



PROGRAM AND ABSTRACTS

stigma**pleasure**practice

9th Social Research Conference on HIV, Hepatitis C and Related Diseases



National Centre in HIV Social Research
University of New South Wales
Sydney, Australia

20–21 April 2006



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stigma pleasure practice

9th Social Research Conference on HIV, Hepatitis C and Related Diseases



Hosted by
National Centre in HIV Social Research

Level 2, Robert Webster Building
University of New South Wales
Sydney NSW 2052 Australia

20–21 April 2006



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Organisers and sponsors

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Welcome

As director of the National Centre in HIV Social Research, I am delighted to welcome you all to our 9th Social Research Conference on HIV, Hepatitis C and Related Diseases, StigmaPleasurePractice.

This social research conference has evolved over time. Because of the growing importance this year of sexually transmissible infections and hepatitis, especially hepatitis C, the conference is a little different from earlier years. In 2006 the conference addresses StigmaPleasurePractice with reference to sexual practice and drug use, as well as their intersection, including the ways in which drugs are used to enhance sexual pleasure.

Future conferences will continue to focus on a theme that cuts across the major social research interests of HIV, hepatitis and sexually transmissible infections, capturing the major issues of the moment and providing a forum for discussion and debate.



Professor Susan Kippax

Director



General information

Food and drink

Lunch and morning and afternoon tea are included in the registration fee. They will be served on Thursday and Friday in the open area on Level 2 next to the NCHSR offices. (See floor plan, p.53.)

If you have special dietary requirements and have requested special meals, please approach the staff at the NCHSR front desk at the beginning of each break.

There are two cafés near NCHSR. **JGs** is to the west of the Robert Webster Building, towards Anzac Parade (map reference G12). **Coffee on Campus** is just off Engineering Road (walk south towards Barker Street, map reference J17).

There is also food available in UNSW Union outlets in the Quadrangle Building (immediately to the north of the Robert Webster Building). Among the Union outlets near Anzac Parade is a bar.

There are several Asian restaurants, pubs, etc. in Kingsford, a short walk south along Anzac Parade. (See map, p.54.)

Disabled access

The Robert Webster building is accessible to wheelchair users (ramp access from the University Mall and lift access to all floors). All conference activities take place on Level 2 of this building, which is also the location of the National Centre in HIV Social Research. If you have concerns about access, please contact the conference organisers.

Health and medical needs

The University Health Service is on the ground floor of the Quadrangle Building (map reference E17). Doctors are available for consultation Monday to Friday from 9 am to 1 pm and 2 pm to 5 pm. The Health Service is available to all students, staff and visitors to the campus. Telephone 9385 5425 for an appointment.

There is a pharmacy on campus in the Mathews Plaza Shopping Arcade, telephone 9385 7617.

Internet access

There is limited internet access available in room 231W (postgraduate room) at NCHSR. For the benefit of other users please limit your time online to 15 minutes.

Printing/Photocopying

As a courtesy, delegates may print short documents from computers in the NCHSR postgraduate room (231W). Bulk photocopying is not available.

Mobile phones and pagers

As a courtesy to all delegates and speakers, please switch off your mobile phone or pager (or set it to silent) during all sessions.



Messages

Please advise all callers to contact the NCHSR front office on (02) 9385 6776. A message board will be placed adjacent to the conference registration desk in the break area. We cannot guarantee to deliver your messages personally.

Name badges

For security purposes all attendees must wear their name badge at all times when on the UNSW campus. Entrance to all sessions will be limited to badge holders only. If you misplace your badge please advise the staff on the NCHSR front desk.

Public transport to UNSW

Public transport to the university is by bus. From central Sydney to the Anzac Parade entrance to UNSW take a 394, 396, 397 or 399 from Circular Quay or Taylor Square, a journey of 15 to 30 minutes. From Railway Square or Cleveland Street take a 393 or 395. There is also a university special from Eddy Avenue, Central Station; number 891 goes to High Street and 895 to Anzac Parade, a 16-minute journey. From the airport, take bus No. 400 or 410, a 20- to 30-minute journey. A taxi to or from the airport takes about 15 to 20 minutes and costs \$20 to \$25.

Parking

Casual day parking is available on the top floor of the multi-storey car park inside Gate 14, off Barker Street (turn right after coming through Gate 14) (map reference M17). Look for the 'All Day Pay & Display' bays. You will need coins to the value of \$8 per day. If you have left your car on a lower floor in the area designated for cars with UNSW stickers, please move it, as police fines of \$75 apply.

Personal mail

The conference organisers do not accept responsibility for personal mail. Please have all mail sent to your accommodation address.

Registration desk

The registration desk will be open from 8 am to 10 am on both mornings. Outside these times please direct all enquiries to staff at the NCHSR front desk. (See level 2 floor plan, p.53.)

Smoking

Smoking is not permitted within any UNSW building. Please go outside to smoke and place your butts in the bins supplied.

Speaker preparation

All speakers must pre-load their presentations on the laptop computer in the relevant room. This should be done at the beginning of the day or during the break before your session.



The program at a glance

Thursday					
	Level 2 Foyer	Lecture Theatre B	Room 250	Room 251	Room 231X NCHSR Meeting Room
9.00–9.45	Registration				
9.45–10.00		Welcome to the conference			
10.00–11.00		1 Opening plenary Gary Dowsett			
11.00–11.30	Morning tea				Information session Postgrad research opportunities at NCHSR
11.30–1.00		2A Symposium Contexts of HIV risk behaviour and seroconversion: the Health In Men study	2B Proffered papers Hepatitis C and treatment	2C Proffered papers Stigma and HIV: international perspectives	2D Proffered papers Drugs and the illicit
1.00–2.00	Lunch				
2.00–3.30		3A Proffered papers Tales of Tina: crystal meth	3B Proffered papers Hepatitis C	3C Symposium Get it straight: HIV and heterosexuality	
3.30–4.00	Afternoon tea				
4.00–6.00		4 Plenary Sex and drugs in Howard's Australia			

Friday					
9.00–10.30		5A Proffered papers Living with HIV	5B Proffered papers Sexuality, theory and gay men	5C Proffered papers Injecting drug use and harm reduction	5D Proffered papers Education, outreach and gay men
10.30–11.00	Morning tea				
11.00–12.30		6A Symposium Engaging media: social marketing	6B Symposium 'I know these days HIV is considered more of a lifestyle than a death sentence'		
12.30–1.30	Lunch				
1.30–3.00		7A Proffered papers Politics, policy and prevention	7B Proffered papers Sex, pleasure and health promotion	7C Proffered papers Heterosexuality, sex and relationships	7D Symposium Drug treatment: consumer voices, consumer concerns
3.00–3.30	Afternoon tea				
3.30–5.00		8 Plenary Where did the pleasure go?			
5.00–5.30		Closing plenary			
5.30–7.00	Cocktail party				

Breakdown of sessions

Session	First author/ Presenter	Title of presentation
THURSDAY		
9.45–10.00	Heather Worth	Welcome to the conference
1		
Opening plenary		
10.00–11.00 Lecture Theatre B	Gary Dowsett	Brokeback to bareback: shifts in gay sexual culture and dilemmas for prevention research
11.00–11.30 Room 231X	Kane Race	Information session: Postgraduate research opportunities at NCHSR
2A		
Contexts of HIV risk behaviour and seroconversion: the Health in Men (HIM) study (Symposium)		
11.30–1.00 Lecture Theatre B	Jeff Jin	Incidence and risk factors for HIV seroconversion in the Health In Men (HIM) cohort
	Garrett Prestage	'Party drugs' and risk behaviour in the Health In Men (HIM) cohort
	June Crawford	Contextual factors associated with HIV seroconversion in the Health In Men (HIM) study
	Limin Mao	'Serosorting' in casual anal sex of HIV-negative gay men is frequent and is increasing in Sydney, Australia
2B		
Hepatitis C and treatment (Proffered papers)		
11.30–1.00 Room 250	Loren Brener	Attitudes of health care workers towards their hepatitis-C-positive clients: are they related to treatment experiences?
	Max Hopwood	The drugs that dare not speak their name: illicit drug use during hepatitis C treatment
	Magdalena Harris	'It serves you right, you silly bugger. You should have died in the gutter anyway.' Living with hepatitis C: stigma, disclosure and support
2C		
Stigma and HIV: international perspectives (Proffered papers)		
11.30–1.00 Room 251	Man Mohan Ghimire	HIV/AIDS-related stigma and discrimination in Nepal
	Senjo Nakai	Hidden stigma against 'AIDS widows' in a stigma-free community
	Michael Burke	Stigma, pleasure and practice within an HIV intervention for a generalised epidemic in Tanzania
2D		
Drugs and the illicit (Proffered papers)		
11.30–1.00 Room 231X	Nicolas Rasmussen	Pleasure, stigma, and the Benzedrine inhaler: marginalisation and psychosis at the foundation of Beat counterculture in 1950s America
	Kane Race	The secret life of drug mules
3A		
Tales of Tina: crystal meth (Proffered papers)		
2.00–3.30 Lecture Theatre B	Stevie Clayton	'Because it feels good': crystal methamphetamine and GHB use in the NSW gay, lesbian, bisexual and transgender (GLBT) community
	Detlev Jackson	Implementing a community-based approach to reducing harm from crystal methamphetamine use in the Sydney gay, lesbian, bisexual and transgender (GLBT) community
	Russell Westacott	But what about the meth-user's story? Developing a crystal-meth response in New York City
	Erol Digiusto	Crystal made me do it! Really?



3B		Hepatitis C (Proffered papers)
2.00–3.30 Room 250	Suzanne Polis	Antenatal screening practice of testing women for hepatitis C and hepatitis B virus
	Clare Thetford	How do women's perceptions of the risk of vertical transmission of hepatitis C affect their childbearing decisions?
	Magdalena Harris	'I felt like it was a death sentence, a death sentence to all my dreams and hopes': hepatitis C stigma, narrative and meaning
3C		Get it straight: HIV and heterosexuality (Symposium)
2.00–3.30 Room 251	Asha Persson	Heterosexual men with HIV: masculinity, sexuality and serodiscordant relationships
	Karalyn McDonald	Do you tell? What do you tell? When do you tell? How do you tell? HIV-positive mothers, disclosure and stigma
	Andrea Fogarty	Straight talking: disclosure and silence among heterosexuals living with HIV/AIDS
	David Barton	Peer support for positive heterosexuals: notes from the trenches
4		Sex and drugs in Howard's Australia (Plenary)
4.00–6.00 Lecture Theatre B	Dennis Altman	'Just say no': has John Howard channelled Nancy Reagan?
	Christos Tsiolkas	Heaven knows I'm miserable now, or how democracy stole my libido: some thoughts, questions and fears about ten years under the sign of Howard
	David Menadue	Ten years on
	Bridget Haire	The archbishop albatross
FRIDAY		
5A		Living with HIV (Proffered papers)
9.00–10.30 Lecture Theatre B	Georg Drakos	Globally distributed silences, and broken narratives about HIV/AIDS
	Henrike Körner	'If I had my residency I wouldn't worry': living with HIV and migration
	Iryna Zablotska	Harassment and sexual rejection due to HIV, and sexual behaviours of HIV-positive gay men
5B		Sexuality, theory and gay men (Proffered papers)
9.00–10.30 Room 250	Heather Worth	A question of pleasure: Foucault, Derrida and the history of sexuality
	Craig Osmond	Sensing new possibilities in gay passionate assemblages at the limits of unsafe sex
	Dean Murphy	'Let's make our dreams come true': online reproductive advertisements by gay men
5C		Injecting drug use and harm reduction (Proffered papers)
9.00–10.30 Room 251	Joanne Bryant	Gender differences in the social context and drug use practices of initiation into injecting drug use
	Robyn Dwyer	Harm reduction and the pleasures of Normie injection among heroin user-sellers of Vietnamese ethnicity
	Jacqui Brown	Common goals: an exploration of users' voices within a primary health care model
5D		Education, outreach and gay men (Proffered papers)
9.00–10.30 Room 231X	Graham Brown	Thinking on your fingers: action research and outreach online
	Jonathon Street	'If you can...': promoting health while acknowledging pleasure
	Peter Hull	Increases in testing for sexually transmitted infections among gay men in Sydney



