DART NEWS

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NEWSLETTER OF THE QUEENSLAND INTRAVENOUS AIDS ASSOCIATION

CONTENTS

Editor: Annie Madden

Thoughts expressed are those of the contributors.

regulars

features

specialities

Amusements

Contributions are needed and encouraged. Deadline for the next issue is the last week of March. Send to: QUIVAA, 93 Brunswick St, Fortitude Valley Q 4006.

EDITORIAL

Well hi, I'm your totally new, totally IDU el presidente! Pleased to meet you all. The last few months since the AGM have been A-MAZING in the infamous tradition of good old QuIVAA. For those of you who do not know me or know of me, I have been involved in QuIVAA since 1989 (basically since the beginning of the organisation). I was a member and volunteer when QuIVAA started in the Valley, I was a staff member (Fuck Safe Shoot Clean Safe Sex Kit, Project Worker) at Water St, Vice-President at Merivale Street and now President back in the Valley. So, I suppose you could say, just like QuIVAA, I've come the full circle.

Over the past few months we have been getting used to our new salubrious surroundings, had some staff changes, had lots of volunteer forums, management committee meetings, produced a new poster and postcard and conducted a complete organisational review. And that just a few of the major things! In short, I suppose you could say we have looked squarely into the eye of the storm and decided that the weather is just fine and we wish you were all here! In fact, alot of you are, since the move, volunteers have been returning in droves and grabbing a piece of the action. And all I can say to that is great, great, great and just keep on coming...

Speaking of all things new and exciting, this fabulous piece of totally subjective journalism is the first edition of the new look QuIVAA newsletter. As always, keeping our fingers on the pulse, we decided to drag QuIVAA into the 90s with an all new and updated magazine style publication that will hopefully (with your help) grow into an informative, cutting-edge and down-right dangerous piece of work! So pleese send us lots of the stuff that makes a magazine work and if you want to help out with pulling it all together, just let me know. All are welcome!

If you've had a flick you'll be aware that this edition is packed full of things to inform, shock and amuse, as well as, things hopefully that will make you angry and want to act. If you get that urge please come on down to QuIVAA, we have heaps of new projects, issues and campaigns to get your teeth into and make you feel good about being part of the using community.

So, relax, read on and most of all enjoy! We had so much info for this edition we decided on a bumper new year issue however, one thing we couldn't and didn't want to make a decision on was a new name for the newsletter. So, this is the last edition of DART NEWS and we are running a competition with a very useful $50.00 prize for the lucky imaginative winner. For details of the competition see the back cover and get creative!

Bye for now,
Annie.

VOLUNTEERS COLUMN

QuIVAA has had a steady crew of volunteers working since March this year, which is now increasing.

Outreach is happening every Friday afternoon, especially at Metropolis, and seems to be working very well, as between us we seem to know most people there and a very high percentage of the using population.

Every week we have discreetly supplied syringe packs to those requesting this service and alternately, given ourselves quite a high profile prior to this, by distributing coasters, stickers, condoms packs, dam paks and new address cards. We have now scaled this down, as awareness of our presence is high. We don't wish to scare people off by being always so out there. Undercover police are making it quite a regular stop for themselves as well, so we must keep this in mind, so as not to jeopardise any of our clients.

Leesa is doing outreach in West End now that we have moved out of that area, on Thursday afternoons around the Boundary St shops and the West End market. Steve and Chris have been doing the Valley and West End and, other volunteers are starting to work in other areas. Now that the move is completely out of the way, and now that out authorisations have finally come through, outreach will start spreading to other areas of need. Firstly, of the Valley and New Farm, to spread the word to our local community to let them know we are here and that they can come see us. At the moment we are working on a few projects of our own.

A user friendly doctor list is being compiled and we would like to hear from you, if you have a user friendly doctor or, know of one. This might include doctors who prescribe methadone, are willing to write sickness certificates, prescribe pain relievers or who might just be non-discriminatory and easy to talk to. This is for a referral database for when clients using the needle exchange need advise and support.

We are putting together an article, hopefully to appear in Scorch magazine, with the addresses of all the council public disposal bins to raise awareness of this little known service. **(This list also appears on page5 of this edition of Dart News Ed.)**

Now the new Drop-in Centre is open we are having regular workshops for the volunteers and the public to give us some much needed training and to get more people involved in what we are doing. AIDS Awareness and Users and the Law are a couple of topics for starters. If any staff are working on developing workshops we would like to invite them to try them out on us.

We are all looking forward to making QuIVAA a real working force in the Brisbane user community. The Organisational Review, and the move to the Valley should make the volunteer base of QuIVAA stronger. All we need now is more people to join in!

