

DART Men's Edition June 1998



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This edition of DART we decided to run two editions in one - one a men's edition, and the other for women. This is because some injecting drug use issues are more relevant to men than women and visa versa. In this, the men's edition of DART, we have endeavoured to bring you a range of information that is pertinent and of interest to men. However, the stuff in the women's side is pretty good too - so you may want to have a read of their side as well!

As always, the feedback we get from our readers is the best indication of what you want in your magazine. We encourage our readers to drop us a line with articles, poems, artwork or story ideas. If there are issues or information you think should be covered in DART please contact me at QuIVAA on (07) 3252 5390 or 1800 172 076 if you're outside the Brisbane Metro Area, to let me know what you want to see in future editions.

Have fun reading the first men's edition of DART - written by the men at QuIVAA for our male clients.

Regards



Brisbane Sexual
Health-
free & confidential
testing, treatment &
counselling
484 Adelaide Street
BRISBANE
(07) 3227 8666

QLD AIDS Council-
information,
education,
referral & treatments
for men living with
HIV/AIDS,
their family & friends
(07) 3844 1990

KOBI House-
Sexual health clinic,
free & confidential
testing, treatment &
counselling
Toowoomba Base
Hospital
Wilmot Street
(07) 4631 6446


Hepatitis C Council-
information,
education,
counselling & referral
for men living with
Hep C, their family
and friends
(07) 3229 3767

SQWISI-
information, referral,
free & confidential
sexual health clinic for
workers in the sex
industry
404 Montague Rd,
West End
(07) 3844 4565

Brisbane Youth
Service (BYS)-
offers a range
of services
for young men
14 Church Street,
Fortitude Valley
(07) 3252 3750

Bodyline-
Gay men's sauna also
offering information &
needle exchange
(there is a small charge
for needles & syringes)
43 Ipswich Road
Woolloongabba
(07) 3391 4285

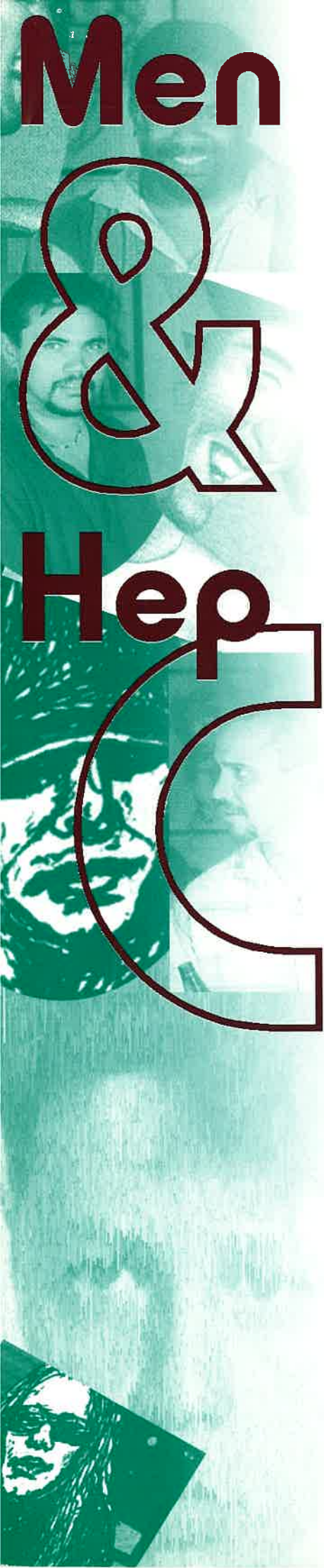
Men's Domestic
Violence Telephone
Counselling Service-
A telephone counselling,
information & referral
service for men affected
by Domestic Violence
9am - 9pm, Mon - Fri
1800 246 346

Services offering a needle exchange
service donated by  symbol.

