favour these.

I was advised in February that Mr. Marin had not assumed command but would answer. Eventually I was advised that Marin had found my letter in the files of a recently departed worker—hmm? 'New broom'?

Then I was given a noncommittal type answer so I wrote again and asked about my specific case in July of 2004, when I was injured by I.C.I.T. in Ottawa while they used these atrocities.

I was advised that the ombudsman was not going to open an inquiry on one case.

We are divided into single cases and passed off as mere complainers, etc. If the ombudsman compiled a list of injuries done by I.C.I.T. he could not help but have a Royal Commission of Inquiry.

Is there not a central outside government agency we can write to correlate all these complaints and let our voices be heard by the public. We are continually passed over and denied rights.

Ombudsman Marin is not a 'new broom', just a lip service mandarin for those in power.

Bryan Crogie

Mentally ill Inmates Left Untreated

Treatment services have declined because of money, Ombudsman says

Ottawa - The federal prison system is leaving mentally ill inmates untreated, violating their rights and endangering public safety because it has not put money into dealing with a huge increase in their numbers, according to the prison ombudsman.

In his annual report released yesterday, Correctional Investigator Howard Sapers said the number of inmates with "significant, identified mental health needs" has doubled over the past decade, but treatment services have declined. "The level of mental health services is now seriously deficient."

The report concludes that Correctional Service Canada has developed a plan to deal with the problem, but does not have money to put most of the changes into place.

"The Service has developed an action plan filled with desirable commitments and timelines, but we anticipate little or no progress as the Service has admitted that it does not have a matching funding plan . . .," the report states.

Judges and coroners have criticized Ottawa in rulings and inquest reports for failing to provide proper treatment, and for ignoring court-ordered treatment for convicts.

In an interview, Mr. Sapers said CSC must recognize it has a serious problem that must become a priority. It must train staff to deal with mentally ill inmates, hire more psychiatrists and other professionals, and double the 600 to 700 treatment beds

available for acute cases.

In all, about 12 percent of federal inmates are seriously mentally ill, Mr. Sapers said, while the system is able to deal with only half of them.

Leaving mentally ill patients untreated violates their legal and moral right to health care, he said: "It's also a real public-safety imperative and it's also a very cost-effective way of approaching the problem."

Although CSC has a four-part plan to deal with the problem, it has funded only one of the parts: for offenders who are on parole.

Alex Swann, a spokesman for Public Safety Minister Anne McLellan, said money allocated for that in the last budget, \$30-million over five years, or about \$6-million a year, is a "good start." But he offered no indication of when the government would put money into dealing with the larger problem.

"We recognized that mental health had to have dedicated funding, so we have started down that road with that first [portion]."

The rising number of mentally ill inmates has coincided with provinces deinstitutionalizing their mental-health systems, Mr. Sapers said.

Penny Marrett, chief executive officer of the Canadian Mental Health Association, said in a statement that Mr. Sapers's report underscored a Senate committee's finding that prisons "have become warehouses for the mentally ill due to funding cuts and closures in community psychiatric facilities.

"This is an inhumane and unsafe way to address offenders with mental illnesses, especially when they are often serving time for low-level, non-violent crimes that are the result of little to no availability of treatment or support in the community."

Often, acute mental illness, especially untreated mental illness and efforts to "self-medicate" through drug or alcohol abuse, can be factors that led to the inmate's criminal offence, Mr. Sapers noted.

"It's a matter of addressing that part of their crime cycle."

Two-thirds of federal inmates are released within three years, so it is important for the prison system to identify mental illness quickly and treat inmates so their mental health will be improved when they are released, he said.

"Unfortunately the typical response is that the illness is either not disclosed or not recognized at intake. Their medication regime, if they were on one, is interrupted. There may be a huge, long line-up for access to a clinician, a psychiatrist or psychologist . . ."

"Many of these individuals don't go into these specialized programs. . . . They may then act out in such a way that they're considered to be a security risk." Then their security classification may be increased, which decreases access to programs, he said.

Campbell Clark
Globe & Mail - Nov 5, 2005



Clinic Full,

People with Mental Problems Jailed

People are sitting in jail in Toronto - not convicted of a crime - awaiting psychiatric assessment.

In the past two months, the Centre for Addiction and Mental Health, which does the assessments, has been turning people away because it's full.

That means they must wait in jail or be sent out of town to be assessed. At last count, 14 were in jail awaiting assessment, some for as long as two weeks.

Howard Barbaree, a psychologist at the centre, says there are 28 beds for assessment patients, not enough to meet a flood of referrals.

Nadia Liva is a criminal defence lawyer who represents people with mental illness. She says she has seen too many cases where people who may not be fit to stand trial and may have committed fairly minor offenses are languishing in jail.

"That just seems wrong and an infringement of their rights. If they need an assessment in order to determine what is best for them and for them to understand what is wrong with them, why can't they get that immediately?"

It's a health issue, not a crime issue," she says.

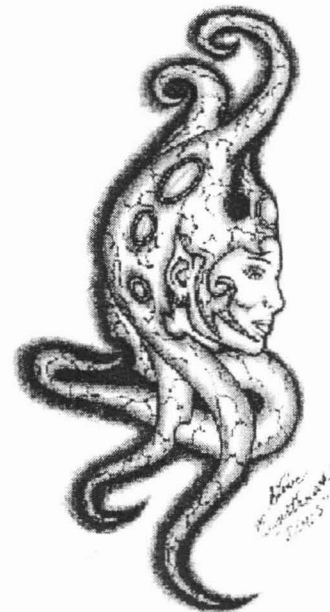
Steve Lurie of the Canadian Mental Health Association agrees, and says the problem is worse in Toronto.

At the centre, Barbaree says help is on the way. Last January, the province announced it will spend about \$10 million to help people who have mental disorders and have come in contact with law, by providing housing and treatment.

That includes money for safe beds, which give police a chance to take a person somewhere for care without necessarily laying a charge, he says.

He says it will be about a year before the new services are fully available, too late for those already in jail.

CBC News - Nov 7, 2005



Prison Program Provides Low-cost Tattoos

Inmates are lining up for a pilot project that provides low-cost tattoos at the Rockwood Institution, north of Winnipeg.

The project aims to reduce the transmission of infectious diseases, such as hepatitis or HIV, when inmates give each other tattoos using such items as paper clips and pens.

Rockwood is one of six correctional facilities across the country taking part in the \$700,000 program. Connie Johannson, assistant warden at the minimum-security prison, says 21 inmates have paid the \$5 to get a tattoo in the program since September.

While Johannson says the fee may sound cheap, it's worth it when weighed against the enormous cost to society posed by infectious diseases.