Leesa

What the Organisational Review will mean for QuIVAA Volunteers

During the last week of November and the first two weeks of December, QuIVAA carried out a complete Organisational Review funded through Queensland Health HIV/AIDS Unit. The general idea behind the review was to take some much needed time to reflect on where we have come from, how that relates to where we are now and what all of those things have to do with where we can go in the future!

The review was designed to give all 'stakeholders' that is, volunteers (including management committee volunteers), paid staff and other external or peripheral interested parties equal and valid time to have their ideas and input acknowledged. This is a huge task for any organisation, which inevitably involves a degree of pain and will always require a great deal of compromise. And that it did! However, it also had many and various positive outcomes especially for volunteers.

Lots of volunteers were involved which allowed for plenty of discussion around the role of volunteers and how individual volunteers might best work within QuIVAA. Decisions included; formalising the volunteer's committee meetings held every Monday at 12.30 in the Drop-In Centre, the election of a volunteer's representative to liaise with the coordinator, the management committee members and attend management meetings. This is to be a rotational position so as to give all volunteers an idea of the responsibility involved in this role.

Further ideas to be implemented over the next few weeks/months include; a volunteer roster and register, a record of volunteer skills and how they would like to incorporate such skills into QuIVAA, outreach reports so as to better target outreach work, a new protocol for submission of ideas which would include a system for feedback on ideas presented and probably most importantly the development of a structured and consistent volunteer training and accreditation program.

This new training program will mean that on entering QuIVAA as a registered volunteer, individuals will be able to decide on their level of involvement, how their existing skills might be utilised and be given the opportunity to gain new skills and experience through specific training. The idea of volunteer I.D. cards has also been suggested which could be very useful for outreach and streetwork.

These are major changes but ones that will improve the quality of experience for all volunteers in the future. These changes can be positive and will ensure that the lines of communication are kept open and available to people at all levels of the organisation.

Editor: We welcome further comments from other volunteers on how they think the new structure is going in the near future.

SAFE DISPOSAL

Castlemaine Perkins breweries have been complaining about used fits being disposed of in their beer bottles. This kind of irresponsible, unsafe disposing gives QuIVAA, and all other needle exchanges a really bad public image.
Safe disposal means disposing of used fits in a hard plastic, puncture proof container with a lid, or a safe disposal container available at QuIVAA.
The major problem with glass bottles is that they can break so easily. So think about where you are putting your used fits!
You can pick up disposal containers at all needle exchanges.
There are also safe disposal bins in a number of designated City Council public toilets in the Brisbane metro area. These include; Oriel Park Ascot, City Mall, Kangaroo Point Ferry Terminal, City Botanic Gardens, New Farm Park, Centenary Place, Fortitude Valley and Albert Park Spring Hill.

HEPATITIS C SUPPORT GROUP

A Hepatitis C Self Help Support Group has been formed and at the moment is meeting at the Peel Street Methadone Clinic at South Brisbane. The last meeting was held on Wednesday December 1, 1993 and included guest speaker Jan Childs who spoke on the topic of Stress Management. Those involved are encouraging all users with Hepatitis C to come along with the aim of developing a safe, confidential and supportive environment to discuss and begin to address some of the health issues for users with Hepatitis C. Meetings are the 1st Wed of each month. For details of future meetings call 844 9222 or QuIVAA on ph. 252 5390. Also watch out for QuIVAA's Hep C Drop In Evenings... Coming soon

ROLL UP! FREE LUNCH!

QPP are collecting useful info for positive people, HIV/AIDS, health, legal issues...they want to sort it all out so that people needing information can find it fast. It's a big job and they need help with all aspects of this task. If you are interested in getting involved please call Charlie and let him know what you would like to do. It is also a great chance to get together, meet new people, chat, drink, eat, learn, think. listen and laugh...You can call QPP on ph. 846 3939.

WEST END OUTREACH

West End outreach has been happening each Thursday and with each time we are building our base and establishing some fantastic contacts. The word is spreading that we are there regularly every Thursday arvo and in the new year we will be expanding our work into new areas and hopefully continue to meet new faces. QuIVAA's Outreach Program aims to provide quality information and educational materials as well as providing you with everything you need to to do what you do safely!

RAVES

QUIVAA HIV SUPPORT GROUP

A HIV Support Group for Users or Ex-Users who are living with HIV has begun to meet at QuIVAA twice a month. The group aims to provide a safe space to discuss issues of living with HIV. If you would like further information please call Gabby at QuIVAA on ph. 252 5390. Confidentiality is assured.