Expectation

**This is
Transcendental Airways
Liberator Flight
To Freedom
Via Loveland
Now Boarding
At Runway
Hopes and Dreams**

Cess Pool 1982



Historical perceptions of masculinity tend to marginalise men as tough, aggressive and in control and their conditioning often reinforces this. Perhaps the greatest challenge facing men who have the hepatitis C virus (HCV) is getting them to talk about their thoughts, feelings, symptoms and emotions with regard to having hep C. The main symptoms people with hep C report are tiredness a lack of energy, loss of focus, headaches, abdominal discomfort, nausea, associated moodiness and/or lack of appetite, as well as aches and pains in muscles and joints. The nature of these symptoms can effect a person's behaviour in ways that can be disturbing, and even distressing for partners families and friends, especially when the person experiencing the symptoms is not expressing what they are going through.

Encouraging men to discuss their symptoms, feelings and associated behaviour is often difficult when men perceive themselves to be out of control, weak or debilitated and therefore vulnerable and unable to fulfil their conditioned roles as 'men'. This is where it becomes important for men to learn to express their feelings and express their illness, not as a product of weakness, but in an attempt to have their feelings and behaviour better understood by partners, family and friends.

As hepatitis C is a blood borne virus passed on by blood to blood contact only, there are specific transmission factors that men especially need to be aware of. Men need to be aware that hep C can be passed on in situations of social violence (sporting activities, parties, public confrontations) and domestic violence. When broken skin on hands or other body parts comes into contact with a break in another person's skin there is a risk of hep C being transmitted. Violence should always be avoided and aggression resolved verbally and/or without harming another person, whether you have a blood borne virus or not.

Another instance where men become too casual about hep C is in preparing and injecting drugs, especially when partners

or friends are concerned. Whether you know you have hep C or not, you should never put your partner or friend at risk of contacting with your blood. This means don't share needles or other injecting equipment with your girlfriend, boyfriend, partner, spouse or friend, and when mixing or diluting drugs do not allow blood to contact the drugs. If you are at all unsure, QUIVAA or the Hepatitis C Council can confidentially assist you with any inquiries.

Men should also be especially careful not to share razor blades, nail clippers, toothbrushes or other personal grooming or domestic items with anyone else. Whether you know you have a blood borne virus or not you should always prevent your blood from coming into contact with another person. Remember, unprotected anal sex and/or sex during menstruation may put you at greater risk of blood to blood contact. Use of a water based lubricant may offset the chance of abrasions during sex.

Because the hepatitis C virus inflames the cells inside your liver that process the body's blood, the processing of blood may be affected or slowed down. It is generally believed that the inflammation in the liver and the associated effect upon the processing of blood can be responsible for the fatigue and lack of energy experienced by people who have hep C. It is therefore very important for men to 'get over the superman complex' and make time to relax when feeling tired, and feed the body energy foods when a lack of energy is experienced. A healthy balanced diet and the ability to rest and relax yourself are essential. Rest and relaxation may not always be viable during the working day but it is important to find different ways of making time to relax, or simply taking five minutes off the job here or there. Men who physically exert themselves on a daily basis should consciously eat more energy foods such as fruit, energy or muesli bars, glucose based sports drinks and any food that is a complex carbohydrate. Similarly, all people should get regular exercise, three 20 to 40 minute blocks of exercise each

week is considered adequate and essential in maintaining the normal functions of the body. Avoid over exertion and/or burning your energy reserves out.

Finally, it is essential that men with hep C monitor the amount of alcohol they consume on a daily and weekly basis. It is currently recommended that men can safely consume 20 - 30 grams of alcohol a day. Alcohol increases the risk of cirrhosis.

If you want to drink, the recommended daily intake is around 2 - 3 standard drinks per day. A standard drink (or 10 grams ethanol is): 30ml spirits, 60ml port or sherry, 120ml wine, 285ml standard beer, 375ml light beer. Avoid binge drinking! (20 grams a day is safest and have two or three alcohol free days a week) Also avoid fatty meats, full cream dairy products (cream, full cream milk cheese or yoghurt) coconut oil and butter. Substitute with low fat, soy or skim milk dairy products (skim milk, low fat cheeses such as ricotta or cottage) Low fat butter (blend of butter and sunflower or canola oil).