"We consider these harm-reduction approaches to reduce the cost that eventually comes to you in the community, because the majority of our offenders are eventually released to your community and mine, and those costs transferred over to us."

Three inmates have been trained to give the tattoos; they are paid \$6.90 per day for their work. Shawn Sorensen, one of the tattoo artists, says tattooing is a tradition in the prison system, and removing the risk of infection may actually encourage more inmates to come forward to get one.

"I think it's probably one of the best things they could actually do," said Shawn Sorensen, one of the tattoo artists.

"I've seen a lot of people do tattoos in jail, and I've seen a lot of stuff done where how they're doing the tattoos is totally unsafe. So if they're going to spend the money and use taxpayers' money for this kind of project, you're probably saving a lot more money from people getting diseases."

Johannson says there are limits on what kinds of tattoos are allowed. There can be no names, no gang insignia, and nothing deemed "offensive to the public."

The project will be evaluated when it ends in March 2006.

CBC News
Nov 10, 2005

Future Superjails Article for the Star

One subject that keeps coming up in studies on gun violence is recidivism among parolees.

In Ontario's case, that brings up the matter of superjails.

The facilities, built in Milton, Lindsay and Penetanguishine, hold inmates sentenced to serve sentences under two years, and some who have been there have little good to say about the experience.

"All they are breeding is built-up hate, no chance for rehabilitation," said lifelong thief Darryl Vincent, who was profiled today.

We're looking for former inmates who have served their time in one of the new superjails and are willing to speak with a reporter about their experiences. Please call 416-869-4301 or e-mail city@thestar.ca with your contact information.

Prison Tattoo Parlour Busy

A maximum security prison in Renou, N.B. has opened a tattoo parlour in an effort to stop the spread of HIV and Hepatitis C behind bars.

Anthony Sharratt has been giving illegal tattoos to other inmates inside prison for the last 20 years. Now, the convicted murderer works as the resident tattoo artist in the maximum-security Atlantic Institution in Renou.

"People have been known to put cigarette ashes, mixed with toothpaste under the skin. As far as needles are concerned, I've seen guys use sewing needles, sharpened paper clips, the twist ties off cookie bags."

And he's tired of watching people get sick from sharing needles.

"When you run low on supplies, people will scrimp and use possibly ink over and needles over and that's why the creation of the shop like this. For me, that's the overriding factor. Four out of five of my friends are infected with hepatitis, and those are the ones who know about it."

Now, Corrections Canada is cleaning up what Sharratt calls a reality of prison culture. It is spending \$700,000 to set up six in-prison parlours across the country. The funding comes from the federal government under the Federal Initiative to Address HIV/AIDS in Canada.

Acting warden David Niles hopes the year-long pilot project will eliminate another reality of prison culture: the staggering infection rates in prison. An inmate is 10 times more likely to have HIV, and 25 times more likely to have Hepatitis C, than a person on the street. Officials believe sharing needles is partly to blame for the high infection levels.

Niles said the prison system has to deal with the health issues, and the inmates will eventually return to the community for more care.

"It costs about \$20,000 to \$25,000 annually to care for someone with HIV or Hep C, and if we can reduce even by one or two cases, that is going to save the taxpayer in the long run."

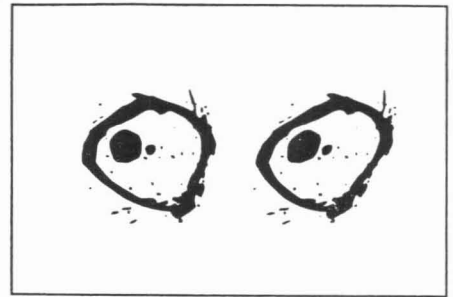
A two-hour session costs \$5, or around 80 per cent of the daily wage a prisoner would make working on the inside.

Ralph White, who is in the tattoo chair on this day, said getting a safe tattoo is worth the money. "I wouldn't have gotten one on the units, just cuz the chance of getting a disease, it's just too high," said the convicted murderer.

The rules for tattoos are strict, nothing above the collar, below the wrists or on the genitals. And no numbers or gang symbols.

There are also strict controls on the tattoo equipment. Everything in the parlour is counted before and after each visit to ensure it doesn't make it to the prison floor.

CBC News
Nov 11, 2005



Coffee Back On in Province's Jails

Inmates in the province's [Alberta] jails will continue to drink caffeinated coffee and soft drinks with sugar, after Solicitor General Harvey Cenaiko backed away from plans to remove the unhealthy beverages from the institutions.

Cenaiko had said having the food and drinks supplied by the jails no longer contain caffeine would be healthier for the prisoners and could lead to a calmer environment, but the idea was met with criticism and ridicule.

Even Premier Ralph Klein said he didn't agree with the decision to stop serving caffeinated drinks to inmates.

"I'll tell you what," he said earlier Thursday. "I'm going to talk to Harvey about that. I'm not very pleased."

Within 12 hours of the no-caffeine notion appearing in the media, Cenaiko had done an about face.

"It was something that was going to be tried, tested, looked at and evaluated," his spokeswoman Annette Bidniak said. "But because of the reaction, we're not going to go ahead."

Under the now-discarded plan, which would have taken effect next week and was based on a prison in Arizona, prisoners could still have bought coffee and soft drinks from the inmate canteen.

Dan MacLennan, president of the Alberta Union of Provincial Employees which represents corrections officers, said earlier he was surprised Cenaiko had moved on caffeine – which has never been an issue – when a number of health and safety concerns raised by guards haven't been addressed.

"You're always surprised when you hear an issue that you never knew was an issue," MacLennan said. "It should be like a study in politics."

He added that officers have raised a number of legitimate health and safety issues, such as overcrowding and the effects of smoking, but haven't seen any action.

"I think they should try it out in the legislature first, to see if it calms things down there," University of Alberta criminologist Keith Spencer said. "It's a common thing in every workplace and every home."

"I don't see that we need to start implementing dietary experiments in the correctional system."

Spencer, who called the move petty, says banning smoking in provincial institutions made sense, because it affects the health of others.

Correctional officers would have been allowed to drink caffeinated coffee and soft drinks.

CBC News
Oct 21, 2005

Life Behind the Wall

Most people go through their whole life and don't realize that there are places like this, places where a few men become savage beasts in an environment where the weak are preyed upon for what little they have to offer. A place where kindness is weakness and where there is so much hate you can feel it in the air.

Most nights you can hear some lost soul crying alone in his cage contemplating death. Some men just don't make it because there is no beast in their hearts, others will never be the same again. The nightmares will haunt them long after their time is up.

However there are a few men here who are full of love and compassion, they look out for each other and on most days can be found with a smile on their faces telling stories about the past when they were once free, stories about love and life and what they would do if they could go back and chose a different path.