WORLDS AIDS AWARENESS WEEK

The familiar World AIDS Day on December 1 each year was expanded this year to a week of activities and events aimed at raising the awareness of HIV/AIDS issues. Whether this was achieved is a debated issue but nevertheless a range of activities from the more formal government functions to informal community based photography exhibitions and quilt ceremonies were held throughout the week of December 1.This year also saw the introduction of the first Queensland HIV/AIDS Appreciation Awards in memory of Reg Carnell founder of Queensland Positive People. Many members will be pleased to know that Colin Griffiths, Former QuIVAA Education Officer and current Coordinator of GAIN (Gold Coast AIDS Association and Injectors Newsline) receive one of these awards for his work, congratulations Colin well done! QuIVAA's AIDS Awareness Week function was held on Friday December 3 at the new premises and was focussed around the launch of our new poster and postcard/pamphlet. The theme centred around "Responsible Using" and acknowledged and encouraged the active role users have and are taking in following safe using practices. The tear-off postcard features a safe using message to send to a using or potential using buddy and leaves you with an info leaflet about QuIVAA services and essential numbers for users that can be folded to to fit in your pocket/purse/wallet. Very discreet! If you would like a poster/s or postcards you can get them at the QuIVAA Drop-In Centre.

PRIDE DANCE PARTY 1993

QuIVAA had a highly successful night at the Pride Dance Party. We gave out lots of info and heaps of condoms, dams and gloves. Quite alot of people expressed their appreciation of the dams and gloves as often the needs of women are overlooked.
We also got quite a few comments on the disposal containers we had attached to the walls in the toilets. They were well used so we will be continuing to do this when ever possible at future nocturnes. Generally, a good time was had by all...Here's to next year's dance!