6A		Engaging media: bodily habits, social marketing and cultural research (Symposium)
11.00–12.30 Lecture Theatre B	Gay Hawkins	Global guilt trips: rethinking waste education
	Zoe Sofoulis	Cars, sex, drugs and media: comparing road safety and public health messages
	Brent Mackie	Selling safe smut
	Elspeth Probyn	Consuming sex: scripts of shame, pride and respect
6B		'I know these days that HIV is considered more of a lifestyle than a death sentence' (Symposium)
11.00–12.30 Room 250	Glenn Flanagan	Stigma and identity: the dynamics of subjection and subjectification in the PLWHA movement
	Peter Canavan	Health and wellness: a PLWHA research project
	John Rule	Practices of HIV-positive community in a governmentalised state
7A		Politics, policy and prevention (Proffered papers)
1.30–3.00 Lecture Theatre B	Lisa Fitzgerald	Decriminalisation of the New Zealand sex industry: reflections on stigma, pleasure and practice post-Prostitution Reform Act
	Andrey Zheluk	The politics of HIV prevention in Central Asia: review of a structural and environmental intervention model to reduce stigma and discrimination
	Ross Duffin	Twenty years of governmental (dis)approval: a tour through the approvals process of HIV/AIDS resources
7B		Sex, pleasure and health promotion (Proffered papers)
1.30–3.00 Room 250	Jackie Ruddock	Seeking pleasure in politics of power: interrogating ideas of pleasure in the sex practices and choices of marginalised (queer) young people
	Kathy Triffitt	Sex, pleasure and other catastrophes: words to say it
	Jeanne Ellard	It takes two to tango: exploring the concept of responsibility
7C		Heterosexuality, sex and relationships (Proffered papers)
1.30–3.00 Room 251	Nicole Vitellone	Condoms, consent and pleasure
	Juliet Richters	'Cheating' and sexual freedom: sexual ethics for the 21st century
	Katherine Albury	Swinging Sydney? Researching non-gay-and-lesbian sexual subcultures
7D		Drug treatment: consumer voices, consumer concerns (Symposium)
1.30–3.00 Room 231X	Nicky Bath	When you can't see the wood for the trees: drug treatment consumer satisfaction—what does it really tell us?
	Suzanne Fraser	The chronotope of the queue: methadone maintenance treatment and the production of time, space and subjects
	Martin Holt	Taking a (co)morbid interest? Critical and consumer perspectives on drug treatment and mental health
	Amanda Morris	Self-administered Suboxone: accounts of changing relationships to opiates, self and others
8		Where did the pleasure go? (Plenary)
3.30–5.00 Lecture Theatre B	Ingrid van Beek	OK, you use drugs, but there's to be no enjoyment. Please!
	David Moore	Pleasure minimisation in drug research discourses
	Annie Madden	From Crowley to Downey Jr: the construction of the 'drug user'
9		Rapporteurs and final remarks (Closing plenary)
5.00–5.30 Lecture Theatre B	Colin Batrouney	
	Alan Brotherton	
	Carla Treloar	

Sessions and abstracts

Welcome to the conference

Dr Heather Worth's research has been primarily in the area of HIV, gender and sexuality, with a recent emphasis on HIV and global politics. She has also co-edited three books in the area of continental social theory. With others, Dr Worth has been awarded a total of close to \$6 million in external and internal research funding over the past five years. In the past six months she has been involved in developing the international portfolio of the National Centre in HIV Social Research and, along with others, has set up social research projects in Sri Lanka, Papua New Guinea, Indonesia and East Timor. She is also involved in local research collaborations with sex worker, gay community and Aboriginal organisations.

Heather Worth

Deputy Director,
National Centre in HIV Social Research,
University of New South Wales, Sydney

1 Brokeback to bareback: shifts in gay sexual culture and dilemmas for prevention research

Gary Dowsett

Australian Research Centre in Sex,
Health & Society, La Trobe University,
Melbourne

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Dr Gary Dowsett is a professor and deputy director at the Australian Research Centre in Sex, Health and Society at La Trobe University. He is also an associate professor of clinical sociomedical sciences at Columbia University in New York, where he works with the HIV Center for Clinical and Behavioral Studies. A sociologist by trade, Gary has long been interested in sexuality, particularly in relation to the rise of modern gay communities. Since 1986 he has been researching the HIV epidemic, particularly in Australia's gay communities, and has worked on many international HIV/AIDS projects since the late 1980s, including as a consultant to WHO's then Global Programme on AIDS in Geneva, and as an adviser to other WHO programs, to the United Nations Development Programme and the Joint United Nations Programme on AIDS (UNAIDS). He is author, co-author or editor of five books, more than 70 book chapters and academic papers, and over 60 reports and other publications. He was elected to the International Academy of Sex Research in 2003. In 2005 he was awarded a prestigious five-year VicHealth senior research fellowship.

The speed with which gay sexual cultures change continues to challenge HIV and sexually transmissible infection (STI) prevention efforts worldwide. Examples from a study of online bareback sex sites in the United States are discussed with a view to rethinking gay sexual cultures within the framework of masculinity studies and men's health. This leads to a reappraisal of harm minimisation as a framework for thinking about sexual transmission of HIV and STIs.

Finally, a few salutary words on the state of play in HIV/STI research in Australia raise concerns about plotting a way forward.

Contexts of HIV risk behaviour and seroconversion: the Health in Men (HIM) study 2A

In this session we will discuss the contexts of HIV risk behaviour among HIV-negative gay men. Presenters will provide data from the HIM cohort of HIV-negative men participating in Sydney's gay community.

Altogether, 1427 men were recruited into the study between 2001 and 2004. All participants underwent HIV testing and some took up testing for sexually transmitted infections at their annual face-to-face interview. Questions included details on sexual behaviour, illicit drug use, and aspects of involvement in gay community.

Behavioural and sociocultural risk factors for HIV seroconversion will be presented. Findings seeking to understand sexual risk behaviour include the role of HIV disclosure between regular partners and also between casual partners, the use of party drugs, and participation in sexually adventurous subcultures. The implications of these findings for education and prevention are discussed.

Organiser:

Limin Mao

Presenters:

Jeff Jin

Garrett Prestage

June Crawford

Limin Mao

Incidence and risk factors for HIV seroconversion in the Health in Men (HIM) cohort **Jeff Jin¹, Garrett Prestage¹, Limin Mao², Susan Kippax², John Kaldor¹ and Andrew Grulich¹**

To determine incidence and risk factors for HIV seroconversion in a community-based cohort of homosexual men in Sydney.

HIM participants underwent annual HIV testing and were interviewed twice a year. Detailed information about their sexual behaviour was collected.

Among 1427 participants enrolled, 38 HIV seroconverters were identified as of June 2005, giving an HIV incidence of 0.94 per 100 person-years (PY). HIV seroconversion was significantly associated with a higher number of episodes of receptive unprotected anal intercourse (UAI) with an unknown HIV status (p trend < 0.001) or a known-to-be HIV-positive partner (p trend < 0.001). A total of 76 men reported having an HIV-positive regular partner at some stage (7 seroconverted, an HIV incidence of 7.37 per 100 PY). With their HIV-positive regular partner, 37 men reported insertive-only UAI intervals (1847 episodes, per-contact risk 0, 97.5% one-side CI 0–0.002), and none seroconverted. Forty-three men reported both insertive (4775 episodes, per-contact risk assumed 0) and receptive (2297, episodes, per-contact risk 0.003, 95% CI 0.001–0.006) UAI intervals, and 6 seroconverted. Eight men reported receptive-only UAI intervals (30 episodes, per-contact risk 0.033, 95% CI 0.001–0.086), and 1 seroconverted.

HIV incidence in homosexual men in the centre of Australia's largest gay community is about 1%. Receptive UAI with HIV-status-unknown or HIV-positive partners remains the major risk factor that puts men at greater risk of HIV infection.

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'Party drugs' and risk behaviour in the Health in Men (HIM) cohort

Garrett Prestage¹, Jeff Jin¹, Limin Mao², Susan Kippax², John Kaldor¹ and Andrew Grulich¹

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Rates of illicit drug use are considerably higher among gay men than in the general population. Here we investigate drug use and sexual risk behaviour, using data from interviews conducted for the HIM study of 1427 HIV-negative gay men between 2001 and 2005.

At baseline, 62.7% reported using 'party drugs' in the previous six months, including 10.7% who reported at least weekly use. Party drug use was associated with unprotected anal intercourse with casual partners (UAIC) ($p < .001$). However, drug use did not differentiate between last episodes of unprotected and protected anal intercourse in men who reported any UAIC. Illicit drug use was significantly associated with HIV seroconversion and the hazard ratio was highest for party drugs and increased with greater frequency of drug use: Never = 1.00, Less than weekly = 2.00, At least weekly = 4.15. More frequent party drug use, both at baseline and at 12 month follow-up, was also associated with being younger, participating more frequently in gay party scenes and being more 'sexually adventurous'.

In HIM, while drug use may not be a directly causative factor for all UAIC, frequent drug use is associated with both UAIC and HIV seroconversion, and undoubtedly plays some role, at least in some cases. Whether causal or not, frequent drug users are at high risk of HIV infection.

Contextual factors associated with HIV seroconversion in the Health in Men (HIM) study

June Crawford¹, Limin Mao¹, Garrett Prestage², Andrew Grulich², John Kaldor² and Susan Kippax¹

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In the early 1990s, prior to the introduction of highly active antiretroviral therapy (HAART), and prior to the availability of Viagra (and similar drugs), results from an earlier cohort of Sydney gay men (SMASH) were that seroconversion was associated with a cluster of variables related to a 'sexually adventurous' gay subculture. These findings are to some extent confirmed by the results presented by Prestage et al. in another paper in this session, which focuses on the use of party drugs as a factor associated with seroconversion. This paper aims to add to the understanding of contexts for seroconversion by examining specifically the use of Viagra, individual 'esoteric practices' and places where men seek casual sexual partners. Findings were that significant (univariate) predictors of seroconversion were: finding casual partners at sex clubs, sex parties, saunas, and from the internet; frequency of Viagra use; receptive use of sex toys; and engaging in group sex. All of these variables were correlated and, in a multivariate analysis which controlled for use of party drugs and having a regular partner who was HIV-positive, the variables which remained significant predictors of seroconversion were seeking partners on the internet and using Viagra. Knowing that seroconversion may be associated with particular contexts where casual partners are sought may help to target appropriate prevention.

'Serosorting' in casual anal sex of HIV-negative gay men is frequent and is increasing in Sydney, Australia

Limin Mao¹, June Crawford¹, Harm Hospers², Garrett Prestage³, Andrew Grulich³, John Kaldor³ and Susan Kippax¹

We examined whether there was evidence of 'serosorting' in casual encounters reported by HIV-negative gay men. Serosorting was defined as engaging in unprotected anal intercourse with casual partners (UAIC) assumed to be seroconcordant HIV-negative. We further investigated whether this practice increased from 2002 to 2005.

Data were drawn from a cohort of HIV-negative gay men in Sydney. For each year, the mean number of UAIC partners in total, and stratified by partners' HIV status, were calculated. Trend analyses were performed to investigate change over time.

From 2002 to 2005 our data show a significant decrease in the total number of UAIC partners ($p < 0.001$), whereas there was a significant increase in UAIC partners reported to be HIV-negative ($p < 0.001$). The proportion of reported HIV-negative UAIC partners of all UAIC partners increased from 12.3% in 2001 to 24.3% in 2005.

Serosorting in casual anal sex encounters was increasingly reported. If serosorting is being adopted by HIV-negative men as a strategy to replace consistent condom use with casual partners, urgent prevention intervention is called for.

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Proffered papers

Hepatitis C and treatment 2B

Attitudes of health care workers towards their hepatitis-C-positive clients: are they related to treatment experiences?

Loren Brener^{1,2}, William von Hippel¹ and Susan Kippax²

People with hepatitis C face stigma and discrimination in the health care sector because of the association of this disease with injecting drug use. There are currently a small but growing number of research studies focusing on health care workers' attitudes towards their clients with hepatitis C. However, no study has demonstrated the relationship between health care workers' attitudes and treatment experiences. To address this question, 60 health care workers, 120 of their clients with hepatitis C (acquired from injecting drug use) and 120 of their clients without hepatitis C (who were also not injecting drug users) were administered a series of instruments to assess attitudes and treatment experiences. Hepatitis-C-positive clients reported less satisfaction than hepatitis-C-negative clients with their health care experiences and less positive feelings towards their health care workers. These differences in health

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care experiences emerged even when controlling for hepatitis-C-positive clients' feelings about their health care workers. In addition, mediational analyses indicated that more conservative health care workers displayed greater prejudice towards their hepatitis-C-positive clients because they believe that injecting drug use is controllable. This prejudice towards injecting drug users on the part of health care workers was associated with worry about the behaviour of the injecting-drug-using clients (e.g. that they won't follow treatment regimens, or may steal from them), and this worry in turn predicted the differences in treatment experiences reported by hepatitis-C-positive and -negative clients (e.g. whether their complaints were taken seriously, how welcome they felt).



The drugs that dare not speak their name: illicit drug use during hepatitis C treatment

Max Hopwood and Carla Treloar

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This paper explores illicit drug use among people receiving interferon-based treatment for hepatitis C virus (HCV) infection, from the perspective of health care workers. The phenomenon of patients' use of non-prescribed drugs to assist in ameliorating the impact of side effects from treatment drugs highlights a curious intersection between stigma, pleasure and practice.