Most of these men will die here. Some are very close to death now. They have been for many years yet they still smile because they don't know they will die on the inside. If this happens they will become animals who feed on hate then suffer many years of hate until the end.

I can't help but wonder as I sit alone in my cell at night, 'will I end up like them?' Waiting to die in this man-made hell, where some of the guards work here just for the thrill of watching men turn into animals! Sometimes pushing them over the edge and laughing while they watch.

I've come to realize that these types of guards are also savages who feed on hate and misery, I however am neither weak nor savage. I am full of love and remorse for the wrong I have done. So I spend my days yearning for forgiveness and wonder, 'Will it ever come?'

J. Larose

If They are Sick, Why Do We Jail the Mentally ill?

Imagine for a moment that one of the symptoms of breast cancer was an uncontrollable desire to scream obscenities and utter death threats to passersby, or if people with heart disease were prone to masturbating in public, and that those with arthritis developed a compulsion to shoplift.

What would we do? Build new women's prisons to ensure breast-cancer sufferers were punished for their transgressions? Construct new sex-offender wings to make room for the legions of people with cardiovascular disease? Jail every arthritic kleptomaniac until they smartened up?

Of course, we would never dream of filling jails with people who are already suffering from debilitating but treatable illnesses.

Yet, that is precisely what we are doing with far too many individuals suffering from mental illnesses including schizophrenia, bipolar disorder and severe depression.

The annual report of the Office of the Correctional Investigator of Canada, released earlier this month, revealed that at least one in eight federal prisoners

has a diagnosed mental illness – 1,500 of the 12,500 federal inmates. (There are many more prisoners in provincial jails.) The Correctional Investigator serves as an ombudsman for federal offenders.

Community groups estimate that the true number of prisoners suffering from mental illness is probably about one in five.

Regardless, federal penitentiaries – and doubtless provincial jails – have become, at least in part, de facto mental institutions.

While people with psychiatric conditions can commit criminal acts – as can anyone – many offenders are not responsible for their acts, so they don't belong in jail in the first place. And virtually none of the convicts – whether deserving of jail or not – are getting the treatment they need.

In jail, people suffering from mental illness are easy targets; they are vulnerable and exploited. Take the case of Simon Marshall, a Quebec man suffering from developmental disabilities who spent eight years in prison for sexual assaults he did not commit. In prison, he was routinely sodomized and beaten by other prisoners to the point where he is now virtually catatonic with fear.

The very behaviours that get people with mental illnesses into trouble in the first place – being loud and belligerent, refusing orders, anti-social acts, self-mutilation – make them disciplinary problems. They are sent to solitary confinement, which can exacerbate their symptoms. When they are released, without counselling or assistance, they are virtually doomed to reoffend, thus are trapped a vicious circle.

Correctional Investigator Howard Saper, in his report, noted that care for the mentally ill in prisons is abysmal. Their rights are violated and dignity denied. It goes without saying that this needs change.

But there is a more fundamental issue: The need to prevent the warehousing of the mentally ill in prisons.

There is a bit of folk wisdom that holds: "Give a man a hammer and everything becomes a nail."

In modern, progressive Canada, the tool we employ for dealing with the mentally ill is too often the Criminal Code rather than the Mental Health Act.

For almost three decades, provinces have had policies of deinstitutionalization, vowing to liberate the many lifelong patients of institutions for the mentally ill and the physically handicapped.

In the early 1970s, there were almost 50,000 psychiatric beds in Canada. Today, there remains probably only one-tenth of that number.

Deinstitutionalization was – and remains – a laudable approach. But implicit in the deal was that care must be provided in the community. Too often, that did not happen.

Psychiatric patients were not released into community care, they were just released. This has created an underclass of homeless and semi-homeless "crazy" people who have become fixtures on our streets, and in our jails.

Contrary to stereotypes, most people with mental illness are not violent (except perhaps to themselves). They are being swept up in the criminal justice system for egregious crimes including public

urination, disturbing the peace, vandalism and drunken fights.

You can't blame police. They are armed with guns, batons, handcuffs and the Criminal Code. Judges, too, have limited options. There are some attempts at diversion, such as Mental Health Courts, and judges have the power to order psychiatric evaluations. But there is so little assessment capacity, so few beds, that people languish for months in prison waiting to determine if they should be in the prison system.

Courts have already ruled that this practice is illegal and unconstitutional, but it persists.

We don't need a return of Dickensian mental institutions to hide away the crazies. We need a commitment to integration, to making people with psychiatric illnesses full citizens, with all the rights of citizenship.

Deinstitutionalization should not be synonymous with criminalization. We cannot accept that people be punished for being ill – and mental illness is no exception.

Andre Picard

Globe & Mail - Nov 17, 2005

Repeat Youth Offenders Rare: Study

OTTAWA—Statistics Canada says the majority of young people who have contact with youth courts and adult criminal courts are one-time offenders.

The agency says a new study that traced 59,000 young offenders from 1991 to 2003 found the majority ended up in court on one occasion only.

That, says the agency, dispels the image that most youth who come into contact with courts become chronic offenders.

In fact, it says, only a small percentage of repeat offenders were responsible for the majority who went to court.

The study found the younger an individual was at the time of first offence, the higher the likelihood to reoffend.

Offenders who began their court career when they were 12 had an average of 7.9 court referrals, while those who began at 21 averaged 1.2 referrals.

It also found that chronic offenders, which it tabs as those with five or more incidents, accounted for only 16 per cent of all offenders.

But they were responsible for nearly 60 per cent of all court referrals involving that specific group.

The agency also found that:

- Males made up 80 per cent of the 59,000 people referred to courts during a 10-year period.
- The largest group of females was referred at age 16, while the peak age for males was 18.
- About 63 per cent of females were one-time offenders, compared with 53 per cent of males.
- Repeat offenders, those referred to court for two to four criminal incidents, accounted for about 28 per cent of all alleged offenders.

