

countries. **Medium risk:** other large urban areas. **Low risk:** small cities and towns, or rural areas.

NOTE: The intent of this section is that people frequently attend business conventions or plan vacations in the nation's cosmopolitan centers and in foreign countries, and are frequently tempted to engage in sexual activities while away from their significant others, sometimes with prostitutes or others from that area or elsewhere. However, it is extremely likely that because of the intensity of the AIDS crisis in these "high risk" cities, potential partners may be more aware and health conscious, better educated, and more willing to engage in safer sex. If you practice safer sex all the time with all your partners, than this category is less important than previously thought.

Routine and Regular Examination

Routine VD testing should include a VDRL or RPR blood test for syphilis and a rectal gonorrhea (GC) culture, and preferably an internal rectal examination (anoscopy or proctoscopy). Rectal cultures or exams are not needed if you don't have rectal sex or stimulation of the anorectal area with fingers or other objects. The yield of positive GC cultures on routine urethral (penile) swabs is very low in symptom-free individuals. A first-voided urine (FVU) specimen for detection of urethral gonorrhea may be substituted for the usual swab culture if practical and possible in the health care setting you attend.

Although there are no easy, inexpensive, or efficient diagnostic procedures for amebiasis and giardiasis, routine testing may be considered for persons at risk for these infections. Health departments or gay/lesbian community VD screening clinics may not offer these services.

Testing for hepatitis B antigen and antibody, and for hepatitis A antibody is encouraged so that you will know if you are susceptible or immune to these types of hepatitis. (You may have already had either infection without your knowledge and without symptoms of illness, and if you have, your body might have made protective antibodies against the viruses, therefore giving you immunity to reinfection.) All homosexually active men who do not have protective antibodies (or immunity) to hepatitis B should be vaccinated with the hepatitis B vaccine regardless of past or current sexual habits, age, or duration of sexual activity, although a case can be made against vaccination for those who absolutely always practice safer sex or are totally monogamous all the time. Special outreach efforts must be made to educate those gay men just "coming out" who may be naive about acquiring and transmitting STDs and are at exceedingly high risk for getting hepatitis B and AIDS. Many believe that carriers of hepatitis B and the AIDS virus should inform their sexual partners to help prevent the spread of this disease; others maintain that practicing safer sex obviates the need to inform one's partners. Several cities have chronic carrier support groups for both hepatitis B and AIDS; inquire at your local clinic or service.

You may also wish to consider testing for infection with the AIDS virus when a reliable and informative test becomes available and when your confidentiality (anonymity) is absolutely assured. In some people, knowledge of one's test results may help motivate them to practice safer sex. Immune system testing, to include skin testing for anergy (allergic reactions to certain substances), white blood cell counts, and other tests are controversial, and should be thoroughly discussed with your health care provider. You may also wish to have a knowledgeable friend come along as an advocate, to help you remember to ask your questions and voice your concerns. Please recall that your health, life, and disability insurance may

be in serious jeopardy by consenting to any of the tests, and that test information is circulated through a nationwide insurance computer system that could hamper your ever being insurable. A person contemplating getting insurance, or entry into the military service may wish to seriously consider HIV antibody testing at an alternate test site where anonymity may be assured (ask!), rather than being tested by insurance companies or the military, where the same degree of confidentiality may not be assured.

Frequency of VD testing depends on the risk factors associated with sexual activity discussed above. Monthly testing is urged for those at high risk; testing every three months is recommended for those at medium risk; semi-annual or annual testing is recommended for those consistently at low risk, even if safer sex is always practiced. Use common sense however!! If your only sexual contact with other partners is mutual masturbation, this rarely involves the sharing of body secretions, therefore frequent health examinations may not be as necessary. If in doubt, or if symptomatic, get checked immediately! The doctor or testing facility you visit, even in large gay/lesbian communities, may not offer adequate screening if they are not familiar with your sexual lifestyle and practices; therefore, it is imperative that you learn what types of testing are necessary for you.

Ask your practitioner to teach you the testicular self examination (TSE) for cancer and how to do a rectal self exam to help you discover abnormalities. Monthly breast self examination (BSE) and yearly Pap smears and pelvic exams are necessary for women, even if you are exclusively lesbian. All self-examination techniques are designed to get you familiar with what your body normally feels like and to recognize changes; they are not designed to be search and destroy missions!