Data are presented from a recent interview-based study of 20 people receiving HCV treatment and six health care workers responsible for managing HCV treatment regimens at three major metropolitan hospitals across Sydney. Participants discussed the use of non-injected and injected illicit drugs while coping with a demanding therapeutic regimen. Health care workers highlighted the socially conservative environment of health care and its negative perceptions of illicit drug users. Although metropolitan HCV treatment clinics were characterised as tolerant, some health care workers advised patients to 'downplay' information about their illicit drug use during HCV treatment when talking with their doctors. Also discussed is the impact of illicit drug use on side effects, rapport-building with current users in treatment, concerns regarding injecting and re-infection, and HCV- and injecting-related discrimination within the health care sector.

The findings suggest that, while nurses and social workers in the frontline of HCV treatment are often accepting, illicit drug use during treatment is not fully disclosed in interactions with doctors, specialists and allied health services. Similarly, acknowledgment of illicit drug use during HCV treatment is largely absent in the clinical literature. While ever HCV-related discrimination is common within health care, and prohibition remains Australia's drug policy, this situation appears unlikely to change. Research which investigates the risks associated with illicit drug use during HCV treatment is required.

'It serves you right, you silly bugger. You should have died in the gutter anyway.' Living with hepatitis C: stigma, disclosure and support

Magdalena Harris^{1,2}, Grant Malpas¹, Teresa Clonan¹ and Stuart Loveday¹

Stigma experienced by people with hepatitis C primarily results from the perception that the condition is a 'junkie's disease', as well as from a societal intolerance for chronic illness and a general lack of public awareness. This presentation aims to explore how people with hepatitis C take control of their decisions around disclosure, and how these decisions impact on their access to support, health management and treatment options.

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This paper draws from a range of qualitative and quantitative research sources, including calls to the NSW Hep C Helpline, personal experiences of positive speakers, a 2004 qualitative sociological study of the concerns and experiences of 20 individuals living with hepatitis C in Auckland, New Zealand, and a range of published reports into which the Hepatitis C Council of NSW has had input.

Research finds that the conflation of hepatitis C with injecting drug use creates a situation where individuals are often reticent about disclosing their hepatitis C status, which severely limits support and health management options open to them. This in turn impacts on decisions made around treatment, for while hepatitis C is often an 'invisible' disease, some symptoms and the effects of interferon-based treatment are not. The prospect of having to explain visible symptoms and treatment side effects creates a dilemma for people with hepatitis C, with treatment either avoided or various strategies employed to avoid the potential stigma of disclosure.

Access to appropriate information and support, an increased public awareness and humanising of the virus helps to ameliorate the associated stigma, thus improving outcomes for disclosure, support and treatment uptake.

Proffered papers

Stigma and HIV: international perspectives 2C

HIV/AIDS-related stigma and discrimination in Nepal

Man Mohan Singh Ghimire

A study was carried out among 80 people living with HIV or AIDS (PLWHA) in a positive people's organisation at different major cities of Nepal, to find out available care and support services and to identify the HIV/AIDS situation and related stigma and discrimination in Nepal. The information was obtained through questionnaires and direct interview with PLWHA.

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From the questionnaires and direct interviews, 70% were infected through injecting drug use, 25% of those HIV-infected were forced to become prostitutes due to lack of education, poverty and economic opportunities,

and remaining 5% were infected by unprotected sexual intercourse. The respondents were aged from 17 to 35. Majority of PLWHA are not getting medical treatments due to lack of supportive environment and funding. Most were stigmatised and discriminated against by family members and doctors. There is a high level of stigma especially for those who are infected by drug use. There are very few organisations that are providing care and support and socio-physio support services, which are not enough to cope with the problems.

There should be an urgent need of support for improvement of health services and creation of treatment centres for PLWHA. An advocacy campaign against prevailing stigma and discrimination is essential to living a dignified life for those infected with HIV/AIDS.



Hidden stigma against 'AIDS widows' in a stigma-free community

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This paper examines how a successful local initiative against AIDS stigma has given rise to a new form of stigma against 'AIDS widows', women who have lost their husbands through AIDS. Although AIDS widows are not necessarily HIV-positive, they are conditioned to pursue the lifestyle of people living with HIV/AIDS (PLWHA). Data was collected and analysed through ethnography in an upper-northern Thai village for 15 months.

Initial multisectoral efforts have curbed severe discrimination against PLWHA and their kin, creating social space wherein PLWHA can co-exist with non-PLWHA as long as PLWHA observe emerging norms, such as abstinence from romantic relationships, avoidance of handling food, public disclosure of their HIV status and participation in activities of PLWHA groups. Although a considerable degree of strain in their life choice is imposed upon AIDS widows, it is compensated for socially and economically by their local acceptance and financial support brought by the growing reputation of the village as a model case for a community-based approach against HIV/AIDS.

Due to the depth of the local appropriation of the norms, those women have few choices but living the life of PLWHA regardless of their HIV test results, or leaving the village if they wish to pursue a 'normal' life. Because any attempts to transgress the norms are considered dangerous to both the community and the local campaign against HIV/AIDS, AIDS widows' desire to live a life of an HIV-negative person is regarded as subversive, and therefore often kept in private.



Stigma, pleasure and practice within an HIV intervention for a generalised epidemic in Tanzania

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Programs for prevention of mother-to-child transmission (PMTCT) of HIV are situated in contested arenas of stigma, pleasure and practice. Their consonance with local expressions of these constructs and practices will strongly influence community acceptance. This research seeks to understand the interplay of these issues within an east African context.

Interviews with key informants (11) and male community members (24) explore these domains. Analysis utilises the grounded theory approach of Glaser. 445 men have been surveyed, with a further group of 46 men whose partners completed PMTCT intervention.

Stigmas, both internally and externally generated, are in conflict with the facilitating constructs of transparency and acceptance. Local traditional discourses have been grounded in fatalism and disempowerment based on gender. These discourses allow little scope for agency and access to services. More modern discourses, influenced by globalisation, seek to normalise HIV as a disease rather than a magical or moral issue. They address practices of masculinities and femininities, and take power away from the disease and place agency more with the community.

Pleasure and safety, based on communication, informed choice, and negotiation within a sexual partnership, are restricted within traditional masculinities and disempowered femininities. The renegotiation of pleasure and safety within the context of a generalised HIV epidemic may require a reconfiguration of gender options within community norms. Practice of externally developed strategies needs to utilise norms of community dissemination of information.

Programs addressing HIV interventions need to understand and respond to local constructs to increase the likelihood of community participation and support.



Preferred papers

Drugs and the illicit 2D



Pleasure, stigma, and the Bensedrine inhaler: marginalisation and psychosis at the foundation of Beat counterculture in 1950s America

Nicolas Rasmussen

During the mid-1930s amphetamine was initially marketed as the Bensedrine inhaler, a tube containing 325 mg of volatile amphetamine base in a paper filler, sold as a decongestant without prescription at pharmacies throughout North America and elsewhere. It did not take long for jazz musicians, zoot-suiters, and needle drug users to discover the pleasures of this bargain, equivalent to about 40 standard tablets of amphetamine and available anywhere for about a tenth of the price. By the early 1940s, abuse of the easily opened inhaler brought the new disease of amphetamine psychosis to medical attention, but despite years of effort to control it the Bensedrine inhaler remained available without prescription until just before the maker's key patents expired. Using unpublished primary sources, this paper aims to describe the rise of recreational abuse of the Bensedrine amphetamine inhaler in the 1940s, and the way the manufacturer worked to keep the product on the market through trivial and ineffective 'deterrent' modifications, as well as politically marginalising the abuser population suffering harms from its too easy availability. It also looks at the special role, as a sacrament of Beat counterculture, played by the intense high obtained from eating a whole inhaler. General conclusions about stigmatisation and other forms of marginalisation, as a corporate tactic to avoid public responsibility, are suggested.

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The secret life of drug mules

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In response to the porosity of national borders and the erosion of the welfare state associated with contemporary globalisation, power seeks out the expressive functions of the law. This makes drug policy, and the international system of drug controls, particularly susceptible to the machinations of what I describe in this paper as ‘exemplary power’. The paper traces the contested relation between harm reduction and drug prohibition, arguing that the drug mule has become a liminal figure in international policy discourse. ‘Exemplary power’ mobilises the spectacle of the ‘offensive example’—the drug offender—for normalising or disciplinary purposes. The paper draws on a range of cultural texts, including the 2004 film *Maria Full of Grace*, the Australian National Drugs Campaign of 2001, and media surrounding the recent arrests and execution of Australian drug traffickers in the region, to tease out the relations between sex, drugs and citizenship in the global/neoconservative setting. In a context of what has come to be known as ‘bio-citizenship’—where citizenship is said to be linked to access to biomedical resources and services and the ‘proper use’ of medicine—I argue that drug prohibition has become a way in which the normative bounds of citizenship are patrolled, in a formulation in which ‘population health’ becomes the police and, increasingly, the military.

Tales of Tina: crystal meth 3A

'Because it feels good': crystal methamphetamine and GHB use in the NSW gay, lesbian, bisexual and transgender (GLBT) community

Stevie Clayton¹ and Louisa Degenhardt²

In 2005 the AIDS Council of NSW (ACON) and the National Drug and Alcohol Research Centre (NDARC) collaboratively worked on a rapid assessment of crystal methamphetamine and GHB use in the gay, lesbian, bisexual and transgender community (GLBT) community in New South Wales. The rapid assessment aimed to do the following:

- review the existing literature on the effects of GHB and crystal methamphetamine and harms related to their use
- summarise existing data on the extent of use in the GLBT community in NSW
- conduct interviews with key experts working with the GLBT community who were knowledgeable about the trends in use
- summarise the existing program designed to address the issue
- consider the implications for future research, public health interventions and program development.

This paper will discuss the outcomes of this rapid assessment as well as provide an analysis of the implications for health promoters, clinical practitioners and researchers. This will be done in a context where drug use is considered normative in the target community and where the desire for pleasure can be stronger than the need to take care of one's health and well-being.

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Implementing a community-based approach to reducing harm from crystal methamphetamine use in the Sydney gay, lesbian, bisexual and transgender (GLBT) community

Detlev Jackson

This paper will familiarise attendees with a range of strategies developed by ACON to address harms arising from methamphetamine use in the Sydney gay, lesbian, bisexual and transgender (GLBT) community and ways in which affected community members were consulted during their development.

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The paper will cover trends in methamphetamine use and initial responses to these and go on to describe a sequence of community consultations and their relationship to the eventual outcomes of the project, focusing on how the consultations affected the evolution of responses, and generated additional responses.

Initial reactions to methamphetamine use in the Sydney GLBT community echoed those in North American cities, where entrenched use polarised the community. Non-users blamed users for driving HIV increases and changing social venues into dark heavy spaces with 'boots in the dryer' music. The Australian health sector conclusion that there was no causal link between methamphetamine and seroconversion did not satisfy growing community disquiet about the drug. ACON launched a campaign and forums to generate community discussion and ideas, resulting in a range of specifically targeted interventions.

The paper demonstrates the effectiveness of community consultation in helping to guide the development of responses to use of methamphetamine that fit the needs of the affected community without the strong community polarisation and stigma experienced in other countries.



But what about the meth-user's story? Developing a crystal-meth response in New York City **Russell Westacott¹ and Laura Horwitz²**

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Crystal meth use among gay men and other men who have sex with men (MSM) has been on the increase in New York City over the past five years. Activists, community-based organisations (CBO) and state and city health departments have each declared a 'state of emergency' around meth use mostly because of the drug's portrayal in the media and its association with risk-taking behaviour, as well as its possible connection to increases in the incidences of HIV and syphilis. As a result, funding bodies across the city have been enhancing existing HIV prevention funding for the purpose of developing high-profile crystal meth campaigns, an intervention type (i.e. social marketing) that is not commonly utilised with public funding in the United States. This presentation will provide an overview of a New York City CBO's efforts in responding to crystal meth within this framework. It will provide background to efforts generated by the CBO prior to increased public funding and it will document the methodical process the CBO embarked upon to deliver a response that was meaningful to the target population. The presentation will include data from around 20 in-depth interviews of people who have used crystal meth. It will detail their responses around the underlying issues for using meth and the interviewees' reactions to current crystal campaigns in New York City and across the US. The presentation will then outline the difficulties this data (collected from the target population) generated in terms of releasing campaign material that ventured beyond an abstinence-only and fear-based message.



Crystal made me do it! Really?

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Use of crystal methamphetamine by gay men has increased in recent years. Many studies have found statistical associations between crystal use and potentially unsafe sex. For example, two Australian studies have found that crystal users had more sexual partners, were more likely to have engaged in unprotected anal intercourse with casual partners, and to have engaged in more 'esoteric' sex (detailed data will be presented).

Some researchers, and many authors of articles in popular media, have interpreted this statistical association as being 'causal' in nature: that is, that crystal directly causes unsafe sex to occur, and that its use should be discouraged for this reason.