Oils should be used sparingly. Avoid deep fried foods, reheated oils and margarine. Use olive oil for cooking. For dressings use cold pressed sunflower, safflower or canola oils, or make oil free dressings with lemon juice or vinegar. Remember, alcohol is one of the most difficult toxins for the liver to process and complex and saturated fats are difficult for the liver to process, especially in an inflamed liver.

Max Wilkins
Admin & Education Officer -
Hep C Council Qld
QUIVAA Management
Committee member.

SQWISI Health Clinic

SQWISI is Self-Health for QLD Workers in the Sex Industry, and they are located at 404 Montague Road, West End. They offer a range of services for workers in the sex industry including information, counselling, referral, advocacy, support and a sexual health clinic.

The sexual health clinic operates from Monday - Friday (except Wednesday) from 9.30 - 4.30. This service is free, and completely confidential, and is open to all workers within the sex industry, their commercial and private partners.

For more information about SQWISI, the Health Clinic, or to make an appointment ring SQWISI on (07) 3844 4565.

CONTACT

HEPATITIS C

hepatitis C diagnosis booklet



The Hepatitis C Council of Queensland have just released their guide to what you need to know if you are diagnosed with Hepatitis C.

The 'Contact' brochure tells you all about Hepatitis C, as well as some personal stories about living with Hepatitis C.

'Contact' is available directly from the Hepatitis C Council of QLD, at QUIVAA or most other needle exchanges.

For more information or other Hep C questions, call the Hep C Council on (07) 3229 3767 and speak to Max or Jeff.

a positive diagnosis

Me Sex &

Lee is a 46 year old methadone recipient who has agreed to talk to us about sex, HIV/AIDS, Hepatitis C and condoms. We asked Lee some rather personal questions about his sex life, and here is what he told us. After Lee told us about his sexual habits, we went through what he had told us, and gave him some more information about HIV/AIDS, Hepatitis C and risky sexual behaviours. The reality is that the choice to have safe sex or safer sex is something to be negotiated with your partner(s), but at least you can find out what the risks are. Here are some of the statements that Lee made, and what we told him about.....

I'm not a person who is into one night stands - I don't go out at night, so when I do have sex it's usually with a previous lover or long term acquaintance. I don't like using condoms, and as I don't have HIV/AIDS, I know I'm not putting anyone at risk. I am Hepatitis C positive, so I always check that my partner is not Hep C positive, most of the time I would rather not have sex than have wear a condom. I won't even kiss a woman who doesn't have Hep C, because I'd hate to give it to her.

When I do have sex, I often have one partner for a long time, although it seems to happen that I won't have sex for ages, and then I'll have a few partners in quick succession, although I have usually known these partners for a while.

The last time I had sex using a condom was 3 or 4 years ago, and I found that it was like having a shower with a raincoat on. Since then I have not used condoms when I've had sex.

I know that the women I sleep with are clean, so that I am not going to expose myself to disease or infection by sleeping with them. I don't get into bondage or other risky sexual behaviour, so I figure I'm pretty safe.

Lee

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HIV/AIDS and other sexually transmitted diseases (STI's) are not just spread by one night stands. ANYONE can contract an STI and pass it on, without even knowing they have one. Also, you don't know everyone that your partner has ever slept with - any one of those people could have had an STI, and passed it onto your partner. You yourself could have HIV/AIDS or another STI and not even know it yourself.

Hepatitis C comes in different strains, so that even if another person has Hepatitis C, it may not be the same type, or at the same stage of development. If you contract Hep C of another variety or at a different stage it can actually make your own Hep C worse. Similarly, if you infect your partner with your Hep C, the chances are it will make their Hepatitis worse.

Hepatitis C is a blood borne virus, so as long as there is no blood involved, kissing, hugging and touching is safe!