We all have the right to confidentiality of our medical records and to be treated with respect and dignity. Don't hesitate to obtain a second opinion! If you experience unsatisfactory or substandard care, report the details to your local medical or dental society and gay/lesbian clinic.

Let us continue to find creative and imaginative lifestyles that will retain our interpersonal warmth and loving feeling for one another without sacrificing our independence and pride. The hallmark of coming out need not be expressed through just sexual activity with many different partners. There is a powerful network of gay/lesbian professionals, health workers and our community. We invite you to join in! Spread the word for health and let us know your comments and reactions to this new edition of the G&Rs. We can positively influence our destiny and enjoy healthful gay/lesbian sexuality! *****

For additional information, contact the agency on the front of this brochure, or the National Gay/Lesbian Crisisline and AIDS 800 toll free hotline operated by The Fund for Human Dignity (formerly the National Gay/Lesbian Task Force): 1/800/221-7044 (in Alaska, Hawaii, and New York State: 212/807-6016), Monday-Friday, 3-9 pm Eastern Time.

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Introduction

Sex education is inherently boring. In some way or another the message is always: "You shouldn't _____ because you might get _____." For some reason the concept of denying a certain, immediate good (sex) because of a potential, delayed evil (disease) has not enjoyed a massive following. Hence we have the school of hard knocks, in which bum fucks soon turn to sores, drips and rashes. Or perhaps an ill-advised slip of the tongue (in cheeks, that is) leaves you bloated and loose of stool with parasites abounding in your bowel. How were you to know?

It's quite likely that any sex education you had was heterosexually oriented or if related to a sexually transmitted disease (STD) was probably after you'd had an infection, and then was presented with thinly veiled contempt or moralistic lectures.

We're not saying that all is behind us now or that no one is doing anything to make reliable sex education available. However, there is considerable variability in information from one source to the next, sometimes the result is one health professional's opinions, experience or interests and sometimes the result of incomplete information on the professional's part. It is also important to recognize that when it comes to AIDS, even "experts" don't have all the answers or know everything there is to know on the subject.

Fortunately, there are a number of excellent, gay/lesbian-run STD and AIDS services in the United States and Canada, and education efforts are a major part of these services. Knowledge of specific gay/lesbian sexual activities, and the ability to be supportive of gay/lesbian sexual expression while discussing health and avoidance of disease is absolutely essential if individual health education is to be effective. Therefore, competent gay/lesbian input into all STD and AIDS services is necessary for any education effort to work.

AIDS is one of the most terrible health crises of our time, having severe impact on every aspect of society. Although medical technology is not expected to offer significant advances in treatment or vaccination in the next few years, much thought has developed to offer innovative health promotion strategies to target educational and risk reduction programs to members of high risk groups. Thus, such "safer sex" strategies are a natural evolution of earlier writings of these Guidelines. It is exceedingly urgent that we all stay well informed and help educate our friends, family, and associates, to practice safer sex in all of our encounters, and to support the ongoing efforts of individuals and organizations also working in this area.

In order to take responsibility for one's choices regarding health, people who are sexually active must be well informed about: the signs & symptoms of STDs and AIDS-related conditions, the increased risk factors associated with various sexual practices, and what type of services to request in case there is not access to knowledgeable health providers. Information received from health professionals must be accurate and non-moralistic; facts should be labeled as facts, opinions should be labeled as opinions. Only in this way can gays/lesbians be able to responsibly use that knowledge to alter their risks for disease acquisition and spread. In an attempt to accomplish these goals, experts in STDs & AIDS among gays & lesbians have met, discussed the issues, and came to agreement on which is the most important information to stress, which misinformation must be corrected, which "popular remedies" might be helpful or harmful, and which had unknown or unproven effects.

These G&Rs are based on common sense, our current understanding about the occurrence and transmission of infections, and proven data. Occasionally they may represent what is thought to be a good idea but isn't proven. Therefore, these G&Rs are subject to modification when new information becomes available. We must stay well informed! Suggestions or constructive feedback are always invited and may be addressed to the NCGSTDS.