Canadian Press

Nov. 22, 2005

Dead or Alive

In my head I still hear screams
Haunting tears in my dreams
Visions I'd rather forget
Of moments in life I regret
Voices listened but unheard
Open mouths without a word
Dry heaves of no content
Hours tried too much time spent
Hidden from the reality
A place where none but blind eyes see
Keeping secrets a life of old
No courage seen but hearts are bold
Minds crushed by repeat thoughts
Freedom sold but no life bought
Ransom paid but not dues
Words kept but never used
Reasoning thrown out the door
Hopes crushed into the floor
Future to come but years of wait
Consequences: truth or fate?
Time to relive a life of death
Decisions to breathe the last breath
Confined within your own heart
So close together but far apart
Dictated life lived alone
So many near but on your own
With time spent emotion dies
With truth told so come lies
The end begins early on
I may be here but I am gone

Dutchys

Hardened Heart

His heart has been damaged
Betrayal and dishonesty were the weapons
As his heart heals
Hidden behind an iron door
Trust is locked away

Steve Bartkowski

A Man and His Rose

A rose is a thing of beauty
When kissed by morning dew
A symbol of love to bring a smile to one's face
Nature's flawless beauty, what more can you say

In a man's life he looks for these things too
A symbol of love and flawless beauty too
And with a smile that makes him
Weak at the knees

Her kisses melts his heart and makes
His world crisp as morning dew
Her beauty and scent are forever in his head
He thinks of her morning till long after bed

Now he's found his rose and it will never
Slip from his hands this wonder
Of beauty he'll hang onto
For the rest of his days

D.W.D.

Lights Out

Now as I pack it in
And pull the covers over my skin
I think of all I did
And I never once hid
Like I did, when I was a kid
I know my life's hard
For my face shows the scars
But at least I didn't pick the death card

Now I reflect upon today
And grow happy in little ways
Just like a puppet show
I must let my feelings flow
So one day my heart will grow
And I'll have no fear when my scars show

I'll be strong
Like a long beautiful song
Would that be wrong?
A little each day
My fears will fade away
And I'll have so many things to say
About all the great places I've stayed

Doug Morris

Black Cloud

In my past a black cloud has followed me
For twenty years I stayed clean
But the black cloud has found me
When my time is all done
I'd like to hold my head up and stay clean
Hoping the black cloud will never find me

Don Dunston

Destiny

Time stands still & all goes quiet inside
Looking into my eyes you'll see the pride
You'll see the many tears I've cried
As they fell from me, another part has died

I don't ask for much, like the sun shining up above
Someone who'll care & know the meaning of love
One who's not afraid to cry, for the love or pain
My last tear has fallen, was it all in vain?

Yet I'll hold my head high, a smile on my face
As I sit alone in this cold, dark place
I think of my life, the long road I've walked on
I turn to look back, destiny, the tears are all gone

I listen to the wind, as it sings through the trees
And the grass bends low, to it's knees
And watch the clouds pass by, so soft is their blue
And tiny birds sing in the sun, their hearts cry true

Yes my spirit is free to fly, I'm not
The tears fall from my cheeks so hot
So as you see, this is all there is of me
This my destiny, as was meant to be

David White



Merry Ho Ho

'Twas the night before Christmas,
And all through the jail,
All the convicts locked up, madder than hell,
Except for the lifers laid back in their bunks,
Having sweet visions of fat little punks.
Then there was a crash,
The warden cried out, 'It's a riot for sure'
They ran to the cellblock, now started the shit.
'It came from the rooftop', snivelled the snitch.
They ran to the rooftop, by way of the stairs.
And found a fat freak in red underwear.
'Ho Ho Ho', said the man, 'I bring you good cheer'.
'Good god', said the warden, 'We got us a queer'.
They put him in the hole, by way of a kick.
So much for Christmas, they busted St. Nick

Steve Bartkowski

Essence of Incarceration

Dig yourself a hole
But do not stumble into it
Once you fall into your hole
It then becomes your pit
Your pit becomes your prison
Where no one rushes to your aid
Prison is the pits
Leaving you helpless and afraid
Your fear is your own making
Your construction of hell
Your hell is what you made it
Whether hole or prison cell
Your cell is just a cage
Keeping you checked and in control
Control is what you had
Way back when you first dug your hole

Dwight Carvery

SCHOOL DAZE

If a vegetarian eats vegetables, what does a humanitarian eat?

Reasons why the English language is so hard to learn:

- 1) The bandage was wound around the wound.
- 2) The farm was used to produce produce.
- 3) The dump was so full that it had to refuse more refuse.
- 4) We must polish the Polish furniture.
- 5) He could lead if he would get the lead out.
- 6) The soldier decided to desert his dessert in the desert.
- 7) Since there is no time like the present, he thought it was time to present the present.
- 8) A bass was painted on the head of the bass drum.
- 9) When shot at, the dove dove into the bushes.
- 10) I did not object to the object.
- 11) The insurance was invalid for the invalid.
- 12) There was a row among the oarsmen about how to row.
- 13) They were too close to the door to close it.
- 14) The buck does funny things when the does are present.
- 15) A seamstress and a sewer fell down into a sewer line.
- 16) To help with planting, the farmer taught his sow to sow.
- 17) The wind was too strong to wind the sail.
- 18) After a number of injections my jaw got number.
- 19) Upon seeing the tear in the painting I shed a tear.

- 20) I had to subject the subject to a series of tests
21) How can I intimate this to my most intimate friend?

There is no egg in eggplant nor ham in hamburger; neither apple nor pine in pineapple. English muffins weren't invented in England or French fries in France (Surprise!). Sweetmeats are candies while sweetbreads, which aren't sweet, are meat.

Quicksand works slowly, boxing rings are square and a guinea pig is neither from Guinea nor is it a pig. And why is it that writers write but fingers don't fing, grocers don't groce and hammers don't ham?

If the plural of tooth is teeth, why isn't the plural of booth beeth? One goose, 2 geese. So one moose, 2 meese? Doesn't it seem crazy that you can make amends but not one amend. If you have a bunch of odds and ends and get rid of all but one of them, what do you call it? Is it an odd, or an end?

If teachers taught, why didn't preachers praught? In what language do people recite at a play and play at a recital? Ship by truck and send cargo by ship? Have noses that run and feet that smell?

How can a slim chance and a fat chance be the same, while a wise man and a wise guy are opposites? You have to marvel at the unique lunacy of a language in which your house can burn up as it burns down, in which you fill in a form by filling it out, and in which, an alarm goes off by going on.

English was invented by people, not computers, and it reflects the creativity of the human race, which, of course, is not a race at all. That is why, when the stars are out, they are visible, but when the lights are out, they are invisible.