AIDS CRISIS

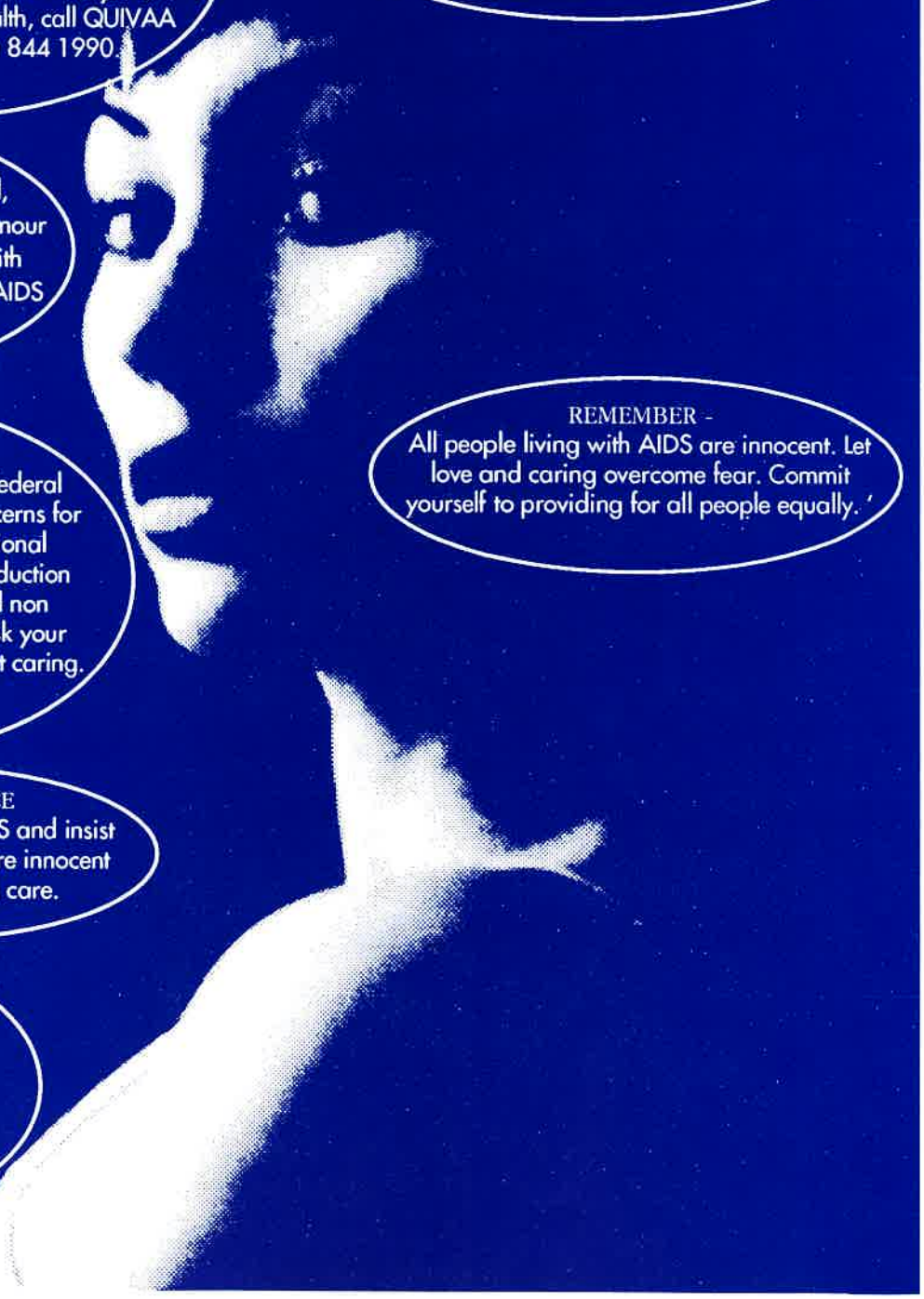
How can you help

SHOW YOU CARE
Join in activities designed to increase awareness, to protest inaction, to pay tribute. Become a buddy, help with food preparation and distribution, volunteer at hospitals and hospices.

EDUCATE OTHERS
Listen to people, hear their concerns, provide useful information, urge your employer to conduct seminars and distribute and information. QUIVAA can provide trained personnel and videos, and printed materials.

GET THE FACTS
Seek up-to-date information about statistics, trends, scientific and medical advances, government actions and appropriations. Every community has its own AIDS crisis, so keep abreast of local issues. Do research at your library, contact Queensland Health, call QUIVAA on 252 5390 or QUAC on 844 1990.

CONTRIBUTE
All gifts, even donations of food, clothing, and presents will help. Honour family and friends on holidays with donations made in their names to AIDS organisations.



REMEMBER -
All people living with AIDS are innocent. Let love and caring overcome fear. Commit yourself to providing for all people equally.

SPEAK OUT
Write and call your state and federal representatives. Voice your concerns for research, health care, educational programs for youth, and risk reduction efforts. Insist on accurate and non sensational press coverage. Ask your clergy to speak out publicly about caring.

FIGHT PREJUDICE
Open discussion about AIDS and insist that all people with AIDS are innocent and merit support and care.

PROTECT YOURSELF AND RESPECT OTHERS
Talk with sexual partners about AIDS. Use condoms and water based lubricants. Never share needles or other drug paraphernalia.

DECLARATION OF THE RIGHTS OF PEOPLE WITH HIV/AIDS

HIV infection is a worldwide epidemic, affecting people in every country. People with HIV/AIDS (with or without symptoms) are struggling to stay alive and live with dignity. Our voices must be heard and our special needs met.

This Declaration sets forth the responsibilities of government, international agencies, service bodies, private enterprise, health care providers, schools, religious institutions and all Australians to ensure the rights of people living with HIV are protected.

People with HIV/AIDS includes women, children, sex workers, haemophiliacs, injecting drug users, indigenous people, people with disabilities, people of non English speaking backgrounds, young adults, heterosexual, bisexual and transsexual persons, lesbians, and gay men.

We make this public Declaration of the Rights of People with HIV/AIDS and call on all Australians to ensure that they are upheld.

People with HIV/AIDS must be accorded the following rights:
the right to liberty and security of person
the right to privacy
the right to housing, food, social security, medical assistance and welfare
the right to a full and satisfying sex life
the right to protection of the law and protection from discrimination
the right to freedom of movement
the right to work
the right to a family of choice
the right to education