By having several sexual partners in quick succession you can contract an STI or HIV/AIDS without even knowing, and pass it on to your new partner. Similarly they can pass an STI or HIV/AIDS onto you. HIV/AIDS sometimes take up to 6 months to show up on an HIV test, so you can have HIV for that long, and pass it on, without even knowing about it.

New varieties of condoms are thinner than ever, so increase the amount of sensation that you feel. I've found Fetherlite condoms are really good, as they are so thin, you almost think you're not wearing one!

You can't tell by looking at someone whether or not they have been exposed to HIV/AIDS or another STI. Personal hygiene has nothing to do with whether a person may have HIV/AIDS or another STI. If they are having sex with you without a condom, then maybe she has had sex with other people without protection, and who knows what her former partners could have passed on to her.

It's true that some sexual behaviours are more risky than others, however there is an element of risk in nearly every sexual activity, so it doesn't matter how you're doing it, you're still at risk!

In the last two decades since black people have had the right to function independently, there has been a noticeable amount of alcohol and drug usage within our communities. The use of these substances has always been a major concern for many of our people, subsequently resulting in many reports and needs assessments. To quote a couple of paragraphs from the Aboriginal and Torres Strait Islander Health Policy 1994, it is clear to see that Indigenous health is STILL a major issue.

There is no doubt that the poor health of QLD's Indigenous people has been perpetuated by their alienation from decisions about appropriate health care. Indigenous people have far poorer health status than non-indigenous Australians. The statement below shows exactly how Indigenous health should be assessed. It is a shame that very few realise, when it comes to Indigenous peoples health, we look at it holistically and not individually.

Health does not just mean the physical wellbeing of the individual but refers to the social, emotional, spiritual and cultural wellbeing of the whole community. The fundamental conditions and resources for health are peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity. Improvement in health requires a secure foundation in these basic prerequisites.

Of the many recommendations and reports submitted (especially in the Brisbane metropolitan area), they still don't recognise injecting drug use as a major concern. Injecting drug use, although included in the overall plan of health policies, is still the silent partner of drug and alcohol services. It is the belief or assumption of many, that BLACK PEOPLE DO NOT INJECT.

Injecting drug users have the lowest health status of all and have one of the highest risk factors in regards to HIV/AIDS. If the AIDS virus should become loose within the Indigenous community its effect could be devastating. NOT ONLY WILL A RACE OF PEOPLE DIE BUT SO TOO WILL A UNIQUE CULTURE.

We are required to organise and facilitate workshops for Indigenous Health workers and Staff from Aboriginal Medical Services throughout QLD. The project has a state wide brief and a fair bit of travel is required. For this purpose we decided to map the state out into different zones so it would be easier for us to cover the state. We have successfully done Regional Trips with quite a few more to come. The project is well received wherever we travel, but there is often a lot of denial amongst the communities that we visit.

We also have clients that are in prison and we are required to assist them and their families when necessary. Our biggest concern is the spreads of HEP C and HIV/AIDS in the prisons.

In a lot of cases we have found some of our communities were fearful of injectors, simply because they did not understand the reasons for their choice of lifestyle and they had a fear that all injectors were carriers of AIDS. The most common theory was that all injectors are the same, they are all unemployed and don't want to work, all support their habit through stealing or selling drugs, they live in unhygienic conditions or on the streets and they are low-life's. It is a shame that most think that this is the profile of an injector, when in the majority of cases, it is quite the opposite.

THE ONLY THING THAT WILL DISPEL THESE MYTHS IS EDUCATION.



STEROIDS

A USER'S PERSPECTIVE

I have been training for about three years now and I know how frustrating it can be going to the gym four days a week and working your guts out, just to find you only put on five kg a year or less. This can be a slow and painful process. This is like the story of the little car that spins its wheels but goes nowhere. So much time and energy is expended for nothing.