WORDS OF WISDOM

Be frank and explicit with your lawyer. It is his business to confuse the issue afterwards.
Anonymous

I never met a litigator who did not think that he was winning the case right up to the moment when the guillotine came down.
William Baxter

Lawyers are the only persons in whom ignorance of the law is not punished.
Jermy Bentham

Lawyer: One skilled in the circumvention of the law.
Ambrose Bierce

Necessity knows no law; I know some attorneys of the same.
Benjamin Franklin

A countryman between two lawyers is like a fish between two cats.
Benjamin Franklin

Lawyers are men whom we hire to protect us from lawyers.
Elbert Hubbard

It is always the best policy to tell the truth, unless, of course, you are an exceptionally good liar.
Jerome K. Jerome

The only thing I expect out of lawyers is that they be back in their coffins by sunup.
F. Ross Johnson

Lawyers, I suppose, were children once.
Charles Lamb

Lawyers should never marry other lawyers. This is called "inbreeding," from which comes idiot children and more lawyers.
Kip Lurie

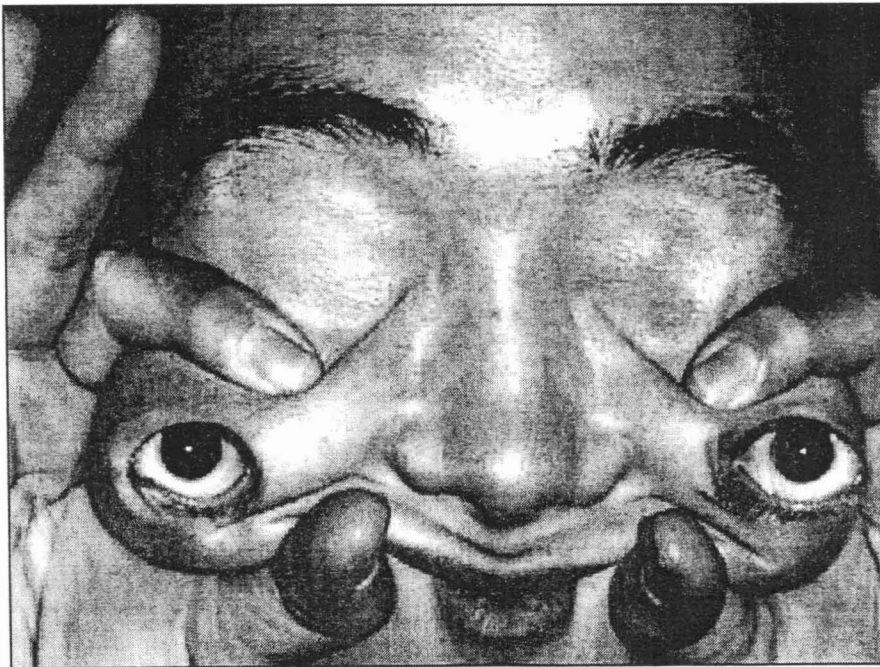
Lawyers are like rhinoceroses: thick skinned, short-sighted, and always ready to charge.
David Mellor

The law is a sort of hocus-pocus science that smiles in your face while it picks your pocket.
H.L. Mencken

Lawyers are like beavers. They get in the main-stream and damn it up.
John Naisbitt

A man without money needs no more fear a crowd of lawyers than a crowd of pickpockets.
R. Rinkle

Make crime pay. become a Lawyer.
Will Rogers



Cell Count looking for more art !!!

Black Roses

I wander through
The garden of black roses
At the midnight hour
The full moon high overhead

I pluck a single rose
The poison tipped thorns
Grazing my caramel skin
Yet not piercing it

I lift this rose to my eyes
Studying the rigid petals
Each seam a wrinkle
Not unlike my skin

I kiss this rose delicately
Tasting it's bitter-sweetness
On my dry, scaling lips
My sandpaper tongue

I smell the deep, intoxicating aroma
Of this death rose
Filling my senses with nothing
Yet with everything

I bring my eyes to rest
On the dark yet light filled sky
Not a single star shines
Smiling down on me

In the midst of this
The midnight garden
The sea of black light
The home of eternal death ... I smile

Tears no longer sting my eyes
Thirst no longer burns my throat
Noise no longer rings in my ears
Thoughts no longer cloud my head ... I die

Gently but surely I die

In my last moments
It occurs to me
That each rose is a soul
And each poisoned thorn
Is the evil of that soul

In my last moments
I lift my eyes
Towards the midnight sky
My face basking in the radiance
Of the full moon

In my last moments
I ask to be remembered
For the love in my heart
Not the blood on my hands

In my last moments
My rose slowly turns
From black to red
Gently but surely I die

Dutchys

Untitled

I open my eyes, I'm in a box.
I can't get out, because of the locks.
What did I do?
Why am I here?
Should I show feeling?
Should I have fear?
I get so angry, I just want to shout
'Open the doors, and let me out'.

Dan Smith

Remembering When

Outside the snow falls
Some the size of golfballs
Layers upon layers rising up
As I pour hot cocoa in my cup
The trees are slowly being covered
As the clouds slowly hovered
More and more snow fell
As I heard the distant church bell
'Christmas is coming', I'd yell

What a beautiful time of year
As I'd follow the footprints of a deer
Big piles of white snow
Covered all the driveways row by row
At night I'd watch the snow glow

Sometimes I'd walk to the lake
And a skating rink is what I'd make
Some friends and I would play hockey
I'd put pads on my knees
Stopping the puck would be a breeze

Life was great when I was young
As the wind quietly sung
But now I'm older
And people are so much colder
So deep inside my folder
My thoughts are left behind
Forever in the darkness of my mind

Doug Morris

Ups and Downs

Floating castles in the sky
Drunken sailors walking by
Looking for stars and a wish to make
Kicking myself for every mistake
Every up seems to have a down
All my smiles have turned to frowns
Now I lay myself to sleep
Into dreams, the nightmares creep

Steve Bartkowski



I Gave You My Trust

I gave you my trust
When I was in pain
You took all that trust
For personal gain

Was I naive
For trusting you so?
The answer is yes
That I now know

Why do you need
To inflict so much pain?
I ask that question
Again and again

Could it be ego
Is ruling the day?
Could it have taken
Compassion away?

Anne Kellar

Lady Wisdom

This question has had no reply,
I remain in wonder still;
If to be friends are she and I,
And is it in her will?
For I have so much more to give
Than what you plainly see
And with her with me I'd surely live
Forever, happily.
Yet this question still remains
Honestly, who is she -
That she should cause the sweetest pain,
To stir inside of me?
Her instruction and guidance I seek,
Upon every waking day.
If inheritance is to the meek -
When shall I have my way?
We open more than doors and locks,
Should we open up our hearts.
We are losing time on all the clocks,
Should we never choose to start.
I glance at her, she peeks at me
This isn't very much,
When I know there lies much more to see,
And plenty more to touch.
So patient in emotion's cell -
I am longing to be free
How might I come to know her well -
And allow her to know me?