1.Government and health organisations must treat HIV infection positively and aggressively. It is essential that Governments recognise their social and moral obligations and ensure that appropriate funding levels exist to promote access to, and the availability of treatment, care and support.
2. HIV is neither contagious nor highly infectious. Casual contact presents no threat of infection. Government and other responsible bodies must act to dispel irrational fears about transmission and thus make all individuals aware of their personal responsiblity to protect their health.
3. Governments must develop a code of rights for HIV positive people which encompass the following principles:
A. The representation of HIV positive people on all relevant decision making bodies. HIV positive people must be fully involved in the development of HIV and AIDS related policies and practices.
B. A broadening of anti-discrimination legislations to include known or assumed HIV infection. Protection must specificalloy consider employment, housing, access to legal and other services and the provision of fair and equitable insurance.
C. The right to anonymous and confidential HIV antibody testing. Professional pre- and post- test counselling must be provided.
D. Information required for notification of HIV must be coded and its confidentiality guaranteed. Information must never be disclosed to a third party without the positive person's prior consent.
E. Compulsory or coercive testing must be rejected absolutely.
F. Quarantining, detention or segregation of people on the basis of their HIV status must be aggressively opposed.
G. Access to quality medical care and treatment, including complementary and experimental therapies must be equitable and guaranteed.
H. The rights of people with a life threatening condition to choose their own treatments. Access to care should not be jeopardised by the agreement or refusal to participate in research trials.
I. The fundamental duty of government is to protect the health of the people. Adequate resources must be provided for research into HIV and conditions associated with AIDS. This includes therapeutic treatments such as vaccines
J. The right of people with life-threatening conditions to die with dignity. Legislation allowing people to decide how and when they wish to die, without unsolicited medical interference, must be enacted.
K. The right to appropriate housing including recognition of the need for people with life threatening conditions to have priority access to public housing.
L. The full recognition of lesbian and gay relationships including the right to found and parent a family of choice.
M. The recognition that HIV positive people have the right to a full and satisfying sex life.
N. The protection of the reproductive rights of HIV positive women including the right to bear children and the right to accurate information and supportive ante-natal and gynecological care.
O. Protection of the needs of HIV positive injecting drug users, including access to a range of non-judgmental, non-punitive harm reduction services, and maintenance therapy that is appropriate to their wishes and needs
P. A guarantee that prisoners with HIV receive the same standard of care and treatments as those outside the prison system. Prisoners must have access to drug trials and preventative measures free from discrimination within the prison system.
Q. The rights to access information or services related to HIV in the language (written, spoken or signed) of a persons choice, through an interpreter if necessary.
R. The right to maintain a reasonable standard of living, especially an appropriate diet, through equitable access to financial assistance and welfare agencies.
X. The right of access to education which should not be restricted on the basis of HIV status.
T. The rights of children and orphans with HIV whose special needs msut be recognised and attended to as a high priority

4. People with HIV/AIDS have the right to freedom of movement. The Federal government must immediately remove discriminatory restrictions on the immigration of people with HIV, who meet all other necessary criteria. The government must also move to promote the international abolition of such practices. Immigration restrictions disrupt family reunifications, abrogate the rights of refugees, serve to further stigmatise people with HIV and are costly to administer.
5. Australia must active encourage and participate in the creation of an international data base. Medical iand other data relating to HIV must be made readily available. This must include information concerning drugs and treatments, especially basic bio-medical research and the progress of all clinical trials.
6. People with HIV/AIDS have the right to work. Australian employers must prepare and implement policies which protect the rights of HIV positive employees. These policies must outline terms and conditions and must prohibit unauthorised disclosure, unnecessary testing and dismissal on the basis of a known or imputed HIV status. Policies should be based on Affirmative Action principles.

We believe that these measures are necessary to ensure the rights of people with HIV/AIDS are protected in a society which respects the value and dignity of its members.

handy hints for people with hep c

A. Don't overload the liver as it is damaged. Cut down on fatty foods. (i.e.) saturated fats, e.g. chips, deep fried foods, chicken skin, cream, butter, nuts, etc.

B. In the past if you have had an allergic reaction to certain foods, remove them from your diet as these foods create antibodies that the liver has to break down and therefore it will overload this organ.(e.g.) Classic allergy type foods are dairy and wheat foods.

C. The livers function is to detoxify and breakdown substances. Beware that a liver that is affected by Hep C or is damaged in any way has to work a lot harder than a healthy liver. The continued over use of drugs and alcohol can further damage the livers tissues so if you are going to keep using use safely and in moderation. i.e Cut down on drugs that the liver has to detoxify. Panadol and alcohol are the most damaging to the liver. Be aware that by cutting down the intake of the following you are helping your liver cope (e.g.) Caffeine, (Coffee, tea, coke) Nicotine, (cigarettes), narcotics, tranquillisers, antihistamines, marijuana etc.Excessively spicy foods also overtax the liver.

D.Eat foods that are less likely to need the liver and other organs to be fully involved in the digestive process. i.e. Foods that have been partly digested by enzyme action.e.g. Miso, tofu, yoghurt, junket, pickled foods and foods that contain enzymes such as paw-paw and pineapple. (N.B. that is why it is best not to eat foods high in fat because the Liver has to produce bile to digest the fat). Eat foods that have been warmed or cooked. The Chinese believe that foods that overtax the other organs of digestion i.e. cold or raw foods, leaving them low in vitality will cause the liver to "Fire Up". (Fire in the liver signs are aggressiveness, flushed face, irritability, headaches.) It is good to eat some raw foods but moderation is the key here, better to stew your fruit, lightly steam your vegetables, and eat cooked grains, e.g. porridge, instead of muesli.

2. A damaged liver leads to hypoglycaemic symptoms - some of these symptoms are - inability to wake up in the mornings, mood swings, irritability, nightmares, nightsweats, feelings of confusion happening at intervals, morning headaches, tiredness and lethargy.