However, neither our data nor most other published data actually provide evidence regarding how much of this association is causal. In fact, it is virtually impossible to accurately determine the size of any such causal effect, or even to estimate how dangerous crystal is in comparison with other illicit drugs. Methodology of previous studies on this topic will be critically reviewed, and an explanation will be provided for why this is so.

Crystal is potentially dangerous and probably does cause some instances of unsafe sex. However, promoting the idea that it causes a lot of unsafe sex may be counterproductive by generating a widely socially accepted excuse for such behaviour, thereby reducing individual responsibility and perhaps even increasing crystal use. Furthermore, many factors 'cause' different people to engage in unsafe sex. An undue focus on crystal as a major factor attacks a source of perceived pleasure and benefit, and also incurs opportunity costs; resources directed here are thereby not directed elsewhere.

Proffered papers

Hepatitis C 3B

Antenatal screening practice of testing women for hepatitis C and hepatitis B virus

Suzanne Polis¹, Stephen Riordan² and John Kaldor³

Few studies have explored how hepatitis C virus (HCV) and hepatitis B virus (HBV) screening policies are implemented within an antenatal clinical setting and how women perceive the screening process. This study aimed to identify uptake of HCV and HBV testing, and assess the provision and quality of information as perceived by antenatal women.

Women attending their first antenatal booking appointment were asked to complete a self-reporting questionnaire and consent to a review of HCV and HBV serology results.

A total of 516 women participated in the survey, of whom 479 (95%) had been tested for HCV antibodies and 468 (99.6%) had been tested for HBV. More than a quarter of the women who had been tested for HCV infection (143, 30.5%) and HBV infection (135, 28.8%) either said that they did not know whether they had been tested, or that they had declined testing. Several factors were found to be significantly associated with women's self-reported decision to decline. A substantial proportion of women said that they had not received any information about testing for HCV (66%) and/or HBV (65%). Women who said that they did receive information reported that the delivery and quality of information varied, but rated the overall quality of information as poor.

Despite the methodological limitations, the results of this survey suggest that antenatal screening practices for HCV and HBV require attention at a clinical level within the framework of a uniform national screening policy, giving special attention to the provision of pre-test information.

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How do women's perceptions of the risk of vertical transmission of hepatitis C affect their childbearing decisions?

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The aim of this paper is to explore the ways in which women's perceptions of the risk of vertical transmission of hepatitis C affect the childbearing decisions of women with hepatitis C. In-depth qualitative interviews were conducted with 34 women living with hepatitis C in Sydney. Women were recruited through the *Hep C Review*, needle and syringe programs, a gastroenterology department and an antenatal unit in inner-city Sydney. Interviews were recorded on audiotape and transcribed verbatim. Data were analysed thematically using Ethnograph.

The women in this sample reported that the information and advice they had received from medical practitioners regarding the risk of vertical transmission was often incorrect or insufficient. The way in which this risk is presented to women appears to be shaped by the social stigma associated with hepatitis C. Even with sufficient and accurate information, this social stigma impacts upon women's own perceptions of the risk of vertical transmission, particularly regarding feelings of guilt and blame, and as a result can affect the timing and number of children and in some cases can be a key factor in the decision to remain childless. These findings highlight the need for uniform provision of accessible, accurate and up-to-date information regarding the risk of vertical transmission, alongside non-judgmental support, for women with hepatitis C.



'I felt like it was a death sentence, a death sentence to all my dreams and hopes': hepatitis C stigma, narrative and meaning

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Desire for recognition drives the creation of narrative, but if this narrative finds no listeners or only antagonistic ones it will wither and die. The experience of non-recognition/misunderstanding/discrimination is common for people living with a stigmatised illness. This research aims to explore how participants narrativise and create meaning in their experience of living with hepatitis C.

This paper draws on a 2004 qualitative sociological study of the concerns and experiences of 20 individuals living with hepatitis C in Auckland, New Zealand. The interview data are part of an ongoing comparative research study looking at individuals' experiences of living with hepatitis C in Auckland and Sydney.

A narrative theory of chaos, quest and restitution is utilised to elucidate the striking disparity found in the way participants drawn from Narcotics Anonymous and the Hepatitis C resource centre interviewed. While stigma was an issue for all participants, it appeared to be bound up in a larger framework, one in which the meaning of illness was related to the amount of social support available and how open individuals were about their illness. Participants' utilisation of different illness narratives generally correlated with the levels of support and isolation in their lives. While there is a need for increased social supports for individuals living with hepatitis C, even more important is a societal willingness to listen to difficult narratives and validate the chaos narrative as an integral part of the life story.

Get it straight: HIV and heterosexuality 3C

One in five people with HIV in Australia identify as heterosexual, yet they remain largely invisible in Australian heterosexual society as well as in the broader HIV epidemic, and little is known about their experiences of living with HIV.

This symposium brings together researchers and community representatives to explore how particular cultural dynamics contribute to the 'invisibility' of heterosexual HIV and how, in turn, the invisibility of heterosexual HIV tends to produce certain social conditions for people living with HIV heterosexually, including men, women and seronegative partners, but also children and families.

The aim of the symposium is:

- to examine a range of issues around HIV in the context of heterosexuality
- to understand the ways in which experiences of heterosexual HIV intersect with cultural dynamics of stigma, gender, sexuality and community
- to raise questions around education and health promotion for heterosexuals with and without HIV.

Organisers:
Asha Persson
David Barton

Presenters:
Asha Persson
Karalyn McDonald
Andrea Fogarty
David Barton

Heterosexual men with HIV: masculinity, sexuality and serodiscordant relationships

Asha Persson¹ and David Barton²

This paper explores the experiences of heterosexual men with HIV, with particular focus on sexual identity, masculinity and sexual relationships. In Australia one in five people with HIV identify as heterosexual. Yet HIV is both socially invisible and stigmatised in heterosexual society where it tends to be deeply coded by heteronormative ideas around gender and sexuality, and commonly stereotyped as a 'gay men's disease'. How do heterosexual men negotiate a seropositive diagnosis in this context? In exploring this question, the paper draws on interviews from the Straight-poz study, a qualitative study with heterosexual men and women with HIV and seronegative partners, conducted by NCHSR in collaboration with the Heterosexual HIV/AIDS Service NSW. The men in the study were often besieged by feelings of stigma and sexual shame in relation to their HIV status, forcing them to renegotiate their identity as social and sexual participants in a straight world. The paper engages theories of stigma, masculinity and sexuality to understand how HIV challenges heterosexuality in particular ways and how this dynamic plays out in the lives of single men and in serodiscordant relationships between seropositive men and seronegative women. The men and couples in the study had found their own ways of negotiating HIV. Yet, these were not always successful and not always conducive to personal and sexual well-being. This finding reveals not only the cultural and sexual politics that shape and silence heterosexual HIV, but also highlights the lack of appropriate support and resources for those living with HIV heterosexually.

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Do you tell? What do you tell? When do you tell? How do you tell? HIV-positive mothers, disclosure and stigma

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Stigma is a major theme in empirical studies of chronic illness. HIV has long been identified as a 'stigmatising illness' and it is recognised that stigma is as integral to the individual experience of HIV/AIDS as are the biomedical experiences. HIV-positive women have a unique experience of stigma due to their capacity to bear and infect children. Furthermore, as mothers, or potential mothers, the canonical narrative of motherhood within Western society rejects HIV-positive women's worthiness. This paper draws on the interviews from a PhD project on HIV-positive women, pregnancy and motherhood. This qualitative study collected data in 2001 from 34 HIV-positive women living around Australia. The focus of this research was the impact of an HIV-positive diagnosis and how this subsequently affected women's thoughts and feelings about motherhood. For these women, living with HIV and being a mother meant living with the fear and (potentially) harmful effects of stigmatisation, not only for themselves but also for their children. Stigma (and fear thereof) was experienced in a range of contexts including families, health care settings, and settings related to their children, such as schools. Women differed in their approaches to protecting themselves and their children from this stigma, some choosing to live in secrecy while others negotiated disclosure. Disclosure to children was fraught with anxiety and caused many women great angst. The women's narratives revealed the complexity of living with HIV as a mother and highlighted the lack of appropriate support and resources for these women in Australia.



Straight talking: disclosure and silence among heterosexuals living with HIV/AIDS

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In Australian heterosexual society, HIV is largely absent from everyday language, media, culture and relationships. In this context, how do heterosexuals living with HIV/AIDS negotiate disclosure and ongoing conversations regarding HIV with partners, families and friends?

This paper draws on in-depth interviews from the Straightpoz study, a qualitative study of heterosexual men and women living with HIV/AIDS and their serodiscordant partners. The study is conducted by the National Centre in HIV Social Research in collaboration with the Heterosexual HIV/AIDS Service NSW and explores a broad range of issues related to living heterosexually with HIV/AIDS.

Secrecy and silence were major themes in the interviews with both HIV-positive participants and seronegative partners. The literature on disclosure often assumes a therapeutic approach—that disclosing and talking about HIV/AIDS are inherently beneficial. Conversely, silence around HIV is commonly associated with fear of stigma and discrimination and is largely seen as disempowering. This paper examines the many reasons why the participants choose to disclose or not disclose, with particular attention to what happens after disclosure has taken place, an aspect of disclosure rarely discussed in the literature. The paper explores the complexity of silence and talking, and associated fears and expectations, with an

emphasis on the constant need to negotiate the ways in which HIV/AIDS is or isn't spoken about within couples and families, and among friends and acquaintances. The interview material suggests that disclosure among heterosexuals living with HIV/AIDS needs to be understood as dynamic and contextual, and raises questions around the potentially beneficial and disempowering effects of both talking and silence.



Peer support for positive heterosexuals: notes from the trenches

David Barton¹ and Wendy Richards²

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In NSW, from 1985 to 1998, heterosexuality and HIV/AIDS were unaccounted for in policy, largely absent in health programming and barely spoken about in the positive media. Yet one in five infected with the virus was living heterosexually with the disease. At the same time, heterosexuals living with HIV/AIDS (HLWHA) remained hidden from mainstream HIV/AIDS services and posed particular challenges for peer support. Why were heterosexuals so slow in coming in from the cold?

Pozhet NSW has spent twelve years developing a successful model of peer support for positive straight people. We have brought together over four hundred strangers and given them reasons to see themselves as members of a legitimate community. So how have we formed a viable, effective range of peer support programs for a target group that is notoriously difficult to access? What lessons can we learn from this experience?

In this presentation, we outline the model that is the secret to success in HLWHA peer support. We set out the rules of engagement for developing peer support programs for the positive straight community. And we close with reflections on the possibility of social change within the wider straight community that would accept HIV as a diagnosis, not a mark of disgrace.

4 Sex and drugs in Howard's Australia

Organiser:

Robert Reynolds

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Presenters:

Dennis Altman

Christos Tsiolkas

David Menadue

Bridget Haire

When you change the government, Paul Keating is reported to have said as he faced the defeat of his government, you change the country. Meanwhile, the second-time-around opposition leader John Howard was predicting that the times would suit him. After ten years of the Howard Government, both statements seem patently true. But are they? Has John Howard recast Australia in his image and, if so, what have been the implications for those who lie outside his much-vaunted ambition of a relaxed and comfortable nation? Or is the national report card, especially as it pertains to sex and drugs, more complex than might first appear? The panellists in this plenary will consider the political, cultural and social legacy of a decade of conservative government led by a remarkably resilient prime minister.

'Just say no': has John Howard channelled Nancy Reagan?

Dennis Altman

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Dennis Altman has written widely on sex (Homosexual: Oppression and Liberation), AIDS (Power and Community) and their intersection (Global Sex). His most recent book is Gore Vidal's America (Polity). He is professor of politics at La Trobe University, former president of the AIDS Society of Asia and the Pacific, and a member of the governing council of the International AIDS Society. In 2005 he was visiting professor of Australian studies at Harvard.

In the 1980s and 1990s there were very clear differences between government responses to sex and drugs in Australia and the United States, and Australia prided itself on being amongst the most progressive countries in developing HIV prevention policies. Since the election of the Howard government, particularly since the resignation of the first health minister Michael Wooldridge, the differences appear to be declining. Some commentators would attribute this to direct US influence, in particular to the strong stress placed by the current US administration on policies of abstinence and opposition to harm reduction. Is this an arena where, yet again, one can see 'Americanisation' as a major influence on Australian public policy?

Heaven knows I'm miserable now, or how democracy stole my libido: some thoughts, questions and fears about ten years under the sign of Howard

Christos Tsiolkas

Christos Tsiolkas is the author of three novels: Loaded (filmed as Head On by Ana Kokkinos), The Jesus Man, and Dead Europe. He also co-wrote the dialogue Jump Cuts: An Autobiography with Sasha Soldatow. Christos is a keen writer on film and media and wrote the monograph The Devil's Playground for the Australian Screen Classics series from Currency Press. His theatre writing includes the collaborative plays Who's Afraid of the Working Class? and Fever co-written with Andrew Bovell, Patricia Corneliuss, Melissa Reeves and Irini Vela. His other plays include Viewing Blue Poles, Elektra AD and Carburettor. His most recent play Non Parlo di Salo, written with Spiro Economopoulos, examines Australian censorship through the filter provided by Pier Paolo Pasolini's aesthetics and politics. Christos is also a screenwriter, essayist and part-time veterinarian nurse.