Sexually Transmitted Diseases

Although not intended to serve as a self-diagnosis guide or an exhaustive list of the specific infections that can be sexually acquired, a brief overview of some of the main illnesses follow:

AIDS (Acquired Immune Deficiency Syndrome): AIDS is a breakdown in the body's ability to fight off diseases in otherwise (or previously) healthy persons and is now believed to be caused by HIV (human immunodeficiency virus; previously known as HTLV-3/LAV/ARV for human T-cell lymphotropic virus type III/lymphadenopathy associated virus/AIDS related virus). It is life threatening and is known to be transmitted by contact with infected blood and sexual secretions (primarily semen) through breaks in the skin or mucous membranes. It is not, however, transmitted by casual contact (e.g., touching, drinking glasses, etc.). A large percentage of people infected by the virus, as shown by a positive antibody screening test (reactive ELISA antibody test and confirmatory Western Blot test) have been found to be infectious (able to infect others). Studies are now underway to learn what percentage of those infected actually progress to AIDS, AIDS related conditions (ARC), or other less severe forms of disease. It is thought, however, that after initial infection with HIV, repeated contact with the AIDS virus (from the same or different partners), other STDs, and semen, in conjunction with other factors, such as drugs, may increase the risk for developing the more severe expressions of disease. The first signs *may* be the development of a mononucleosis- or flu-like syndrome (viremia), 4-8 weeks or so after infection with the AIDS virus which *may* eventually resolve, relapse, or progress to differing stages of illness, ranging from a wasting illness (severe weight loss, fevers, etc.), chronically swollen glands (lymphadenopathy), ARC or full blown AIDS. A certain skin cancer, Kaposi's sarcoma (KS), or a severe lung infection, pneumocystis carinii pneumonia (PCP), may be the first evidence of illness. The following signs and symptoms require careful evaluation by a knowledgeable physician if they are *persistent* (more than 1-2 months) and if they are *unexplained* by other causes (e.g., medications, smoking, recent cold, bruise, etc.): large (>2-3 cm) swollen glands (lymph nodes) in the neck, back of the head, armpit, or groin that may or may not be painful; red to purplish, flat or raised blotches or spots, usually painless, occurring on or under the skin, inside mouth, nose, eyelids, rectum or other places, that don't go away (initially, they may look like bruises, and are usually harder than the skin around them); persistent white spots or unusual blemishes in the mouth with or without pain or difficulty swallowing; weight loss of more than 10 pounds in 2 or less months unrelated to dieting; fevers (greater than 99 degrees) or drenching night sweats that may occur on and off and last for several days to weeks; severe tiredness unrelated to exercise, tension, or drug use; persistent dry cough, painful breathing or shortness of breath unrelated to smoking, that has lasted too long to be from a usual respiratory infection or cold; persistent diarrhea; personality changes, memory loss, confusion, depression, or visual disturbances. If you have any of these symptoms, or desire more information about AIDS, see a knowledgeable, sympathetic health practitioner or contact a local AIDS service organization immediately (see end of this brochure for referral to a practitioner or AIDS agency in your area).

Cytomegalovirus (CMV): virus that may cause mononucleosis-like illness with or without mild hepatitis or may be without symptoms; CMV may be associated with immunosuppression.

Enteric diseases (e.g., amebiasis, giardiasis, shigellosis, campylobacter): bowel infection with parasites or bacteria; usually causes diarrhea which may be severe or bloody and may alternate with constipation; may also cause gas, bloating, fever, intense cramping, or no symptoms at all; difficult to diagnose and treat. Some enteric diseases are associated with immunosuppression.

Gonorrhea ("clap," "drip," "GC"): bacterial infection which can affect the urethra (penis) where it usually causes

symptoms (burning, discharge), in the rectum or the throat, where it may cause mild or unnoticeable symptoms (rectal itching or pain, discharge, tenesmus--feeling like you have to have a bowel movement but can't), or the cervix, where it rarely causes symptoms until advance progression of disease may lead to pelvic inflammatory disease (severe lower abdominal pain, fever, etc.).

Hepatitis: viral or bacterial infection of the liver; hepatitis A ("infectious"); hepatitis B ("serum") was associated with needle (drug) use and is now known to be sexually transmitted and of approximately 8 times greater prevalence in homosexually active men than heterosexual. All homosexually active men are encouraged to have testing for hepatitis B immunity, and if susceptible, obtain the hepatitis B vaccine. The *delta agent* is a defective virus which can only infect someone with a hepatitis B infection, newly acquired, or a chronic carrier, and results in a more severe form of hepatitis with a greater risk of death. The hepatitis B vaccine protects against delta by protecting against hepatitis B infection. The American Liver Foundation (800/223-0179) has additional information about hepatitis.