I don't want you to think that steroids will get you big. You can't get big unless you do the work at the gym. No amount of steroids will make you big all by themselves! Simply, all steroids do is give you more strength to do your workout and increase the amount of protein your body can synthesise. This means your body recovers from your last workout more rapidly, so you can train more days of the week with heavier weights and you will heal faster. If you continue to do the same old routine as before you will continue to get the same old results. While on steroids it is paramount that you do more sets, more reps, more stretching and a generally more intensive workout.

I'm sure many of you would have heard stories of body builders who suddenly for little or no reason would lash out angrily at family or friends, hurting or sometimes killing them. This is partly true. Steroids have been known to make people more edgy or aggressive but 'roids' work more like alcohol - they accentuate certain characteristics in each individual. For example, if you find you are a rowdy wanker when you are pissed, the chances are you'll be the same on steroids. Be aware of this so that you can control it in the future.

If you are considering steroids be careful! Finding as much additional information as possible is advised and consult your doctor before taking the magic muscle liquid. This could prevent many nasty side affects. I hope this article is of some help to you and in the future I will list certain steroids that can be obtained in Australia and the pro's and con's of using them. Keep pumping! Julian.

Most athletes or serious body builders at some stage of their life will contemplate using steroids. With all of the true scare stories and known side effects of steroids and their use, what would possibly possess a healthy athlete to use illegal drugs? The answer is the results.

Time is a body builder's nemesis. What one body builder can achieve in three years on steroids may take a natural body builder ten years to accomplish! So in the long run it can allow you to create a more perfected body in a shorter time period.



QuIVAA has a range of resources about steroids, and the best ways to use them. Information we have includes 'The Big Book' which contains a lot of helpful information and useful tips for steroid users, and a QuIVAA Steroids Information leaflet.

WANT MORE
INFORMATION?

Do you hit up other people?

Many of us have hit up other people at some stage or another, many of us have also been hit up by other people! Hitting up someone else is a useful, appreciated and should we say 'important' (?) thing to do. Yep.

Hitting up other people is also something that comes with a bit of responsibility attached. If all the practices and principles of safe injecting that QuIVAA promotes are followed, there are very few reasons why harm should come to anyone injecting, and why the experiences should ever be 'bad' ones. If you are doing the injecting, you are in many ways the key to the other person being 'safe and well' or not. (Not to put the heavies on you or anything!).

If you're the one to give a person their first shot, then you and your actions are going to live on in that person's memory - this shot is something that seems to be rarely forgotten, and something that is often discussed with other people. Remember yours?

The same goes if you're discussing/talking about injecting issues such as hepatitis C, cleaning equipment or the newest process of hitting up. There is so much hearsay around about these things and sometimes by the time a person has been told something, it can be quite warped and very misleading - like the outcome of that "Chinese whispers" game. The best information to believe is written information or verbal information from a reliable source such as your local friendly needle exchange.

Here's some reliable information for you... Safer using means more than just using a new fit for every hit - it means also having washed hands before and after, using sterile water, a new filter, new swabs, a clean tourniquet and a clean spoon every time you inject. And having the latest information about what you're doing.

If you share any of your needles and syringes, sterile water, filter, swabs or tourniquet with anyone, you will come into contact with their blood. If this blood is infected with hepatitis C or HIV, chances are that you will get it too. It's the same scenario if you come into contact with someone's blood when you are hitting them up, or if anyone shares any of your equipment when you hit them up.

Protect new users - use only sterile and new equipment. If you are someone that hits up other people or if you are not adverse to doing this, try to have some spares - that are sterile and in unopened packets, in case someone wants it.

Remember also that infected blood can be spread on the hands and fingers, so it's important that these are clean. We know washing with soap and water is a pretty hard thing to do before and after every hit, but it is really important and it'll have to become the norm if we're serious about avoiding hepatitis C infection. It's about being "blood aware" and thinking about the places where blood might be evident, even if we can't see them.

There's a pretty huge pool of hepatitis C infection among users to date. Young people and those who are just beginning to inject are a really important group through which to prevent hep C spreading - if they know how to inject safely and how to avoid getting hep C, the number of infected people will not become so ever-increasingly large.