Dwight Carvery

Lullaby

A distant lullaby within my head
Things better left unsaid
Memories of days gone by
They come and go with a mournful sigh
Days of hopes and dreams now dead
They are the distant lullaby within my head

Steve Bartkowski

TATTOOING & YOU: the safeguards within prison

SAFE TATTOOING

Tattooing is a popular art form that many men and women in prison participate in. If the work is done safely, by a skilled artist who values both their art and the health of their customers, tattooing is an activity that can give a lot of happiness and pride to the artist and customer alike. **However, if proper precautions are not followed, tattooing can be a high risk for the spread of diseases like Hepatitis C and HIV.**

CHOOSING AN ARTIST

Everyone likes to get tattoos in prison, and that's good because a lot of the best artists are in prison - artists that take pride in their work, and do mega-detail!

When you're entering a prison, take your time before getting tattooed. Too many people want to hurry, hurry, hurry. Well, don't rush, because the people who do only end up later looking for a good artist to cover up the hurry, hurry crap.

The artist should make sure that the art work the person wants is what they will get. If you're getting a tattoo, make sure you check out as much of the artist's work as possible to make sure he or she knows what they're doing.

Take your time when looking for a tattoo, and in picking an artist to do it for you. If you can, try to see the artist in action first, and watch what he or she does. This can really help you make good decisions.

SAFE TOOLS

In here it's very hard to ensure that the equipment (needles, shaft, ink) is clean. The only way to be sure is to have the tattoo artist make the new needle in front of you.

When doing a tattoo, everything the artist uses should be brand new. To make sure of this, **the artist that you choose should be able to make up everything in front of you - the needle, shaft for the ink, and tip for the needle.** For this, the tattoo artist needs to be adept at making the equipment fast. If the artist can't make the needle in front of you, tell him or her to drift. Even these precautions cannot guarantee a safe tattoo.

A simple pen or lighter can be used for a tip and shaft. A pack of guitar strings can make endless needles for the price of a few dollars. An easy way to sharpen them is with a small piece of sandpaper stuck to your fan, or by hand using slow pull-away and turn motions. The needle should be razor

sharp - the shorter the point, the longer the needle will stay sharp. The artist should also wear latex gloves.

If you have to boil your equipment, do so for 15 minutes, with bleach if you have it. The best system I have found is to make everything brand new each time and boil it, and afterwards clean it with alcohol and let the person who got the work done keep the works. By making the customer responsible for their own personal works, they can get more work done later (if the piece isn't finished yet) and be positive that no one else has used them.

SAFE INKS

You trust your life on the ink you use. Just because someone tells you the ink they're using is brand new doesn't mean anything, because you can't see the HIV virus or Hep C virus. You can't tell by looking if the ink is clean or not.

Getting ink is a big problem within prison. CSC banned ink in their efforts to curb tattooing practices. This makes it hard to get. You can make your own ink by burning paper and mixing it with water to make a thick paste - then away you go! The artist should mix the ink in front of you, so you know it's disease free.

The standard practice for the serious tattoo artist is to obtain a sealed bottle of ink from somewhere (use your imagination!) and use that. **Reusing or sharing ink is very high risk for disease transmission (Hep C and HIV)!**

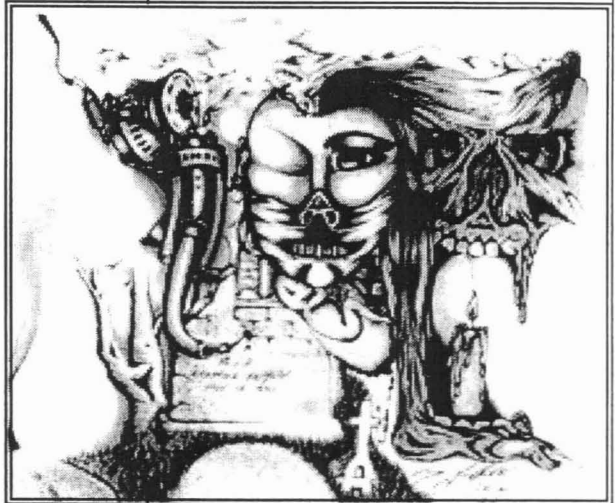
SAFE WORK

When using a home-made prison tattoo gun, make sure that the area you're working on is flat and that you're holding the gun straight on. This will make the ink flow to the spot you're working on and stay there until you wipe it off. Never hold your gun on a tilt. This causes blotching and infection, and it doesn't do a lot of good for the tattoo either. Make sure that a new toothpaste cap is used, or styrofoam cup or whatever, and that it's cleaned with alcohol.

The tattooist should not break through all the layers of skin. If they do it can result in infection and heavy scarring. There will always be a little scarring - remember, you're punching millions of holes to make a piece, but the ink will cover that. The heavy scarring I'm talking about - which seems to be abundant in prison - is the deep, rutted scarring. You can run your finger lightly over it and feel the indentations left from some butcher calling themselves a tattoo artist. Any butcher can follow a bunch of lines stencilled on someone's skin - the art comes from the shading, and every tattoo artist has a unique shade. That's the addiction. Because of this, once you've been around a while and seen a

lot of work, you should be able to tell who did it - and that's without a signature!

Be aware of cross contamination. This means that anything that comes into contact with a used needle, dirty rag, blood, etc., is contaminated. For example, if the tattoo gun cord comes into contact with blood during a tattoo it is considered contaminated. This could be a risk to the next client receiving a tattoo if it comes into contact with their open tattoo sores. As much as possible the tattooist should protect against cross contamination by using non-microwaveable plastic wrap to cover equipment and working surfaces.



SAFE DISPOSAL

After you've finished a tattoo, you have medical waste. After the job is done, everything you used is waste and should be treated as such. The needle, tube or shaft that the needle goes in, the ink, the ink cap, the gloves, and the new towel that you had at the start which is now black, should be disposed of. **Don't ever re-use any of the stuff.** You can't take it to health care, so you have to throw it in the garbage.

Make sure you cut the point off the needle and bend it up before you throw it or flush it. This will make sure the garbage person or whoever won't accidentally get stuck by it. This way you know for sure that you're not spreading any diseases. The gloves and rags should also be tossed or flushed and never reused.

Written by Wm. Danks
Art by Tim Felfoldi
Joyceville Penitentiary, Kingston, ON

**BLEACH DOES NOT
KILL HEP C**

~ BE KIND TO YOUR VEINS ~

Be kind to your veins, they're the only ones you've got! Veins become leaky, infected and will eventually collapse if they don't have time to heal between injections. You can tell a vein has collapsed when it seems to have disappeared or you can't draw blood from it. To help prevent your veins from becoming damaged:

- ◆ try to use a different injection site for each time you shoot up
- ◆ learn how to inject in a number of places and with either hand so you'll be able to use the other side if one side needs a rest
- ◆ save the "easy" spots for when you know you don't have time
- ◆ shoot in the direction of your heart with the hole of the needle facing upwards
- ◆ taking oral vitamin C may help your veins repair themselves

To make sure your vein is full of blood and easier to hit, try:

- ◆ clenching and relaxing your fist
- ◆ gently rubbing or slapping the skin over the vein
- ◆ soak your arm in warm water
- ◆ squeeze your bicep with your hand
- ◆ pushups, pull-ups or wrist curls
- ◆ use a tourniquet (belt, string, rubber bands, shoelaces, etc.)