Herpes: a viral infection which can cause recurrent painful blisters and sores in the mouth, lips, or genital area, and if implanted inside the anal canal, can cause an intensely painful proctitis (rectal inflammation).

Molluscum contagiosum: a viral condition of the skin that look like a fleshy- to pink-colored, waxy bump with a dimple in the center.

Nongonococcal urethritis/proctitis/cervicitis (NGU/NGP/NGC): infection in the penis, rectum, or cervix caused by organisms other than gonorrhea (e.g., chlamydia, ureaplasma). Frequently the signs or symptoms are not noticeable.

Parasites (Public/crab lice, scabies mite): skin parasites that cause intense itching and are transmitted by intimate body-to-body contact.

Syphilis ("syph," "bad blood"): bacterial infection common in homosexually active men; begins as a sore (can be painless and not noticeable) which can be any place but is usually on the penis, in the mouth, vagina, anus or rectum; can cause rash, flu-like symptoms, and hepatitis.

Vaginitis: vaginal conditions usually resulting in discharge, itch, burning, irritation, and/or bad smell; most commonly caused by yeast (candida), protozoa (trichomonas), or bacteria (anaerobic bacteria, gardnerella/hemophilus, mobiluncus).

Venereal Warts (condyloma): warty growths caused by a skin virus (human papilloma virus, HPV) which may occur on the penis or scrotum, or in the warm, moist environment of the vulvo-vagina, anus, and rectum. Sometimes warts may be so small that they are not noticeable. White table vinegar (acetic acid, 2-5%) may be used to better view them with a bright light and magnification (they turn white). Some strains of HPV have been associated with cancer of the cervix (and possibly the rectum?).

Healthful Sexual Activity

Healthful sexual behavior is an expression of one's natural sex drives in satisfying, disease-free ways. Guarding your health and respecting the health of your sexual partners means, for one thing, being aware of your body and the messages it may be giving you.

Routinely examine yourself for any physical signs of infection, such as sores, rashes, or discharges. If you have rectal sex, learning to do a rectal self-examination with your finger while in the shower can be a useful way to discover early any abnormalities such as rectal warts or sores, even before they cause symptoms. Any signs or symptoms such as burning on urination, pain with bowel movements, diarrhea, excess gas, unusual rash, prolonged swollen glands, or flu-like symptoms should be acknowledged early and not denied. If a partner mentions that he is just recovering from the flu, it is important to find out what he means by "flu," since it may mean different things to different people. It might indicate diarrhea from amebiasis,

giardiasis, bacterial bowel infection, or it might indicate the early flu-like symptoms of hepatitis, the secondary stage of syphilis, or infection with the AIDS virus. Virtually any ailment could be the manifestation of a sexually transmitted disease. Therefore, any persistent, abnormal bodily function should be viewed with suspicion. You are at increased risk for getting or spreading STDs if you have "unsafe" sex after recognizing such signs or symptoms in yourself or your partners. It is imperative to understand also, that even though a person may be feeling absolutely fine, they may be capable of transmitting the AIDS virus during unsafe sexual activities.

Importance of Accurate Diagnosis and Adequate Treatment

Not all diseases have the same treatment. Penicillin does not cure everything. Taking medication only until symptoms go away will not reliably rid you of the infection.

Specific diagnosis of your problem by health practitioners competent in this area of medicine is essential. Many diseases have similar signs and symptoms because the body only has a limited number of ways to respond to the stress of an infection. You will have the best chance of being properly diagnosed and treated if you promptly seek appropriate medical care. Proper treatment also means carefully and completely following instructions for taking medication and avoidance of sexual activities (if so advised) for the duration of the recommended time. Take all medication as prescribed because infection may linger and reoccur if you stop treatment as soon as symptoms go away.

The Sexual Encounter

Always exchange your name and telephone number to facilitate contact in case signs or symptoms of an STD are later recognized or discovered. If your partner does not wish to give you his name and phone number, there is nothing to prevent you from giving him yours—that way, at least you may stand some chance of being notified if he should develop symptoms of something. It is also best to tactfully bring up health before sexual activity begins. If anything suspicious is discovered you might want to make this just a friendly meeting without sex and postpone the intimacies until later when the problem is resolved. When you do go to bed with someone, undressing in a lighted area will allow you to casually inspect for growths, sores or rashes, especially around the genitals. If no reasonable explanation is given, postpone the encounter, or enjoy only low risk activities like cuddling, or mutual masturbation. (For example, a skin rash or bump may be a birthmark, keloid scar, or bruise.) You might incorporate showering together before sex into your foreplay, so you may wash and casually examine at the same time.