By eating foods high in refined carbohydrates, drinking lots of coffee, eating chocolate, smoking heaps of cigarettes drinking alcohol that is high in sugar (rum, beer, bourbon, etc) having lots of sugary foods, even though you may crave these foods, THIS PRACTICE WILL ONLY WORSEN THE SYMPTOMS, and overtax the liver as this organ is involved in sugar metabolism.

Ways to combat these symptoms are to eat small and frequent meals that are high in complex carbohydrates rather than refined carbohydrates. Foods such as apples, pears, bananas, paw-paw, pineapple, potatoes, and all vegetables, oats, grains, cereals, (rice, millet, barley, rye) avocados, lentils etc. (White bread and Ice cream can be included as foods that will prevent radical blood sugar swings therefore helping hypoglycaemic symptoms - interesting fact?) N.B. Chromium - (A mineral) which is found in most B complex formulas and brewers yeast greatly helps the hypoglycaemic symptom picture.

WARNING: Continued and untreated hypoglycaemia may eventually lead to the pathological condition called Diabetes.

3. Supplement your diet with those nutrients that the liver is finding difficult to absorb or synthesise due to it being overtaxed or simply these nutrients are not present in your diet because you are not eating fatty foods. ie. Fat soluble vitamins A, D, E, K. Use the supplement formula Mi-Cell because these vitamins are already "packaged" to be readily absorbed by the digestive system without the liver having to manufacture bile to synthesise these vitamins into the Mi-Cell form. You can buy Mi-Cell A & E from QuAC. Vitamin D is synthesised in a layer of the skin by sunlight however...smoking disallows this vitamin to be synthesised by the kidney into its active form thereby inhibiting absorption of calcium. Vitamin K is synthesised by the liver, with a damaged liver leading to an abnormal yield of Vitamin K. (Vit K is one of the factors needed for blood clotting.) Women - painful periods with heavy clotting is considered to be a sign of some liver dysfunction.

4. As to date drug therapies have been largely unsuccessful in repair of damaged liver tissue. However, there exist some herbs and nutrients that may assist in repair of a damaged liver. These include: HERBS St.Mary's Thistle, Bupleurem Schizandra, NUTRIENTS. Vit C, Methionine, Choline, B6, B12, Threonine, Glutamic Acid, Taurine, Carnitine, Inositol (Found in LM1 Formula). A formula called CELLUPLEX has proven to be very effective in the maintenance of liver detoxification. There exists other herbs that do assist the liver to maintain effective functioning, ie. Dandelion Root, available as a coffee or tea. A herb named Hypericum has an ability to impede the action of the virus responsible for Hepatitis C infection, (this is currently what is sometimes being successfully treated with the use of the drug Interferon.)

Herbs can be hard to take, they can taste foul, however some good news is that we can approach QUAC to order in some tablets for us called PROL 7000 (these being the dried version of St. Mary's thistle). We as members of QUIVAA have access to buying vitamins, herbs, and minerals from QUAC. These tablets, if taken as prescribed by a practitioner. ie.2 tabs taken with meals, 3 x daily and a further 2 taken before retiring have proven to be very effective in repair of damaged liver tissue. If you have any information or any inquiries please give QUIVAA a call and ask for Jeff or Debra. We need feedback so that our friends at QuAC can order the vitamins and nutrients.

QUIVAA Volunteer.

Note: *Many people with HIV have found alternative therapies to be useful as an alternative to western medicine, or as a compliment to conventional treatment. For this reason, QuIVAA has provided thid article on alternative therapies in relation to Hepatitis. Contact QuIVAA for further info.*

HEPATITIS C - REVIEW UPDATE

This is a summary of an article that appeared in 'The Spike' : News and Views for Injecting Drug Users produced by the Spike Collective in Auckland, New Zealand. The article covers issues relating to testing, treatment and the effects for IDUs of treatment when using methadone and other drugs. In places I have substituted Queensland and Australian specific information instead of the New Zealand experience where necessary.

TESTING

The initial blood test for HCV is an anti-body test, that is to say that it does not tell you whether you have active Hepatitis, but can only tell you whether you have been exposed to HCV. The accuracy of these tests is over 90 percent, so it will usually give you a clear indication of whether you might have the virus in your system. Queensland Health is currently only encouraging IDUs to have a anti-body test if they have been using for more than 8 years or if they have been using unsafe drug use practices (sharing needles, spoons, water etc). The major reason for this is the expense of the testing process. As with any health issue there are limited funds available for testing and the intention of this policy is to keep those funds available to those who suspect their behaviour may have put them at risk of HCV infection. QuIVAA supports this approach in principle as we also recognise the stress involved in waiting for results for tests you may not have needed to have done in the first place. We also recognise the great deal of misinformation around Hepatitis C and encourage any IDU contemplating a test or just wanting some information to ring QuIVAA and talk with our staff about your options. Fundamentally however, QuIVAA supports an individuals right to test for any virus that they suspect for any reason that they may have been exposed to.