Ten years on

David Menadue

David Menadue is a journalist and an AIDS activist. David was diagnosed with HIV in 1984 and has been living with AIDS since 1989. He is currently a director on the board of the National Association of People Living with HIV/AIDS. He was awarded an Order of Australia in 1995. He is the associate editor of Positive Living, a national magazine for people living with HIV/AIDS, and since 1994 has been writing a regular column in the magazine. In 2003 David's autobiography Positive was published by Allen & Unwin to critical acclaim.

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In March 1996 I was sitting in a hotel room watching the Mardi Gras parade and John Howard's government had just been voted into office. I spent much of the night arguing with friends, gay men in their 30s, who admitted that they had voted Liberal because they thought it would help their 'business interests'—and hang any possible consequences for gay and lesbian rights. 1996 also saw the introduction of combined antiretroviral therapy for my positive friends and I, and we were just starting to feel the benefits, not sure if they would be lasting or not.

How have we fared in those 10 years? Did my friends who voted Liberal regret their decision? Did the government affect the lives of gays and lesbians in Australia in a negative way as I predicted? While Howard promised to be more conservative, has it really affected things like HIV/AIDS funding and HIV education for gay men? I trace the lives of those friends and my own, my brief encounters with several government ministers and bureaucrats in my work on government subcommittees, and the way the media and the gay community have handled issues like rises in infections, the internet and the barebacking phenomenon. It's not the prettiest of pictures but it's maybe not quite as ugly as I might have expected.



The archbishop albatross

Bridget Haire

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Bridget Haire is a medical writer and editor specialising in HIV. She is currently the biomedical prevention policy analyst for the Australian Federation of AIDS Organisations.

Discourses around sex and drugs in Howard's Australia have been remarkable for the way that responsibility has been strategically assumed or abrogated by key players. Assuming the responsibility for appointing a man of the cloth to the position of governor-general is one instance, however, in which Howard made a spectacular blunder.

The revelations that Archbishop Peter Hollingworth had been involved in protecting child sex abusers in his role as an official of the Anglican Church were sensational enough, but it was his own performance on the ABC's *Australian Story* that sparked an exceptionally productive public debate on child abuse and responsibility. Through his self-pitying evasions, Hollingworth brought into focus issues of accountability within hierarchies and justice for victims. In the intense scrutiny of Hollingworth that ensued, the complex patterns of relationships that allow and enable child abuse were illuminated, with the usual simplistic focus on a sole perpetrator broadened to include the systems and the individuals who facilitate abuse.

While Howard eventually managed to contain political fallout from the Hollingworth affair, its legacy is a more finely calibrated concept of responsibility that may provide some useful direction for adults in positions of authority. The other legacy of the era is likely to be even greater dependence upon antidepressant medication by people who value social justice and equity.

Living with HIV 5A

Globally distributed silences, and broken narratives about HIV/AIDS

Georg Drakos

In this paper I want to explore how globally distributed narratives and silences about HIV shape the conditions for what it is like to live with (and die of) the disease. I will conceptualise silences in terms of 'broken narratives', a metaphor that links narratives with silences and provides a tool for analysing silences empirically. I will base my examination of broken narratives about HIV on my recently concluded study of what it is like to live as next of kin to a person with HIV/AIDS in Sweden and Greece: in other words, in a part of the world and at a point in time where modern HIV treatment is available to everyone who needs it. Nevertheless, one of my most powerful experiences in the field is that people with HIV and their nearest and dearest keep silent about the disease in many contexts.

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Raising questions about broken narratives can give insight into the communicative contexts surrounding the narration. These contexts include narratives which can have undesired consequences if they are linked to each other. Examining that type of link can make silences comprehensible. The study of broken narratives can thereby be a way to problematise people's evasive strategies and the relationship between their narratives and silences. In so doing I want to examine how globally distributed narratives and silences about HIV shape the conditions for what it is like to live with (and die of) the disease in Sweden and Greece.

'If I had my residency I wouldn't worry': living with HIV and migration

Henrike Körner

This paper describes the interrelationships between migration and resettlement, the Australian immigration system, and living with HIV. Data were collected through semi-structured, in-depth interviews with clients of the Multicultural HIV/AIDS and Hepatitis C Service and a sexual health clinic in Sydney. Three themes interwoven with migration were identified: HIV diagnosis, access to care and support, and forming social relations. Participants who applied for permanent residency in Australia rather than offshore were usually diagnosed as HIV-positive as part of the health requirement for permanent residency. This jeopardised their prospect of staying in Australia and was at the same time a barrier to returning to the country of birth. It was a major source of uncertainty and a barrier to health care and social services. The meaning of an HIV-positive diagnosis was grounded in participants' knowledge about HIV from their country of birth: HIV infection was perceived as a terminal illness. Because of

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the stigma associated with HIV/AIDS, many had little or no contact with their ethnic communities. At the same time it was difficult to form new social relations in the English-speaking mainstream. Settled migrants felt torn between Australia, where they had health care and support, and the close emotional relationships with family in the country of birth. Migrants with HIV need to negotiate two major life disruptions and two major uncertainties simultaneously: migration and HIV infection. In the Anglo-Celtic mainstream, language, cultural and financial barriers to health and support services should be removed or minimised. In ethnic communities, HIV-related stigma needs to be addressed to enable new migrants to form social relations in these communities and to rebuild their lives.



Harassment and sexual rejection due to HIV, and sexual behaviours of HIV-positive gay men **Iryna Zablotska¹, Patrick Rawstone¹, Andrea Fogarty¹, Garrett Prestage² and Susan Kippax¹**

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HIV disclosure, stigma, violence and coping practices of HIV-positive individuals (serosorting, reduction in intimacy, safer sex) have been reported previously. We further explored the relationship between harassment, sexual rejection and risky behaviours of HIV-positive gay men.

In 2004–2005 we examined behaviours in 251 HIV-positive gay men from the Positive Health cohort who had information on violence and sexual rejection. We estimated prevalence rate ratios and 95% confidence intervals for the association between harassment, sexual rejection due to HIV and behaviours including HIV disclosure, type of relationship, participation in gay community subcultures, and drug use.

Harassment was the most frequent form of violence, and sexuality rather than HIV-positive status was cited as a reason for harassment (30.3%). 17.5% of HIV-positive gay men also reported sexual rejection. HIV disclosure and requesting partner's status increased, but the latter was significantly associated with sexual rejection. Both harassment and sexual rejection were inversely associated with having only regular relationships, and more frequent sex with casual partners was reported. Harassment due to HIV was associated with more participation in social functions for HIV-positive men, while those experiencing sexual rejection used sexual venues and found partners on the internet more often. Harassment and sexual rejection were also related to marijuana use.

Although HIV-positive men develop coping mechanisms, adverse experiences are still associated with risky sexual behaviours. Fostering regular partnerships, better counselling on safe sex and coping with stigma and rejection may help to reduce risky behaviours implicated in HIV transmission.

Sexuality, theory and gay men 5B

A question of pleasure: Foucault, Derrida and the history of sexuality

Heather Worth

In 1963 Jacques Derrida and Michel Foucault fell out over a lecture Derrida gave about Foucault's new book *Madness and Civilisation*. Derrida's analysis of the book and Foucault's subsequent vitriolic rebuttal five years later meant a complete break between the two philosophers, who never spoke again. A number of writers have argued that Foucault and Derrida's work moved closer to one another in the ensuing two decades before Foucault's death. However, in this paper I claim that this is not so. Put simply, the same basic arguments (about the nature of language, space/time and otherness) that Derrida used in his review of *Madness and Civilisation* can also be made about Foucault's later book *The History of Sexuality*, Volume One, in which Foucault sets up the question of pleasure. He argues for an historical shift away from a fundamental union of bodies and pleasures to an opposition between the erotic and sexuality. Using Derrida's work, I will attempt to destabilise some of Foucault's ideas around the erotic, to question his conceptual oppositions, to take apart the hierarchies inherent in these oppositions, and to think about how they could be reinscribed differently.

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Sensing new possibilities in gay passionate assemblages at the limits of unsafe sex

Craig Osmond

This presentation examines discourses about gay desire, gay sexual politics, HIV/AIDS, *jouissance* and unsafe sex, these all connecting with Hocquenghem's 'pick-up machine': de-territorialised flows of the pleased body. A latex-free pick-up machine may seem anachronistic in casual passionate encounters after the epidemic, however it co-exists with safe encounters messing with temporalities about longevity and the time of 'what if' that demands self-responsibility in health care and death avoidance. The pleased body is often viewed as a limit point where the intensity of sensation disturbs the self and the rational mind, becoming unrepresentable, ineffable. Inevitably, actual modes of desiring production are ignored altogether or interpreted as metonymically standing in for something else. A Deleuzoguattarian framework is used to displace the fixity of subject positioning embedded in these discourses with that of bodily movement and bodily sensation to reconsider the body's inherent potential for variation. Rather than being unintelligible or unconscious, intense sensations are understood as being nonconscious, being bodily senses with corporeal and incorporeal dimensions that might extend subjectivity by 'sensing itself' to extend reason by means of molecular movements to transform habitual movements into new life possibilities. Inventive possibilities for safe sex practices emerge at its limit, the pole of sensory experience, whereby the virtual dimensions of intense experience operates as a 'prosthesis' for the self to extend itself and invent 'sensible concepts' produced in between the poles of perception and thought.

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'Let's make our dreams come true': online reproductive advertisements by gay men

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So-called 'mating ads' (classified advertisements by potential mothers and sperm donor fathers) have proliferated in the last few years in the gay community press and on websites. This paper examines the repertoires gay men draw on to construct their roles and identities as potential sperm donor fathers or parents. The existing family and kinship lexicon fails to account for the myriad possibilities offered by gay and lesbian parenting arrangements. A tension also exists between the conventional representation of 'being parent' as a self-evident category and 'doing parent' as an envisaged, negotiable role.

Drawing on advertisements from gay-oriented websites, proudparenting.com in the US and pinkboard.com.au in Australia, this paper explores the 'typological' and 'topological' meaning-making strategies employed by gay men. In contrast to print-based classified advertisements, the absence of word-limit restrictions on these websites allows greater possibilities for articulating a range of projected roles. Yet, despite a greater potential, these ads illustrate the limits of the current language and meanings for capturing gay and lesbian parenting models.

Research in the late 1990s identified the emergence of the term 'co-parent', a role that is now well understood as distinct from donor or father. More recently, men seeking to become parents through surrogacy arrangements have contributed to the identity of 'commissioning donor father' as distinct from sperm donor.

While gay and lesbian models of reproduction and parenting continue to be influenced by dominant understanding of family and kinship, they are increasingly challenging and extending parenting models and identities. The use of reproductive technologies has created new possibilities as well as challenges to the way that kinship and relatedness is conceptualised.

Proffered papers



5C Injecting drug use and harm reduction



Gender differences in the social context and drug use practices of initiation into injecting drug use

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Data consistently show that injecting drug use is a highly gendered activity, with twice as many men as women being current injectors. The male-dominated context of injecting drug use has implications for the drug use histories and practices of men and women who inject. This paper examines gender differences in the social context and drug use practices associated with initiation into injecting drugs among 334 recently initiated injecting drug users in New South Wales, Australia. Results show that significantly more women reported that their partner obtained (35% vs. 12%, $p < 0.001$) and paid for (32% vs. 8%, $p < 0.001$) the drugs at initiation, and obtained the injecting equipment (32% vs. 12%, $p < 0.001$). In contrast, men were

more likely to report that the drugs were obtained and paid for by themselves or a friend (obtained: 32% vs. 24%, 42% vs. 29%, $p < 0.001$; paid for: 59% vs. 42%, 23% vs. 16%, $p < 0.001$), and that the injecting equipment was obtained by a friend (42% vs. 27%, $p < 0.001$). While more women reported that they were injected by their partner the first time (32% vs. 12%, $p < 0.001$), more men reported that they were injected by a friend (43% vs. 23%, $p < 0.001$). More women reported that the only other person present at initiation was their partner (20% vs. 8%, $p < 0.001$) or that the initiation group included their partner (21% vs. 10%, $p < 0.001$). For men, the initiation group was more often made up of friends (42% vs. 31%, $p < 0.001$). Initiation into injecting drugs is clearly shaped by the gendered context of drug use, with men more likely to be initiated within male friendship groups and women more likely to be initiated within a relationship with a sexual partner.