Encourage young/new users to have the knowledge and the means to protect themselves: access to sterile injecting equipment and to information! The positive outcomes of this will affect us all! Less hep C around, less of our friends and family infected and sick...

So please, when you come across someone who is a new user, try to give them as much information as you can:

- tell them about places to go to get their own new injecting equipment,
- encourage them to always be safe when injecting and explain ways of doing this,
- and explain ways of avoiding hepatitis C through being "blood aware".

If you're hitting up someone else - do it really well (and only when you're prepared for it with enough sterile equipment), let the person know how to do it as safely as possible, and be remembered for it.

Researched & written by
Ian Bega

Get free of Drugs at Home!

The QuIVAA Home Detox Project

QuIVAA's Home Detox Project is an innovative program designed to offer people an alternative way to detox from heroin. Traditionally, this process required heroin users to admit themselves to hospital facilities or other clinical settings. These options appear to have profound limitations for some people, primarily associated with their inflexibility and lack of individualisation/personal choice.

The Home Detox Program allows users to detoxify at home incorporating support from QuIVAA project officers, trained volunteer carers who visit clients homes between the hours of 8am to 11pm, as well as regular visits from nurses to help with any medication they may need.

In addition to the conventional medical support provided by the nurses to relieve withdrawal symptoms, we also provide access to alternative therapies such as massage and aromatherapy. The utilisation of the services available is flexible and determined through negotiations between a project worker and a client in view of their individual circumstances.

The pivotal aspect of the program is to empower clients. This is based on the premise that the more informed drug users are about withdrawal and the more control they feel they have over that process, the more likely they are to succeed. Accordingly the program has a focus on encouraging clients to re-establish control over their lives through emphasising personal decision making and goal setting.

The philosophy underlying the goals that are set for the Detox Project is one of harm minimisation and not necessarily abstinence. Furthermore, we support clients in approaching detox from a holistic perspective. That is, whilst drug use is the primary issue it is recognised that this behaviour often has a large impact on other areas of life and these are explored in relation to an individuals detox goals and objectives. It is the aim of this project to support clients in achieving the life changes they desire.

Vietnamese Outreach Project

My name is An Phan. I have been appointed by QuIVAA as a part-time Vietnamese Outreach worker as part of a 9 month project.

My duties will be to help Vietnamese people with health information and access to services in the area of Injecting Drug Use (IDU). This project will focus on the Inala and Ipswich corridor and will include visits to correctional facilities.

A further aim of this project is to consult with the community in order to promote a better understanding about injecting drug use issues and harm minimisation strategies for Vietnamese health and welfare workers and to provide needles and syringes, other injecting equipment, condoms and referral information to Vietnamese people.

As part of the project I will be conducting workshops within the Vietnamese community in order to increase the level of knowledge about drugs, harm minimisation strategies and risks for contracting Hepatitis C, HIV/AIDS and other related diseases.

I will also be developing health education and information resources that are suitable for all members of the community, and promoting needle exchanges, methadone treatment programs, detoxification services and drug and alcohol services.

The ultimate aim of this project is to better serve members of the Vietnamese community who are Injecting Drug Users

Please feel free to contact me if you would like to discuss this project. I can be contacted on (07) 3252 5390 or 0411 657 252.

Peer - Ed

QuIVAA has completely updated its peer-ed package, to make it more 'user-friendly' and a lot more fun!

Peer-education means you can be authorised to distribute needles and syringes on QuIVAA's behalf, and even get occasional paid work in our needle exchange.

We are also offering refresher courses for those people who have already been through the peer-ed course. To remain authorised you must do the refresher course.

Authorised volunteers can also help QuIVAA at events such as Livid festival, and other similar community events.

For more information on the new peer-ed course, or to discuss your authorisation status, call Anna at QuIVAA on (07) 3252 5390 or 1800 172 076 during business hours.