Hygiene

Although not proven, it is generally believed that washing of the hands, genitals, and anus may decrease the risk of acquiring certain diseases such as the bacterial bowel infections (shigella and campylobacter), hepatitis A, amebiasis, giardiasis, and pinworms. (Rimming—oral-anal contact—cannot be made safe by washing, however.) Using a mouthwash prior to sex should be all that is necessary for mouth care since flossing of the teeth or vigorous brushing may cause bleeding of the gums thereby increasing the risk of exposure to potentially dangerous germs in the mouth during oral sex.

Similarly, it is thought that urinating after sex may reduce the risks for acquiring gonorrhea and nongonococcal urethritis. Again, there is no evidence to support this. The practice of inserting antibiotic solutions, soaps, or other agents into the urethra (the urinary opening) is not at all known and may be hazardous.

Many think that rectal douching or enemas (with tap water) is an effective preventive measure against infection. In fact, there is evidence to suggest that it may actually increase the risk of

some infections. Douching just prior to sex may alter the rectal mucous membrane barrier function and make the passage of the hepatitis B virus into the body easier; if one has an amebic bowel infection, douching may actually bring more infectious amebic organisms down into the rectum and around the anus, thus making you more likely to spread the infection to your partner. Cleaning the anal area with soap and water after an unaided bowel movement prior to sex may be the best way to naturally clean one's self out.

Although it has been shown that vaginal douching with vinegar and water does not reliably eradicate the various vaginal infections (yeast, trichomonas, gardnerella), it is not known whether such douching can reduce the transmission of STDs to partners (2 tablespoons of white table vinegar to a quart of warm tap water is the recommended solution). Frequent vinegar & water douching doesn't cause vaginitis, although it may temporarily reduce the number of bacteria normally found in the vagina. Perfumed or fragranced douches may cause a chemical irritation, however.

Lubrication for anal intercourse is important. Saliva, though ever present, may introduce other infections into the rectum, and its ability to reduce friction is short lived. Thus, tissue injury may be more likely, which enables mouth germs to gain entry into the bloodstream. Scented lubricants may cause a chemically induced proctitis (rectal inflammation) and you may be at increased risk by using hand lotions and other products with fragrances for these purposes. There is some evidence that use of contraceptive/spermicidal jellies (active ingredient is nonoxonyl-9) may decrease the risk for acquiring gonorrhea, chlamydia, syphilis, herpes, and the AIDS virus, however a chemically induced proctitis may occur with the use of such vaginal preparations, and their long term, chronic use on the rectal mucosa is unknown. The best lubricant should probably be water soluble, non-perfumed, and colorless, and in a hand-pump dispensed closed container that can't be contaminated with fecal germs to be transmitted to the next partner.

The use of latex or natural membrane condoms (rubbers) for anal intercourse are an essential component of "safer sex," as they offer protection against the spread of syphilis, gonorrhea, herpes, hepatitis B, the AIDS virus, and chlamydia-induced NGU, NGP, and NGC. Latex or animal skin condoms with adequate lubrication (petroleum jelly and oil-based lubricants deteriorate latex rubber; only use water soluble lubricants!) come in many styles. Breakage of latex condoms can be minimized if they are correctly applied. Practice when alone while masturbating to gain familiarity, proficiency and confidence with use! Roll the condom over the erect penis, making sure there aren't any air bubbles in the tip or along the shaft (these can cause breakage); lubrication is best applied on the condom but can also be applied on the penis before putting on the condom. If using those condoms without a reservoir tip, pinch the tip to create a potential space for the semen. **Never** unroll the condom or blow up to test for leaks before use; **never** use a petroleum based lubricant with latex condoms; **never** reuse a condom; **never** store in a hot place (e.g., car glove compartment, on top of a radiator). Some health educators have recommended that the active partner pull out before cumming, to further decrease the chance of exposure to semen or germs if the condom should break.