If you come up as anti-body positive in a test then the next stage is to have a PCR test, which is a specific test for the active Hepatitis C virus. At this stage a liver function test should be done to determine the amount of damage to the liver, which will also give you an indication of how far your infection has progressed. If you have been a heavy user of drugs, particularly alcohol, your liver may already be damaged, but either way, if you are going to seek treatment for HCV then you will need to know the exact condition of your liver to allow the treatment to be tailored to meet your current liver and general physical condition.

TREATMENT

If you are anti-body positive and feel uncertain of the level of HCV knowledge of your G.P. then, you should ask your doctor for a referral to a specialist in the HCV area for further investigation and treatment. QuIVAA can also offer advise on referrals in regard to HCV specialists. It should be added that because of funding restrictions there are long waiting lists for people wishing to begin treatment. Hopefully as the significance of the impact of HCV on the IDU community trickles upwards through the Queensland Health Department, we will see a vast improvement in the funding and support for HCV testing, treatments and care. This will be a long campaign of education and promotion and QuIVAA is there pushing the issues and influencing some changes. 1994 will see Hepatitis C educational projects beginning at QuIVAA.

When you begin specialist care, more tests will be done to confirm that you have active HCV, these may include a liver biopsy, where a small piece of your liver is removed for analysis. Once all of this data is collated you and your specialist can discuss treatment options and a personal treatment program can be established. This might include a combination of drug and natural therapies treatments, lifestyle adaptions and emotional support depend on your condition.

Most HCV infected people are offered the drug treatment Interferon A commercially known as Roferon, however, increasingly combination treatments using Interferon with other drugs are being used to improve treatment outcomes. Interferon is given in three injections a week for a period of 24 weeks. It can have some side effects most noticeably in the first few injections and have been likened to flu like symptoms, with fever, muscle aches, tiredness and mild depression. For most people, however, these effects pass within a week or so and they choose to continue the treatment.

SUCCESS RATES

We should start by clarifying that successful treatment does not necessarily mean a "cure". Only one quarter (25%) of those treated with Interferon will completely eliminate the virus from their bodies, these are usually people in the earlier stages of infection, for many people infected the drug will slow (20%) or better still stop (55%) the advancement of the virus in the body. Therefore, as it stands at the moment, the majority of people infected will remain carriers of the virus, even after treatment. This means you will need to be aware of your risk of infecting others through unsafe using practices, unsafe sex and any other form of blood to blood contact. This is where QuIVAA will be working to develop educational materials to inform people of what is safe and what is new...as it happens! As with most drug treatments success rates will hopefully improve, however, this should not stop people seeking treatment now, the earlier you're treated the better chance you have of eliminating the infection completely.

TREATMENTS AND IDUS

There is a great deal of debate amongst health service providers as to the effect, if any, of methadone or other drugs on the Interferon treatment. It is an important issue to resolve as many users feel the emotional and physical stress of having to reduce off methadone or remain 'clean' during treatment to qualify is a difficult and in many ways impossible decision to weigh up against each other. As we all know life is never that simple!

If you wish to discuss any issues around Hep C or find out about the recently formed Hep C Support Group please contact QuIVAA on ph. 252 5390.

Source: "The Spike" and edited by Annie Madden.

The following article is taken from a speech that was part of a presentation by Colin Griffiths of QUIVAA at a seminar/workshop that was held by Qld Health about HAMWIDS (Homosexually Active Men Who Inject Drugs).

Statistically homosexually active (and passive) men who inject are still the second highest pool of HIV infection in Australia. This group of people have not been targeted with specific funded programs or projects. Read on.....

"My session is titled Phenomenology - a difficult word to pronounce or understand - this one word highlights the gaps between those in positions of power or who are resource plenty - well educated, white and employed and those they often serve - people who are resource poor with little or no tertiary education,stigmatised and surviving in a competitive world.

"QUIVAA neither condemns nor condones drug use. In our dealings with our target TRIBES we aim not to be judgmental. We use a Peer Education Model and have been described as a User Self Organisation, i.e. we endeavour to empower drug users to be responsible for their own health.

Much of our time at QUIVAA has been directed towards establishing and developing a community, or networks of tribes. The term Community is one of the most elusive and vague in sociology and is by now largely without specific meaning.

Injecting drug users are a diverse collection of individuals we; use different substances, come from various class backgrounds, have differing levels of education, come from different ethnic groups, either men or women, cover the diverse gamut of sexuality, have differing political views, may have lifestyle issues associated with drug use, have differing levels of income and are different ages.