Harm reduction and the pleasures of Normie injection among heroin user-sellers of Vietnamese ethnicity

Robyn Dwyer

Two central harm reduction messages targeted at drug users have been ‘Don’t mix heroin with benzodiazepines’ and ‘Don’t inject gel-capsule temazepam’. Drawing on 18 months of participant observation among heroin user-sellers of Vietnamese ethnicity in Melbourne, this paper discusses the challenges raised to such messages by a group of people who enthusiastically embrace these very practices.

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In this drug market place, temazepam injection was stigmatised by health workers, other drug users and even at times by temazepam injectors themselves in reference to their peers. Bearing the stigma of the Normie shuffle, a characteristic limp arising from significant lower limb swelling, this group were not unaware of the serious health consequences of their practices. In addition, temazepam intoxication frequently compromised their heroin-selling business. Despite this, the predominant representation of Normie injection was in terms of pleasure and enjoyment, and purchasing/procurement in the market place occurred in an atmosphere of noisy, palpable excitement.

Harm reduction assumes a prudentially minded rational calculator as its subject. These subjects are provided with ‘knowledge’ that allows them to make ‘informed’ choices assumed to be risk-averse. Despite pleasure being implicit in the ‘felicity calculus’ performed by the rational actor who is said to maximise utility, harm reduction messages remain silent in this regard. The practices of this group of drug users demonstrate the importance of incorporating understandings of pleasure and enjoyment in harm reduction initiatives. The observed privileging of these motivators over other concerns also renders questionable the model of the rational calculating subject that underpins much current drug policy.



Common goals: an exploration of users’ voices within a primary health care model

Jacqui Brown, Kirsty Morgan, Clare Roberts, Bernadette Suter, Rebecca Katiforis and Phoenix Beale

Health Works is a primary health service in Melbourne’s western suburbs that works exclusively with injecting drug users. The service consists of a needle and syringe program, education workers and a health care team that

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works with clients around their health needs. One of the themes that we often hear from our clients is that of shame and feelings of disconnection from the broader community; central to this is that injecting drug users, especially those affected by HIV and hepatitis C, are often voiceless. We will present clients' stories, focusing on disconnection with their family and cultural groups as well as the balance between concerns over blood-borne viruses and the desire to inject drugs, within a narrative framework. Clients' own identification of self and their reasons for using, as well as how injecting drug users place themselves in their own immediate social groups and the complexities of these relationships, will also be addressed. In addition, the Health Works harm reduction model of service delivery will be explored, in particular how we have adapted our model to work within the expressed needs of HIV- and hepatitis-C-positive injecting drug users. This model has allowed us to develop a relationship with our client group that is based around a shared trust and mutual respect.

Proffered papers

5D Education, outreach and gay men

Thinking on your fingers: action research and outreach online

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The rapid growth of the internet as a venue or space for communication, particularly online chat rooms and networks, demonstrates new ways in which community links are built for marginalised groups or stigmatised practices. The CyberReach Project aimed to adapt current peer-based health promotion outreach, training and supervision frameworks to an online outreach setting in a way that was effective and supported by the online community.

In order to remain reflexive and continually adapt the project to meet the needs of a constantly changing environment with evolving communities, CyberReach incorporated a Participatory Action Research (PAR) model. This included participation from internet chat room users, operational and managerial staff, academic researchers and ethicists, volunteer outreachers, and agency stakeholders. This paper will look at how social research was applied to the PAR model, the findings of the project, and how the project itself has led to further research.

The project underwent four distinct trial periods, each undergoing significant changes in outreach approaches and interaction due to the rapidly changing online environment. This included the commencement of simultaneous 'msn' instant messaging along with chat room outreach across a number of sites. This also included different approaches for male and female and older and younger users. While the amount of interaction and contacts was less than hoped for, the learning concerning the process and flexibility required to operate in this rapidly changing environment, and the usefulness of an action research model, were significant. The project has progressed to become two ongoing programs at the WA AIDS Council.

Health promotion initiatives need to approach the internet in a similar community grounded approach that has been utilised in other community outreach settings. Initiatives within these evolving spaces need the capacity to adapt and change quickly to the changing environment and cultures.

This presentation will look at the development of social marketing campaigns that target gay men. How are sexual health and drug harm minimisation messages delivered to an audience in a context that also acknowledges their pursuit of pleasure, intimacy and love?

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The presentation will draw heavily on examples from three of the ACON's recent social marketing campaigns: 'Sensations', 'Mates' and 'If You Can' (crystal use campaign). It will identify the principles that guide the development of social marketing campaigns for this audience.

By using appropriate imagery and language for the target audience, not stigmatising non-normative behaviour and framing health promotion messages in a sex-positive way, campaigns are kept relevant to the changing needs of (and changes within) the target audience.

The presentation will also outline the process of adapting social marketing campaigns to allow targeting to different audience segments, and indeed also to allow for the development of different strategies for intervention that may be appropriate to reach different audience segments.

Increases in testing for sexually transmitted infections among gay men in Sydney

Peter Hull¹, Patrick Rawstone¹, Garrett Prestage² and Susan Kippax¹

Recent increases in the number of diagnoses of syphilis and chlamydia among gay men in Sydney, and the association of sexually transmitted infections (STIs) with HIV, have underlined the importance of regular sexual health tests in this population. Cross-sectional gay community periodic surveys were conducted in 2003, 2004 and 2005 at gay venues and clinics in Sydney. As well as questions on sexual behaviour, men were asked to indicate whether they had undergone any of the following sexual health tests in the previous 12 months: anal swab, penile swab, throat swab, urine test and blood test for infections other than HIV.

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Since 2003 there have been significant increases in the proportions of men having anal swabs (25.7%–35.3%), penile swabs (26.3%–31.0%), throat swabs (34.3%–40.6%) and urine tests (42.0%–46.8%) for STIs. As the number of different sex partners increased, so did the likelihood of having a sexual health test (Mantel-Haenszel, $p < .001$). This trend was similar for both HIV-positive men and HIV-negative men. Men who had not been tested for HIV or did not know their HIV status were significantly less likely to have had a sexual health test than HIV-positive or HIV-negative men ($p < .001$).

Variables that were significantly related to having had STI tests in bivariate analyses were entered into a logistic regression analysis to ascertain the factors most salient to having tests conducted for STIs. The final logistic regression model showed that having any of the listed tests for STIs (except for blood tests for infections other than HIV) was significantly and independently associated with having a larger number of sex partners, having most or all gay friends, looking on the internet for sex partners, having unprotected anal intercourse with a regular partner and using a greater number of drugs.

Sexual health testing has increased over time, especially among men who undertake risky practices (e.g. having a large number of partners, having unprotected sex and using drugs). However, there is a subgroup of men who do not test for HIV or STIs. This group should be targeted by educational programs to improve rates of testing.

6A Engaging media: bodily habits, social marketing and cultural research

Organiser:

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Presenters:

Gay Hawkins

Zoe Sofoulis and Anne Morphet

Brent Mackie

Elsbeth Probyn

Media is one of the primary ways in which health educators engage their constituencies. But all sorts of questions arise as to the best ways to do this. Many of the habits that educators are trying to address are deeply embodied. How can contemporary understandings of embodiment, emotion, affect and gender help us to think about media interventions and media engagements? This panel brings together cultural researchers working at the interface of social marketing and cultural research on topics as diverse as waste education, driving education, sexual consumption among adolescent girls, and the use of explicit materials in HIV education. What can a more detailed understanding of the dynamics of shame and pride, fear and risk, and practical ethics and sensibilities tell us about bodily learning? How are the effects of stigma and pleasure accounted for in official programs and contexts? What sort of distinctions can be drawn between the use of guilt and fear in media campaigns and other sorts of appeals made to, by, or on behalf of bodies?

There will be room for discussion so that we can contextualise these insights in relation to current themes in HIV and hepatitis C education.

Global guilt trips: rethinking waste education

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This paper is based on research for my book *The Ethics of Waste* (UNSW, 2006). My aim is to open up other ways of thinking about the social regulation of everyday waste practices beyond command moralities so favoured in much social marketing: don't litter, refuse plastic bags, reuse and recycle. As much as we may agree with such interdiction and recognise their rationality, cultivating such practices in our daily lives involves complex relations with both waste and our multilayered subjectivity. Using some examples from waste education, I want to examine the limits of social reform strategies that appeal to conscience, guilt and obligation. The problem with these strategies is that, in the address to moral reason, bodily sensibilities and feelings are too often ignored. In this paper I discuss what an alternative focus on questions of corporeal ethics and affect might yield.

Cars, sex, drugs and media: comparing road safety and public health messages

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This paper emanates from the media study phase of *Transforming Drivers: Driving as Social, Cultural and Gendered Practice*, an ARC Linkage project investigating the social, cultural and gendered influences on young people's driving behaviour. Here we compare and contrast styles of road safety and public health campaigns from different jurisdictions, highlighting problems

with 'generic' road safety advertising, its juridical and paternalistic voice, and fear-based tactics. Authoritarian threats can diminish audiences' sense of their capacities to make positive choices, or even make risky behaviour more attractive for young rebellious men. We point out the potential for using humour, irony and 'low modality' forms, and argue that road safety messages for youth could be more like public health campaigns that emphasise empowerment of people in social contexts, stressing harm minimisation, self-esteem, peer pressure issues, and co-responsibility.



Selling safe smut

Brent Mackie

This talk will explore some of the uses of explicit materials in HIV prevention campaigns and some of the rationales used to justify the need for explicit HIV campaigns. The talk will consider the uses of explicit material in advertising more broadly and some implications for HIV prevention campaign work. The talk will also consider aspects of the production of HIV prevention campaigns from within government.

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Consuming sex: scripts of shame, pride and respect

Elsbeth Probyn

This brief paper will engage with some of the insights provided by girls in Lumby and Probyn's ARC project Girl Cultures. I will focus on the small focus groups we held with 15-year-olds from a middle- to upper-class school. Their comments demonstrated that these girls walk a fine line between pride and shame in sexual consumption (not only in terms of actual sex but also about sex toys and body accessories). While the line was often blurred between some version of girl power and absolute shame, the recurring theme was of the necessity of respect.

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Symposium

'I know these days that HIV is considered more of a lifestyle than a death sentence' 6B

This session will feature three presentations followed by questions and discussion. The intention is to open discussion and deconstruct some 'myths' and 'conventional wisdoms' about living with HIV. As well, the session explores lines of social research enquiry which hopefully resist this myth making.

Each presentation will focus on a particular theme and draw upon community source materials, including text and research, to highlight particular issues, approaches and challenges. The presentations address the place of 'stigma and identity', 'health and wellness' and 'the practice of HIV community' as experienced by HIV-positive people and organisations.

The presentations suggest that unexamined statements of the place of HIV in people's lives have the potential to damage and weaken community and organisational responses and undermine identity formations which people living with HIV/AIDS (PLWHA) construct to manage their lives.

Presenters:
Glenn Flanagan
Peter Canavan
John Rule



Stigma and identity: the dynamics of subjection and subjectification in the PLWHA movement

Glenn Flanagan

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The process of subjectification involves creating a chosen or resistant identity out of an assigned identity. This paper will examine the ways stigma has continued to produce identity in different ways at different historical points of the PLWHA movement.

The presentation will focus on *Talkabout*, the newsletter of the local PLWHA movement in Sydney, as a body of texts that have produced the HIV-positive subject and positioned itself as a space for positive voices. It will highlight the changing dynamics of identity formation by closely examining two periods: 1988–1989, the years in which the local movement first emerged, and 2003–2004 (fifteen years later), well after considerable social, political and medical developments.

Early newsletters constructed a questioning and critical subject in opposition to medical authorities and popular discourses about HIV/AIDS. Borrowing from the discourse of recent political movements, they encouraged disclosure ('coming out') of a condition that many considered a source of shame. They rejected the inevitability of death and asserted the intense desire to live. These early texts, however, also contained seeds of developments which came to the fore in the more recent texts (2002–2004). These developments included significant changes in the notion of living, as well as a pathologisation of identity as a form of resistance.

These texts of the local PLWHA movement indicate that processes of subjectification, identity formation and resistance to stigma are dynamic, and can develop in unforeseen ways.



Health and wellness: a PLWHA research project

Peter Canavan

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Finding the place of wellness in health promotion requires a health promotion framework that connects a range of personal and organisational challenges to social policy responses. This paper will examine some key HIV health promotion issues that are best responded to through direct connection to the experience of HIV in the lives of people with HIV/AIDS.

This presentation will focus on some key health promotion issues identified in the NAPWA paper *The Pursuit of Wellness: Emerging issues and gaps in health promotion for people living with HIV/AIDS*. Using recent qualitative community feedback conducted by NAPWA in 2005, the paper will present and explore some preliminary analysis of emerging themes in the context of understanding how individual HIV experience is linked and informs appropriate health promotion responses.

Health promotion responses are critically informed by social understandings of the place of HIV in people's lives. This is demonstrated through ongoing attempts to align the provision of HIV services to need, and through the use of social and clinical research to inform community educational initiatives and responses.