It is not known whether the following measures have any role in reducing the acquisition or transmission of the STDs: hydrogen peroxide or other mouthwash gargling before or after sex to control oral infections; soap instilled into the urinary opening to control gonorrhea and nongonococcal urethritis; antibacterial creams, lubricants, suppositories for inserting into the urethra or rectum.

Bathhouses

Gay health clubs (bathhouses) could have a positive and constructive role in health education of our community. Management should facilitate the promotion of healthful gay sexual activity among patrons by offering health literature and posters on "safer sex," offering opportunities for socialization,

providing free condoms & lubricants and towel exchanges, printing up cards or matchbook covers to enable patrons to exchange names and phone numbers more easily. The telephone number for the local STD clinic and AIDS information service should also be imprinted there, and also prominently posted on bathroom walls with slogans encouraging practice of "safer sex" and frequent venereal disease (VD) testing and showering after each sexual encounter. On site testing for STDs at the bathhouse could be done by trained and supervised employees (probably only blood testing and gonorrhea culturing would be practical). Management could offer incentives for on-site VD testing by offering free or discount locker passes, free refreshments, or membership reduction. It is important that all such clubs clearly demonstrate community responsibility during the AIDS crisis to prevent closings and other backlash that could significantly impede the educational role of this gay community institution.

Safer Sex

Exactly what is meant by "safer sex?" It is a strategy of implementing sexual activities that do not place you or your partner at risk for contracting or acquiring STDs/AIDS, and includes a certain positive attitude of pride and respect for yourself and your partners. It also includes the nurturance of mutually fulfilling friendships, companionships, and relationships, being supportive to those with physical and emotional problems, and willingness to talk about your own worries and concerns. Bodily fluids, such as semen and blood, should not come in contact with the broken skin or mucous membrane of a sex partner. Other bodily secretions, such as saliva, tears, urine, breast milk, and vaginal & cervical secretions may transmit certain viruses, such as hepatitis B and CMV, but their role in disease development has not clearly been delineated. Safer sex also includes: massage, hugging, cuddling, mutual or solitary masturbation/jacking off, body-to-body rubbing ("frottage," "tribadism"), kissing, nipple stimulation, anal sex with a condom (especially if withdrawing before ejaculation), oral sex—especially if you stop before climaxing, or not swallowing cum if active partner climaxes. Studies are inconclusive about the safety of oral sex without a condom before ejaculation (pre-cum). However if you do decide to use rubbers during oral sex, one way to get more saliva and to help camouflage the taste of the latex is to suck or chew on sour gums or foods beforehand! Avoid contact of body secretions to broken skin or mucous membrane (as can occur during anal intercourse, hand/finger/sex toy penetration of anus, or biting/sado-masochism resulting in bleeding). The responsibility of discussing safer sex may not necessarily be shared equally, so be prepared to talk about a "sexual contract" of what you will and won't allow, before getting into a compromising situation (i.e., before the bedroom). One of the greatest barriers to playing safely is shouldering the total responsibility of teaching a partner about healthful gay sexual practices and enforcing limits during sex. That's why it's important to start the information and education process early, bringing up the subject of health and safer sex and concerns about AIDS early in the acquaintanceship. It need not be a heavy or depressing rap however! One last consideration—many mental health professionals believe that strong or aggressive sexual urges may signal a desire for companionship, rather than for sex.

Drugs

If you are chemically dependent, or if your friends or loved ones are communicating strong messages about your drug or substance abuse (denial is a prominent defense mechanism in all people, especially in those regularly using drugs or prescribed medications inappropriately), **seek help from a knowledgeable and sympathetic health care agency** (look in the phone book yellow pages under counseling, mental health, drug abuse, hotlines, alcoholism, or social services, e.g.). Alcoholism and drug abuse professionals are just now recognizing the importance and need of treating substance

abuse without ignoring the role of sexual orientation (contact the Pride Institute, 14400 Martin Drive, Eden Prairie, MN 55344, 612/934-7554 for more information on this progressive, innovative approach). Alcohol, cocaine, poppers, heroin, and other street drugs are just a few of the commonly abused drugs that can destroy or seriously damage your body and threaten your life as well as ruin relationships with your loved ones. Sharing needles for any reason involves exchange of blood, which may contain hepatitis B, the AIDS virus, or other disease causing pathogens. In addition to causing disease, some of these illnesses can cause great pain and lasting suffering as well as death. If you must reuse needles, rinse thoroughly with rubbing alcohol or a 10% solution of bleach, rinse well with clean tap water, then boil in water for 15 minutes before reusing. Rinsing includes pushing the syringe's plunger up & down with these solutions, so that the inside of the works are cleaned out.