REMEMBER THAT INFECTIONS ARE HARD TO HEAL, IT IS BETTER TO PREVENT INFECTIONS

WHERE TO SHOOT

Always shoot in a vein, never an artery. To be sure you're in the vein, pull back the plunger, if slow moving dark red blood comes into the syringe, YOU'RE IN A VEIN. If the blood is bright red and frothy or if the plunger is forced back by the pressure of blood, YOU'RE IN AN ARTERY – GET OUT! Untie, pull needle out, raise the limb above your head if possible and apply pressure for 10 minutes. Also:

- ◆ areas that are furthest away from the heart heal the slowest and have the worst circulation (eg: feet)
- ◆ areas that are closest to the heart have veins that are near major arteries and nerves which can cause serious damage if hit
- ◆ the veins in your arms are the safest places to shoot
- ◆ never inject where you feel a pulse (an artery)
- ◆ try to hit surface veins instead of deeper ones
- ◆ shoot in the direction of your heart

GOOD PLACES TO SHOOT

The veins in your upper arms and forearms are as safe as any!

BAD PLACES TO SHOOT

DO NOT fix into your eyes, face, armpits, penis or breasts, these veins are so fragile and hard to find that they're not worth the risk. The same goes for veins near your belly button and inner thigh, they are too deep!

PLACES TO SHOOT ONLY IF YOU HAVE TO

Veins in the hands and feet are fragile and will hurt, inject slowly into these areas. Inject slowly into the veins behind your knees also and be careful of the artery that runs next to the vein.

IF YOU HAVE TO USE YOUR JUGULAR (in the neck)

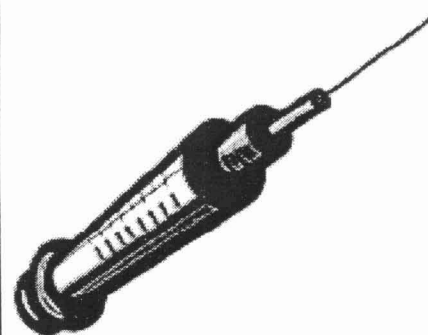
Hits into your jugular are very dangerous. Chunks and clots can go quickly to your brain or heart and cause a stroke or heart attack. Your best bet is not to shoot here at all. If you must, clean the area first with alcohol, then shoot towards the heart and come in at the smallest angle possible - 35 degrees or less. Flag it to make sure you're in. Go as slow as possible and don't stand up too fast. There is no 100% safe way to shoot in your jugular.

GERMS

Germs cause abscesses including spit germs, skin germs and other people's germs.

To avoid germs getting into your body while you're fixing:

- ◆ don't lick the bubble off the top of the point
- ◆ don't lick the site before or after fixing
- ◆ don't use a dirty mix like toilet water or spit (if you have to use toilet water, use the water in the tank, not the bowl)
- ◆ don't touch the filters too much
- ◆ avoid sharing spoons, water, filters and rigs with other people
- ◆ clean the site before fixing if you can with soap or alcohol



KEEPING FIT

ABSCESSSES

Abscesses (infected boils) begin with redness, swelling and tenderness at the injection site and develop into an infection with a hard, pus-filled center. They are caused by tiny germs getting pushed under the skin by the rig. If you notice a hard warm lump developing and can't see a doctor, put a warm compress on it at least 3 times a day, this will bring blood to the area and will make it go away or it will soften and fill up with pus. Also keep the abscess clean with soap and water. It may drain by itself but if you choose to drain it yourself, ONLY USE A CLEAN NEEDLE to poke it with. The pus should come out easily, never squeeze it because it will spread the infection. If you are able to, put a dry bandage over it and keep it clean. If you get a fever, chills, extreme fatigue or pain (especially in the groin or armpits) that is related to the abscess, you may have a blood infection - you probably need medical attention for this. Some infections need antibiotics to be cleared up.

COTTON FEVER ("The Bends")

Cotton fever happens when a piece of the filter gets sucked into the syringe and injected into your blood. Within hours, you develop a fever and get really sick, your bones ache, you feel hot and cold at the same time and you shake. The best thing to do is to rest, eat something and cover up with a blanket. Cotton fever usually gets better after an hour.

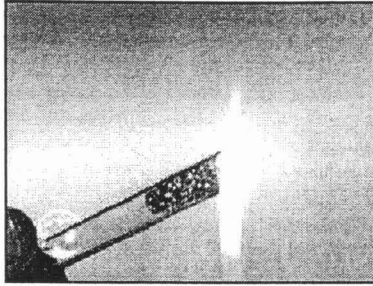
CHALK LUNG

Chalk Lung is caused by injecting something that won't mix with water. These pieces can include talc, chalk and cornstarch (many pills have these pieces.) Your lungs may scar making it hard to breathe. Chalk Lung can be prevented by filtering carefully every time.

HARM REDUCTION SERVICES

By now most of us that use, have heard of Harm Reduction. If you haven't, get with it cause it will help **you save your life!**

The Idea of Harm Reduction (HR) is simple and empowering. It recognizes that abstinence (quitting drugs altogether) isn't possible or realistic for everyone. It respects our ability to make choices that are right for us. At the same time we often don't have all the facts and through our drug use, we can mess up our bodies. HR tries to make sure that drug users get the same chances and choices around health care as non-users. To achieve this we use the "knowledge is power" approach. By learning about drugs and ways to reduce harm connected with drugs and use, we are empowering ourselves to make informed choices and be healthy.



In that vein (joke), PASAN operates the following services at our office for our clients. Offsite arrangements are available depending on what you need.

- **needle exchange** - new needles and injection supplies; biohazard containers for used needles
- **condoms and water based lubricant**
- **new piercing needles** (in various gauges) for those into body mods

And our hottest item:

- **'safer crack use kits'**

PASAN is a member/partner of SCUC – the Safer Crack Use Coalition – and through SCUC we are able to purchase the supplies and assemble the 'safer crack use kits'. We get no funding for the kits, we scrape together the cash ourselves. We cannot meet the demand for the kits, so we are constantly fundraising to buy more. Read on about SCUC and the kits.