NAPWA has identified some key issues and themes that support a health promotion framework aiming to position health promotion responses

directly within the experience of HIV in people's lives. In finding the place of wellness in health promotion, this presentation outlines a health promotion framework for positive people. This framework reflexively links a diversity of direct HIV experience to meet key social policy responses.



Practices of HIV-positive community in a governmentalised state

John Rule

This paper tries to conceptualise ways in which HIV-positive community can be imagined and talked that are not a continuation of traditional discourses of community and belonging.

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The presentation is an exploration of conceptual frameworks. Theoretical material is drawn from writers who question the assumptions about community that come with traditional, liberal and left imaginings. Theoretical material is drawn from another set of writers who explore the 'necessity' of imagining community for mobilisation around important contemporary social and political concerns. Data from a round of semi-structured informal interviews with HIV community 'mobilisers' is used to assess whether these conceptual frameworks have currency.

Dean (*Governmentality: Power and Rule in Modern Society*, 1999) and Rose (*Powers of Freedom: Reframing Political Thought*, 1999) explore the various ways in which government is carried out through community and the ways in which community has become a site for the programmatic interests of government and governing. In contemporary times it is hard to imagine what 'community practices' might assist HIV-positive people to continue to develop advocacy responses but data from the interviews suggests there is some hope.

Somehow, positive people manage to co-belong and represent their interests. The question arises as to how this 'practice of co-belonging', which seems to be a social and political necessity, can be supported and what role future social research can play in supporting such practices.

7A Politics, policy and prevention

Decriminalisation of the New Zealand sex industry: reflections on stigma, pleasure and practice post-Prostitution Reform Act

Lisa Fitzgerald and Gillian Abel

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In June 2003, New Zealand decriminalised sex work through the Prostitution Reform Act (PRA). This legislation, while not endorsing or morally sanctioning prostitution or its use, enables sex workers to operate in a workplace where they have rights, including occupational health and safety rights. This presentation will describe an early phase of a large national study, exploring the health and safety of sex workers following legislative reform. We will present the talk from exploratory focus groups with New Zealand Prostitutes' Collective staff, outreach workers and sex workers from different sectors of the industry in the three major cities of New Zealand. In these focus groups, participants reflected on practices and perceptions of sex work since the change in legislation.

This presentation will highlight the complexities and contradictions around stigma and practices of sex work post-PRA. These include the raised profile of sex work as work, the heightened public discourse and awareness of bringing sex work 'into the open' and the destigmatisation of specific sectors of the sex industry. We will describe how sex workers' understandings of their rights and obligations under the Act vary across the different sectors of the industry. This early phase of the research will illustrate the complexities of implementing decriminalisation amongst a stigmatised population that has diverse cultural practices across the different geographical locations and sectors. Understanding the complexities can only be achieved through the engagement and partnership of sex workers in the research and policy making process.

The politics of HIV prevention in Central Asia: review of a structural and environmental intervention model to reduce stigma and discrimination

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The former USSR provides an unfortunate laboratory to explore the politics of prevention. Over 1% of the population of Russia and Ukraine is now estimated to be HIV-positive. Across the region, those people most vulnerable to HIV—sex workers, injecting drug users, men who have sex with men, prisoners and migrants—routinely face harassment and bribery demands from police and health workers.

Less well known are the three former Soviet Central Asian republics of Kyrgyzstan, Tajikistan and Uzbekistan. Lying on new heroin trafficking routes above Afghanistan and next to China, these countries are just now experiencing early epidemics of HIV driven by injecting drug use. However, they share many characteristics with Russia and Ukraine. Across Central Asia, public and professional attitudes to vulnerable groups reflect

conservative Soviet, as well as increasingly religious and authoritarian, moralising influences. The sheer scale of response now required in Central Asia, and the stigmatisation of those most in need, has thrown human rights and the politics of HIV prevention into sharp focus.

USAID and the Soros Foundation are currently part way through a five-year advocacy program aimed at reducing drug use and HIV infection in Central Asia. The program covers 150 projects across Kyrgyzstan, Tajikistan and Uzbekistan. AIDS Project Management Group (APMG) has developed a model to describe needed structural and environmental interventions aimed at reducing drug use and related HIV infection in Central Asia, focusing on stigma and discrimination amongst the most vulnerable groups, including migrants, youth, sex workers and prisoners. The APMG Central Asian intervention model will be presented, together with implications for future research.

Twenty years of governmental (dis)approval: a tour through the approvals process of HIV/AIDS resources

Ross Duffin

One of the justifications for the establishment of the community-based response to AIDS was that community-based organisations would be able to provide explicit information in ways that governments would never be able to. However, along with government funding came governance and, for the duration of the HIV/AIDS response, approvals of explicit resources have remained highly problematic, both for governments and the community-based sector. This paper will provide an anecdotal tour through various approval dramas and disasters, try to examine the ways in which the discourses around approvals have changed, and examine the current problematic contexts for approvals.

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(This paper is a personal view and does not represent the views of AFAO.)

Proffered papers

Sex, pleasure and health promotion 7B

Seeking pleasure in politics of power: interrogating ideas of pleasure in the sex practices and choices of marginalised (queer) young people

Jackie Ruddock¹ and Iain Kaan²

What role does pleasure play in the lives of young people who may not know where they will next be sleeping? Does being homeless and queer impact the sex practice choices young people make? Is pleasure thought of differently by marginalised young people compared to the 'general' young people population per se? And, will some tentative answers to the above questions lead us toward methodologies of using pleasure as an educative tool in safer sex practices?

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This presentation will critically examine:

- the ways in which young people's definitions of pleasure inform their sex practices

- examples of sex-positive methods/resources/programs that have been created to educate young people on safer sex practices.

By examining group work programs and resources currently being used by organisations (Twenty10 and Streetwise Communications) that look at safer sex, young people and notions of pleasure, the presenters aim to open up a discussion about methods of educating marginalised young people. Furthermore, the aim is to educate young people through their own experiences and through peer-based empowered programs.

Sex, pleasure and other catastrophes: words to say it

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Sex involves more than slogans and positive education is more complicated than just saying 'use a condom every time'. Desire and stigma are absent discourses in health, sexuality and HIV/AIDS education.

This paper examines the role of personal narrative in locating desire and stigma in discourses on health, sexuality and HIV/AIDS. It also looks at the link between stigma and positive education.

PLWHA (NSW) developed the campaign 'Words to say it: disclosure, communication and sexual health' (2002–2003) to raise awareness and support discussion on some of the issues that have an impact on HIV-positive sex. Community forums provided the groundwork for public discussion on desire, stigma and safe sex.

Since peer processes are effective in achieving change, gay men with HIV played a central role in campaign development. Emphasis was placed on lived experiences, community knowledge(s) and participation. Specifically, personal narratives provided a space to record understandings of sexual fulfilment, desire and safe behaviours, and of the place of HIV in their lives. HIV-positive gay men also recorded a desire to reclaim the language of risk, pleasure and safe sex.

Narratives as aesthetic documents of self are concerned with the issue of quality of life, a community and cultural value that gives itself to dialogue and negotiation. These speak to individual experiences.

The outcomes of 'words to say it' support the development of new practices that consider links between desire and stigma in health, sexuality, and HIV/AIDS education. Providing a space for HIV-positive gay men to reclaim the language of risk and pleasure is one approach.

It takes two to tango: exploring the concept of responsibility

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In the context of increases in HIV infections in Australia, discourses of responsibility are frequently invoked. Drawing on recent health promotion campaigns targeting gay men and interviews with gay men recently diagnosed with HIV, this paper explores this concept and its appropriateness for HIV prevention.

Increasingly, HIV prevention campaigns do not specifically address either HIV-positive or HIV-negative men, but instead focus on particular sexual scenarios. Condom use is articulated as either an individual's duty in the face of increasing normalisation of unprotected sex, or as choice framed by risk calculus. Responsibility is articulated in plural and complex ways,

where individuals are asked to take different responsibilities based on HIV status. Further notions of responsibility are conflated with disclosure. This contrasts to earlier in the epidemic when universal condom use was emphasised as a way of preventing the need for disclosure of HIV status.

In the accounts of newly diagnosed men there is a notable absence of blame regardless of the circumstances in which they became infected. Instead, their accounts emphasise personal responsibility. Yet, in describing their behaviour in particular sexual contexts, a more nuanced account of agency and responsibility is revealed. These accounts illustrate a complex relationship between sexual practice, disclosure and risk.

We argue that the conflation of discourses of risk, disclosure and responsibility is at times counterproductive for HIV prevention. Responsibility is increasingly framed as private rather than public, and open to multiple interpretations. In the context of increasing HIV infections, a new model of responsibility or language to talk about sexual practice, risk and HIV prevention is required.

Proffered papers

Heterosexuality, sex and relationships 7C

Condoms, consent and pleasure

Nicole Vitellone

In this paper I re-examine a broad body of qualitative and quantitative empirical data on young people's narratives of condom use. In particular, I address young heterosexual men and women's narratives of condom use in relation to first and initial heterosexual. In so doing, the paper considers the concepts of consent, pleasure and risk in relation to these object accounts and research projects. The main aim of the paper is to point out that empirical studies of safer sex practice in AIDS social science research have tended to produce knowledge of the condom and safer sex as consensual. And yet, as I show via the use of empirical examples from the US, Australia and the UK, the conflation of consent with condom use is not always effective in addressing questions of pleasure and harm in talk of safer sex. By examining the practice of protected sex and safer sex talk, the paper also considers the impacts of safer sex campaigns and abstinence education in framing our knowledge of consent.

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'Cheating' and sexual freedom: sexual ethics for the 21st century

Juliet Richters

The Australian Study of Health and Relationships survey found that only 4% of people (aged 16–59) in regular heterosexual relationships had sex with anyone other than their regular partner in the past year. Most people are tolerant of premarital sex, abortion and homosexual behaviour, but not of having sex outside a committed relationship. This disapproval of extramural sex is mirrored by journalists who refer to it as 'cheating' or

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‘infidelity’, assuming that all people who do it are deceiving their partners and that unfaithfulness has only one form: having sex with someone else.

Sexual ethics have undergone a huge change in the West since the mid-20th century. Contraception and premarital sex, seen as shocking only a few generations ago, are now the norm. Traditional patriarchal reasons for the sexual control of wives no longer apply, yet broad tolerance of ‘polyamory’ has not developed. The rational sexual actor as assumed by many health promotion messages is expected to practise safe sex with new and casual partners and to negotiate explicitly with regular partners for joint health testing and mutual sexual exclusivity before embarking on unprotected sex. Yet only in gay communities have these issues been put clearly on the public agenda for discussion and clarification.

In this paper I explore the moral panic (chronic rather than acute) around ‘cheating’. Why is a relationship breakdown regarded as a misfortune deserving of sympathy and support, but adultery as immoral behaviour? Is sex outside the couple a threat to the ‘pure relationship’? Does the pure relationship entail its own destruction through unrealistic requirements? There is a mismatch between widely held sexual ethics and the practical pressures of joint mortgages, childrearing and mutual support by long-standing couples. New ways of negotiating sexual contracts need to be found in sexually liberal and pluralist societies.



Swinging Sydney? Researching non-gay-and-lesbian sexual subcultures

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The NSW Department of Health’s draft strategic objectives for 2005–2009 include providing innovative and accessible information about sexually transmissible infection prevention and health improvement. Sexually adventurous adults who do not identify as gay or lesbian, specifically swingers and bisexuals, are identified as priority groups for targeted health promotion. However, there is little information available regarding current social networks, attitudes and beliefs, or, more importantly, regarding the current understanding of safer sex practices among these communities.

Unlike the gay and lesbian community, alternative or subcultural heterosexual social events are currently organised predominately through formal and informal media networks, such as magazines, e-lists and online classified and dating sites. The ‘underground’ nature of these networks reflects the potential and actual stigmatisation of those who engage in non-normative practices.

This paper outlines a proposed collaboration between the University of Sydney and FPA Health NSW, which aims to access alternative sex communities via niche media networks. It explores both the anecdotal evidence and existing academic literature addressing alternative non-gay-and-lesbian sex cultures, and considers some of the possible benefits and risks of conducting research with subcultural groups that are simultaneously ‘mainstream’ and ‘marginalised’.

The authors conclude that a textual analysis of niche media aimed at non-gay-and-lesbian subcultures, combined with social research methods such as interviews and surveys, will help us begin to understand the ways that mediated discourses of sexual identity, sexual negotiation and sexual health intersect with sexual experiences in ‘real world’ venues such as lounge rooms and nightclubs.

Drug treatment: consumer voices, consumer concerns 7D

Treatment for illicit drug use creates subjects neither entirely respectable nor entirely illicit. This is especially the case for opioid pharmacotherapy, in which a legal substance (methadone or buprenorphine) is prescribed to replace an illegal substance (usually heroin). Detractors have argued that this treatment is not really treatment, as it does not necessarily address the physical dependence that leads individuals to enter the program. In this sense, those in pharmacotherapy are considered both past addicts and present addicts, and their participation in treatment, far from alleviating their stigmatisation as drug users, often prompts further stigmatisation.