Sexual Practices

Many factors must be considered when determining a person's risk for acquiring or transmitting any STD. Several arbitrary categories are given below, describing their relative risk as high, medium, or low. This was designed to increase your awareness of STDs & AIDS, risk factors, and preventive measures; to stimulate self-evaluation of your sexual lifestyle; and to encourage responsibility for your health and the health of others. "Unsafe" and "safer" sex refer to principles described above. If safer sexual practices are *always* implemented, your risk for contracting diseases is low and these factors must be considered accordingly. Please seek medical care immediately if you ever detect any signs or symptoms of disease in yourself. Your goal should be to establish a sexual lifestyle which entails practice of low risk in all these categories.

1. Frequency of "unsafe" sexual contact with different partners. High Risk: 1 or more different sexual partners per month; Medium Risk: Less than 1 partner per month; Low risk: mutually monogamous relationship where all outside sexual contacts are exclusively "safer" sex.

NOTE: It is believed that repeatedly unsafe practices (e.g., fucking without rubbers) between two strictly monogamous partners who are truly healthy (i.e., no infections with or without symptoms) places them at minimal risk. However if one partner has an infection (especially with the AIDS virus, where it may not be known), safer sex must always be practiced, since repeated exposures to a partner's semen may further weaken the immune system. Although related in complex ways, it is not yet known how the role of other cofactors interact with the immune system. Such cofactors include exposure to other infections, a well-balanced diet and nutrition, aerobic exercise, stress management and reduction, and nondrug-induced rest and sleep. Drugs such as alcoholic beverages, inhalant nitrites (poppers), marijuana, cocaine, as well as other drugs, whether taken by mouth, sniffed, injected or by other routes are all thought to adversely affect the immune system, as well as affect decision-making abilities.

2. Type of "unsafe" sexual encounter. High risk: primarily one-time, anonymous unsafe encounters; group sex. Medium risk: several times with the same person over a period of time; safer sex within a small group of friends. Low risk: primarily monogamous safer sex for both you and your partner.

NOTE: Anonymous "unsafe" sex makes interruption of the

chain of disease transmission almost impossible and it is one of the most important reasons for the high prevalence of STDs in gay communities. But more importantly for you, it is not likely that you will know much about your anonymous partner, such as his recent health, the number of recent different sex partners--in other words, you have no idea about how likely you are to acquire an infection from this partner than from other partners in the medium and low risk categories. Thus your having infrequent sex with a partner who has had multiple sexual partners greatly increases your risk for illness, just as if you had many "unsafe" different contacts yourself. Repeated "safer sex" engagements with the same group of partners (a closed group of "fuck buddies") may help to decrease your risk.

3. Types of sexual activity practices. Exceedingly High risk: active or passive rectal without condoms (fucking or getting fucked); rimming (asshole licking, oral-anal); scat (eating shit); fisting; S & M and other practices that result in bleeding (whipping, vigorous sex, use of dildoes and other "toys," piercing, biting) and sharing of body secretions (e.g., blood, semen). **Medium risk:** active or passive oral (the one doing the cocksucking has a greater chance of getting an infection than the one being sucked); water sports (urine contact to broken skin/mucous membrane); mouth-vagina contact. **Low risk:** masturbation only (J/O); body rubbing (frottage, tribadism); other safer sex practices as previously described (no contact between mucous membranes or broken skin/blood, etc.).

NOTE: Major surgery may be required to repair injuries sustained from fistfucking; any type of oral-anal/fecal contact carries a very high risk (in many cities the risk almost approaches certainty) for acquiring hepatitis B or the enteric diseases. In a bathroom or other setting in which numerous "unsafe" sexual contacts per visit had been the rule, if you suck a cock that has fucked someone with little/no bathing in between--you could become infected. Also, roving, probing hands and fingers may spread potentially infectious material to other parts of the body where mouths and tongues may pick it up.