The Safer Crack Use Coalition (SCUC) was formed in 2000. We are a group of front line workers, harm reduction activists, users and other community members, who came together to look at ways to respond to the needs of folks using crack in Toronto. Our main goal is to improve health services for marginalized crack users. An important part of this advocacy (fight for the cause) is to secure stable funding so that the distribution of safer crack use materials and education can happen across the city and beyond. SCUC is also involved in research with crack smokers to have some statistics and real information about users lives and issues to bring to public health and other powers, to show them how important these health and human rights issues are.

Why all the concern? Because we saw that folks were getting Hepatitis B and C from smoking and sharing pipes that burn and cut your lips, and that folks had no idea of ways to use that were less harmful. HIV was and is being spread from unsafe, unprotected sex while high. And so we came up with the safer crack kit, which has a pipe that won't burn or cut you, and lots of other materials and information to help you stay healthy and take care of yourself.

Current list of Distributors and Contacts in Toronto:

All Saints Church
Breakaway
Maggies
Parkdale Community Health Centre
PASAN
Queen West Community Health Centre
Regent Park Community Health Centre
Sherbourne Health Centre
Sistering
South Riverdale Community Health Centre
Street Health
Voices of Positive Women
Weston King Neighbourhood Centre
Youthlink Inncercity



Safer Crack Use Coalition

Or, call Mooky at PASAN and I'll tell you where and when you can pick them up outside of the downtown area in Toronto. There are similar distribution projects in Guelph, Ottawa, Winnipeg, which you can also find out about through Mooky. Smoke safe and take care!

SAFER CRACK USE KITS

These Kits Contain:

Straight Shooter
Alcohol Swabs
Chapstick
Chewing Gum
Matches
Extra Screens
Latex Condom
Water-based Lube

* The Straight Shooter is a pipette made from double-fired glass with rounded tips to help prevent cuts to the fingers and lips. It doesn't heat up as quickly as some metal pipes and won't give off poisonous fumes like water bottles or inhalers

* Everyone should have their own pipe

* You should use several screens in the pipe

* Place screen(s) level with the tip of the stem. Break up your rock and sprinkle onto the screen

* Touch the flame to the stem briefly to melt the rock instead of concentrating the heat and move the flame along the stem to spread out the heat

* Drink lots of water

* Clean your pipe regularly

* Take care of yourself

Safety Tips:

Use Vaseline on your lips to keep them from cracking and burning – this helps stop the spread of diseases like HIV, Hepatitis B & C and Herpes

Avoid sharing pipes. If you must share, clean the mouth piece with alcohol swabs in the kit

Vaseline is for your lips – when you fuck, use a latex condom covered with water-based lube

Always use a latex condom when giving a blow job and make sure you don't have Vaseline on your lips

Chew sugar-free gum to stop your teeth from grinding

Allow time for the pipe to cool before using it again

You can make a mouth-piece with an elastic band, matchbook cover or a piece of tape so you don't hurt your lips or catch someone else's germs

Clean your pipe when it is cool

Replace screens as often as possible

What is hepatotoxicity?

Hepatotoxicity is a general term for liver damage. Medications, including those used to treat HIV infection, may cause hepatotoxicity. Hepatotoxicity has developed in HIV infected people taking anti-HIV medications from three classes: nucleoside reverse transcriptase inhibitors (NRTI's or nukes), non-nucleoside reverse transcriptase inhibitors (NNRTI's or non-nukes), and protease inhibitors (PI's). There are several specific conditions that all fall within the general category of hepatotoxicity. These conditions include:

- a) hepatitis - inflammation of the liver
- b) hepatic necrosis - death of liver cells
- c) hepatic steatosis - too much fat in the liver; may be associated with a life-threatening condition called lactic acidosis

What are the symptoms of hepatotoxicity?

The first sign of damage to the liver is an increase in liver enzyme levels in the blood. When the liver is damaged, its enzymes are released into the bloodstream, where the levels can be measured by blood tests. These are called liver function tests (LFT's). Enzyme levels that are routinely checked as part of LFT's include:

- a) alanine aminotransferase (ALT)
- b) aspartate aminotransferase (AST)
- c) gamma-glutamyltransferase (GGT)

The signs and symptoms of hepatotoxicity vary depending on how badly the liver is damaged. Symptoms of liver damage include:

- a) nausea
- b) vomiting
- c) abdominal pain
- d) loss of appetite
- e) diarrhea
- f) feeling tired or weak
- g) jaundice (yellowing of the nails, eyes and skin)
- h) hepatomegaly (liver enlargement)

Which anti-HIV medications cause hepatotoxicity?

All FDA-approved NRTI's, NNRTI's, and PI's are associated with hepatotoxicity.

NRTI's, especially Zerit (stavudine), Videx (didanosine), and Retrovir (zidovudine), are associated with lactic acidosis and hepatic steatosis.

NNRTI's, especially Viramune (nevirapine), are associated with hepatitis and hepatic necrosis. If you and your doctor decide to use Viramune in your HIV treatment regimen, you will likely be instructed to take only one pill a day for the first 14 days, then to increase to two pills a day. This dosing schedule may decrease your risk of developing hepatotoxicity. Viramune-associated hepatotoxicity usually occurs within the first 12 weeks of taking the drug. Women appear to be at increased risk of liver damage. All patients starting therapy with Viramune should have liver function tests every 2 weeks for the first month, then every month for the next 2 months, and then every 1 to 3 months throughout treatment.

Protease inhibitors, especially full-dose Norvir (ritonavir), are also associated with hepatotoxicity. Unlike Viramune, protease inhibitors may cause hepatotoxicity at any time. Patients infected with both HIV and hepatitis C (HCV) may be at particular risk for developing hepatotoxicity while taking protease inhibitors.

Are there other risk factors for developing hepatotoxicity?

Yes. Other risk factors include:

- a) infection with hepatitis B or C
- b) high levels of certain liver enzymes prior to starting anti-HIV medications
- c) alcohol use
- d) use of other medications that damage the liver
- e) pregnancy

Can hepatotoxicity be prevented?

Because hepatotoxicity is poorly understood, it is not clear how it can be prevented. If you are worried about hepatotoxicity, one of the most important things you can do is to get checked for liver disease before starting anti-HIV medications. If you have liver disease or any risk factors for developing hepatotoxicity, you and your doctor may choose an HIV treatment regimen that minimizes the risk of liver damage. You should have liver function tests performed frequently, especially when you first start your HIV treatment regimen.

What should I do if I develop hepatotoxicity?

Try to see a doctor if you develop any of the symptoms of hepatotoxicity. In some cases, hepatotoxicity goes away without changes in anti-HIV medications. Most cases, however, require that medications be stopped or changed. **It is important that you do not stop or make any changes to your treatment regimen before talking with your HIV doctor.**