Associated with this stigmatisation of treatment consumers is a relative absence of consumer voices in the shaping of treatment goals and delivery. This symposium seeks to address this absence with papers that focus on consumer voices and consumer concerns. How do the terms of treatment, as set within medicine, resonate with consumers? How do the practical and material conditions under which treatment is delivered impact on the experience of treatment by consumers? What do treatment standards mean to consumers and how can we achieve and sustain quality service provision? In beginning with questions such as these, this session aims to prompt reflection and debate around the conceptualisation and delivery of treatment.

Organiser:
Suzanne Fraser

Presenters:
Nicky Bath
Suzanne Fraser
Martin Holt

When you can't see the wood for the trees: drug treatment consumer satisfaction— what does it really tell us?

Nicky Bath

The way in which drug treatment programs are provided to people who are dependent on drugs is of great importance to the Australian Injecting and Illicit Drug Users League (AIVL). Historically AIVL has played an integral role in advocating for the rights of consumers and this has included activities such as research, sitting on various government working groups and committees, direct advocacy through AIVL's member organisations, and educating consumers about their rights.

During 2004–2005, AIVL entered into a partnership with South West Sydney Area Health Service to undertake research to investigate the satisfaction of consumers, comparing methadone and buprenorphine within public treatment settings. This study, funded by the pharmaceutical company Reckitt Benckiser, will assist AIVL and its member organisations to be able to undertake advocacy activities and ensure that the standards for the provision of drug treatment are improved. This in turn will ensure that consumers' experiences of drug treatment, their health and quality of life will improve.

This paper will:

- outline AIVL's role in the study, which interviewed 500 consumers at a total of nine public drug treatment clinics in NSW
- explore the significant levels of disempowerment that consumers experience and how this impacts on an individual's responses to the administered questionnaire

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- question the value that consumer satisfaction surveys have for the individual consumer
- explore the interplay between a clinic's desire to improve drug treatment provision and current drug policy.



The chronotope of the queue: methadone maintenance treatment and the production of time, space and subjects

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Heroin use is stigmatised in Australian society, and methadone maintenance treatment (MMT), which treats heroin users by providing replacement opioid drugs, is also stigmatised. This stigma can affect the delivery of MMT and the quality of treatment provided. This paper aims to analyse the ways in which the delivery of methadone maintenance treatment helps shape the outcomes of treatment. It considers methadone maintenance treatment as a temporal and spatial phenomenon, a set of practices and arrangements that operate intra-actively in response to, and in provocation of, certain kinds of subjects.

The paper uses qualitative interview data taken from the NHMRC-funded study 'Comparing the role of takeaways in methadone maintenance treatment in NSW and Victoria' to look at methadone maintenance treatment in terms of two sets of theoretical concepts: Mikhail Bakhtin's chronotope and Karen Barad's formulations of the space-time manifold and of what she calls iterative intra-activity.

Based on interviews with methadone clients and their commonly voiced concerns around time and waiting in treatment, the paper argues that, in the context of the methadone dosing point, time and space co-produce each other as a chronotope of the queue. This chronotope helps to materialise particular methadone subjects, often the very kinds of subjects considered undesirable by service providers and policy makers: that is, the 'unproductive', the 'disorderly', the 'illicit'.

In concluding, the paper asks whether the demands of the clinic, in particular its convention of queuing, reproduce rather than depart from the model of waiting and dependence widely seen as characteristic of lifestyles associated with regular heroin use.



Taking a (co)morbid interest? Critical and consumer perspectives on drug treatment and mental health

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Within the drug and alcohol field, comorbidity refers to the co-occurrence of drug and mental health problems. Research suggests that comorbidity is the rule rather than the exception among drug treatment clients, and that consumers with comorbidity often have poorer treatment outcomes than their peers. The 'double stigma' of being seen as both drug dependent and mentally ill is a particular barrier to treatment.

In this paper we draw on material from interviews with 77 consumers of drug treatment services who had also been diagnosed with anxiety or depression. Participants were recruited in Sydney, Bathurst, Perth and Brisbane as part of a national research project conducted by the National Centre in HIV Social Research, the Australian Injecting and

Illicit Drug Users League and LMS Consulting. We focus on service users' experiences of anxiety and depression and the ways that these issues are incorporated (or not) into drug treatment. In particular, we explore consumers' understanding of terms such as 'comorbidity' and 'dual diagnosis', and the ways in which common mental health problems are managed within drug treatment services and through service users' own efforts. Consumers' understanding of terms such as comorbidity and their accounts of mental health problems and drug treatment suggest that clinical descriptions of comorbidity are often far removed from consumer experiences (e.g. 'Comorbidity is, um, after you're dead'). We suggest that the division between clinical and consumer conceptualisations of 'comorbidity' may, in some circumstances, be an additional barrier to treatment.



Self-administered Suboxone: accounts of changing relationships to opiates, self and others

Amanda Morris

Changing relationships between staff and clients, as well as a high retention rate, were noted for clients accessing a self-administered Suboxone pilot study. In an attempt to increase our understanding as treatment providers (and potentially improve on practice) as to what may have been contributing to such factors, it was decided to interview a small number of participants and clinicians about their experiences of being involved in this study. Emerging from accounts of daily dosing with opiate maintenance treatment were themes of support, structure, restriction, stigma, anxiety and identity. In contrast, themes of freedom, choice, flexibility, trust, responsibility and personal empowerment emerged from accounts of involvement in a self-administered Suboxone (2) study. Some accounts attributed and described these changes according to the medicalised model of care, including physical and psychological changes; others to the 'discursive', including the lack of stigma associated with Suboxone (2). Many accounts talked of the 'material', including the effects on lifestyle and identity of spending less time at the clinic. The hypothesis generated from these findings is that the greater accessibility to and flexibility of this treatment, as well as the reduction in the effects of stigma in these clients' lives, influenced not only the acceptability of this form of treatment but also assisted in the development of a 'more equal' relationship between clients and staff. This relationship appeared to be based on mutual respect and trust rather than on the daily policing of S8 medications.

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8 Where did the pleasure go?

Organisers:

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In this session, presenters consider the place of pleasure and illicit drug use in research, policy, service delivery, media and general discourse. Is pleasure seen as a proper topic for discussion in these arenas, or is it eclipsed by a focus on risk and harm? Presentations will cover the 'fit' of pleasure in harm minimisation policies and programs and the costs of obscuring or ignoring pleasure in the Australian Government's response to illicit drug use. Presenters are drawn from service delivery, research and peer perspectives.

OK, you use drugs, but there's to be no enjoyment. Please!

Ingrid van Beek

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Dr Ingrid van Beek is a public health and addiction medicine physician whose professional career has focused on the prevention and reduction of communicable diseases and other drug-related harm among marginalised populations. Since 1989 Ingrid has been the director of the Kirketon Road Centre in Kings Cross, Sydney, a primary health care facility involved in the prevention of HIV/AIDS and other transmissible infections, and the treatment and care of 'at risk' young people, sex workers and injecting drug users (IDUs). In February 2000 Ingrid was seconded to be the medical director of the Sydney Medically Supervised Injecting Centre, a position she holds conjointly with her position at the Kirketon Road Centre. Ingrid has been a consultant to the World Health Organization since 1997, advising on the prevention of sexually transmissible infections among commercial sex workers and the approach to expanding the access of IDUs to HIV/AIDS treatment in resource-poor settings. She has also been a member of the United Nations Reference Group on HIV/AIDS Prevention and Care among IDUs in Developing and Transitional Countries since its establishment in 2002. Ingrid's academic affiliations include a conjoint senior lectureship at the School of Public Health and Community Medicine and an honorary fellowship of the National Drug and Alcohol Research Centre, both at the University of New South Wales. She is also the president of the Australasian Professional Society on Alcohol and other Drugs.

The immediacy and seriousness of the threat to health posed by the emergence of HIV in the 1980s heralded a new approach to illicit and injecting drug use in particular, which became known as the 'harm reduction' approach. Unlike previous approaches, which focused almost exclusively on ways to reduce individuals' drug consumption, the harm reduction approach necessarily didn't, instead focusing on ways to reduce the risks potentially associated with ongoing drug use. New monies were identified and allocated to develop various public health initiatives, importantly needle and syringe programs, with the aim of preventing HIV among injecting drug users (IDUs). Twenty years later, the very low HIV prevalence and incidence rates in the Australian IDU population attest to the resounding success of the harm reduction approach. And yet it remains at significant risk of being dismantled, criticised for sending 'the

wrong message' about the dangers of drug use. It seems to have been one thing for the broader community to accept that, despite all of the best efforts to prevent uptake and reduce existing drug use, there would always be those who would be engaged in injecting drug use at a given time, hence the concurrent need for harm reduction approaches. But it would appear to be quite another for the community to accept that some people actually choose to continue illicit/injecting drug use with no intention to quit, simply because they enjoy it! And agencies that are seen to accept and accommodate this to any extent can expect to come under regular fire for doing so. The experience of the Medically Supervised Injecting Centre in Sydney will be drawn upon from this perspective.



Pleasure minimisation in drug research discourses

David Moore

David Moore is an anthropologist who leads the ethnographic program at the National Drug Research Institute. He has held positions at the Australian National University (Anthropology) and Deakin University (Public Health), and is an assistant editor of the International Journal of Drug Policy. He has conducted ethnographic research with heavy-drinking skinheads, recreational psychostimulant injectors, polydrug-using ravers and, most recently, street-based injectors and sex workers. He is the author of a 1994 book on skinheads (The Lads in Action: Social Process in an Urban Youth Subculture) and numerous book chapters and peer-reviewed articles in Australian and international journals, e.g. Social Science and Medicine, Addiction, Anthropological Forum, Contemporary Drug Problems, and Australian Journal of Social Issues. He has co-edited special issues on 'Qualitative Research in the Drugs Field' for Addiction Research and Theory (2001, with Tim Rhodes) and 'Ethnography and Multidisciplinarity in the Drug Field' for the International Journal of Drug Policy (2002, with Lisa Maher). He recently co-edited (also with Tim Rhodes) a special issue on 'Social Theory in Drug Research, Drug Policy and Harm Reduction' for the International Journal of Drug Policy. He has taught undergraduate courses in urban anthropology, youth cultures, Australian society, and ethnographic research methods and analysis, and supervised PhD students working in Australia, Japan and Norway.

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In the early 1990s, in several publications, Stephen Mugford argued that the dominant framework in the drug field was the 'pathology paradigm' and that, as a consequence, considerations of pleasure in relation to drug use were marginalised. In 2006 it is still possible to hold a conference session in which the key theme is exploring the continuing absence of discourses of pleasure in drug research, policy and practice. So what has happened in the intervening 15 years to preserve the status quo regarding pleasure and drugs? In this paper I consider some of the processes that may have contributed to the erasing or marginalising of 'pleasure' in drug research discourses. First, I consider the ways in which drug research disciplines frame their objects of study, which preclude consideration of pleasure. Second, I examine the politics of research funding, including the availability, type and 'biases' of such funding and the way funding structures and processes enable and constrain particular modes and topics of investigation. Third, I argue that the neo-liberal subject that is constructed through harm reduction policy and practice may limit opportunities for considering the role of pleasure in drug use. Finally, I suggest that Western discursive formations grant legitimacy only to particular forms of pleasure in their privileging of an 'ordered' or 'civilised' body over a 'grotesque' body.



From Crowley to Downey Jr: the construction of the 'drug user'

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Annie Madden is currently the Executive Officer of the Australian Injecting and Illicit Drug Users League (AIVL), which is the national peak body representing state and territory drug user organisations and illicit drug users at the national level. Prior to her current role, Annie spent six years as the Coordinator of the NSW Users & AIDS Association (NUAA). She has an honours degree in social and political sciences. She is on numerous national, Commonwealth Government and research committees including the recently appointed Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis C. She has been working in the areas of illicit drug use, HIV/AIDS and hepatitis for over 12 years, has been an injecting drug user for over 17 years and has been on methadone for the past 10 years.

Illicit drug use in its broadest sense involves an extremely diverse set of identities, practices, concepts, emotions, relationships and understandings for the 'illicit drug user'. As one way of bringing some understanding to the way that illicit drugs and their use have been constructed and dealt with in society, this presentation will examine how the concept of the 'drug user' has developed over time and how this 'identity' has impacted on our relationship with illicit drugs in the 21st century. In particular, the presentation will explore key elements in the construction of the 'modern day' illicit drug user such as the process of stigmatisation, the elimination of pleasure and the obsession with practice. The paper will conclude with some thoughts on how society might be able to change its relationship with illicit drugs and the people who use them, not through policy change and activism, but rather by changing the construction of the 'illicit drug user' in society.



Closing plenary 9

In the closing plenary, rapporteurs will give their impressions of the conference and identify issues warranting further discussion.

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