It is by getting fucked that you have the highest risk for acquiring hepatitis B and the AIDS virus; fucking (being the active partner/insertor/top) is also a risk for hepatitis B but less so than being on the receiving end (passive/bottom). Oral-genital and oral-oral (deep kissing) contact may also be associated with hepatitis B acquisition. By getting fucked you can also get rectal gonorrhea, herpes, warts, syphilis, and non-gonococcal proctitis. Rectal fissures and tears may result and when they do occur, care must be taken so they can heal properly. Rimming, even in an **exclusively** monogamous relationship carries the risk of getting enteric (bowel) infections or hepatitis. Those who have a stable, but open relationship allowing for outside contacts, and who enjoy oral-anal stimulation, should limit this activity only to their primary relationship and thus decrease their risk from "outside" infection. Covering the anus with a sheet of cellophane (saran wrap) may minimize exposure to germs, however this has never been tested.

In oral sex (cocksucking), gonorrhea, syphilis, and herpes are the most likely infections to be transmitted. It is very unusual (but not impossible) to get urethral gonorrhea from having your cock sucked by someone who has gonorrhea of the throat. Wearing of unlubricated condoms (powder may have to be wiped off) may significantly reduce one's exposure to disease during oral sex.

Oral sex and body rubbing (specifically vagina-to-vagina contact) among lesbians may allow the transmission of syphilis, herpes, warts, parasites, and vaginitis (e.g., trichomonas), among other diseases. Infected vaginal or cervical discharge/secretions may infect a woman's partner through hands or objects during sex, or by sharing towels, douche

equipment, or underwear. Lesbians are not immune from disease, sexually transmitted or otherwise. Especially worrisome is if one of the women is bisexually active--with a heterosexual or bisexual man, or if she is an IV drug abuser (reusing dirty needles) or if she has sexual contact with an IV drug user/abuser. Women considering pregnancy if infected with the AIDS virus greatly increase the chance of their babies developing AIDS. Lesbians seeking pregnancy should no longer consider the "turkey baster" technique (mixing together cum of several acceptable partners and "turkey basting" into the vagina when ovulation is likely to occur, so the donor's identity will never be identifiable) due to the risks of disease transmission (e.g., AIDS, CMV); instead, seek counseling from a sympathetic gay/lesbian health provider or lesbian/feminist center knowledgeable in "safe" donor insemination.

It is important to note that the sharing of body secretions has been implicated as the probable mechanism for transmitting the AIDS virus, as well as hepatitis B and probably other STDs. It is for this reason that the sharing of razors and toothbrushes may also constitute risk--blood and other potentially infectious materials may be unknowingly shared, especially in institutional settings (e.g., prisons, orphanages, camps).

4. Drug Use. Indicate frequency of use of any of the following drugs either before, during, or after sex; poppers (inhalant nitrites), alcohol, marijuana, cocaine/crack, hallucinogens, amphetamines, barbiturates, opiates, preludein, PCP/"angel dust," quaaludes, MDA, tranquilizers, valium, etc. Frequently (**High risk**); Occasionally (**Medium risk**); Rarely (**Low risk**).

NOTE: Generally accepted medical opinion is that use of mood or consciousness-altering drugs (including all of the above drugs and others) that are affecting you while you are having sex may alter decision-making abilities about sexual activities practiced, having sex with more people, etc. Drug use becomes particularly dangerous with the use of toys, dildoes, and fistfucking; sensation of pain may be significantly diminished with chemicals (including poppers) so that injury may occur. Many drugs are also known to affect the immune system and other aspects of your health, and may be a critical factor in the development of AIDS. Several studies have associated the use of poppers with the development of Kaposi's sarcoma among people with AIDS after previous exposure to the AIDS virus.

5. Where you met your partner. High risk: backroom bars; bathhouses; bookstores. Medium Risk: public restrooms; parks; motor vehicles. Low risk: bars; parties; private homes; other public areas.

6. Hygiene. Do you wash with soap and water before and after sex? Do you urinate immediately after sex? Do you correctly use condoms? Answer these questions together as: Rarely (**High risk**); Occasionally (**Medium risk**); Always (**Low risk**).

NOTE: Risk in these categories (5 and 6) is based largely on the number of contacts per visit, the likelihood of anonymity, and probably also because of incomplete or no cleansing between contacts. Assuming that bathing the anal and genital areas is helpful in reducing some infection spread, the "safest" place to meet someone at the baths is in the shower.

7. Geographical area where you and your partners live, travel, and have sex. High risk: New York City, San Francisco, Los Angeles, Miami, Houston, Chicago, foreign