There is no archetype of Injector. The myth of the JUNKIE is just that, a myth. In Sydney and San Francisco when HIV/AIDS was first identified the Gay Community responded effectively and decisively. The Gay Liberation movement of the sixties and seventies breed strong networks of Gays and Lesbians. People had access to their own newspapers, clubs, organisations and services. The misguided Fred Hollows and the ultra conservative Dr Bruce Shepard are correct. The Gay Lobby has taken over the AIDS debate. When one considers that HIV/AIDS has mainly affected men who had sex with men, the reasons for the action are obvious. This lobby consisted of middle class articulate, well educated, white men.

Injectors had no such lobby groups, no organisations, no newspapers that were their own, no specific groups other than self help groups like NA an abstinent based model of recovery. Abstinence is an unpopular option for Injectors. In the early part of the pandemic users as a lobby group were slow to respond to HIV/AIDS. The illegality of drug use makes those who inject often invisible. There is no hard statistical information as to the approximate number of injectors in this state. Estimates have been drawn from admissions to hospitals, methadone maintenance programs, police statistics and small scale studies. These estimates vary. A conservative estimate for Queensland is that there may be between 15,000 to 18,000 persons who inject or have injected. It has been easier for Gay men with law reform to come out as Gay men.

Most Injectors are not out and proud.

At a recent forum on Drug and Alcohol Issues for Lesbians and Gays two gay men came out and stated publically that they also were occasional injectors. I was heartened initially to hear them speak out. On reflection I thought that their public statement was brave. They have both since informed me that they wished that they had not

spoken out so honestly and openly. They fear recrimination. This forum was held in a space that was supposedly safe, they felt their confidentiality would be blown.

The use of drugs should never devalue life experience, intelligence, compassion, needs or our right for a space on the planet. Injectors too often have been cast in the life movie, by the misinformed majority in our society, as BAD people, we are not BAD, we either use drugs or have used drugs. Some have cast us as no hopers, thieves, or junkies - certainly we accept that laws are often broken - I recall that up until 1991 every person who had anal sex in this state was breaking the law but it did not stop us from smiling as we fucked - the majority of injectors are law abiding people.

Value ladened attitudes, those attitudes of GOOD or BAD, need to be examined. For us life is a continuum of constant change. Injectors reflect the mores of the general society. We too, use the GOOD/BAD model in our dealings with others. Our society is one that is under constant pressure - the pressure to perform, the pressure to make money, the pressure to survive. Drugs and alcohol help to alleviate these pressures.

Discrimination within the injector community reflects over two hundred years of white settlement of Australia. Robert Hughes in 'The Fatal Shore' a history of white settlement of Australia, stated that, "there were three distinct groups who were discriminated against. Blacks, Women and Gays". Sadly this is still the case. Though there has been BAND AID improvements. For those injectors who are women, black or gay suffer from duel discrimination from injectors themselves, and, from society in general.

Gay Injectors face an extra burdens of discrimination. Sexuality, both internalised and externalised. Drug Use. HIV Status - either positivity or guilt of negativity.

The 1988 National HIV/AIDS strategy overlooked gay injectors as a specific target group. Lesbian Injectors have also been overlooked. Statistics do not reflect the diverse nature of the target groups who are at risk. It is very difficult to access statistical information on Gay Injectors or Lesbians. Often people will be listed under gender and sexuality but other risk factors or ethnic group are ignored. Statistics need to be restructured to reflect the actualities of our diverse society. Statistics need to be structured uniformly around Australia. So that each state has the same recording systems. We must not remain invisible to policy makers and funders.

The 1992/3 National HIV/AIDS strategy produced by the Australia Federation of AIDS Organisations prioritises target groups for preventative education funding and programs as: 1) Gay, bisexual and other homosexually active men. 2) Injectors- all the way through to no 8) Sexually active people.

It fails to identify Homosexually Active (or passive) Men Who Inject Drugs. This group has remained invisible for too long. This group represents the second highest pool of HIV/AIDS infection in QLD.

Will we continue to ignore them and hope that they will feel empowered enough to access services for gay men or Injectors?

Will the silence from government and AIDS organisations deafen us into complacency?

Complacency kills!

As a gay man who has injected drugs I have seen my friends who are infected with HIV who are also injectors, lose faith in service providers because their drug use is perceived as BAD. There is a multitude of men who inject who have lost many of their friends to HIV. We need to challenge the enforced attitudes that have invisibilised us. We need to come out. And proudly claim our lifestyle.

Following this seminar - workshop there was a report that was produced by HIV/AIDS Unit of Qld Health who hosted the Workshop.

The HAMWID Agenda Setting Seminar Workshop Report of Sept 1992 makes the following recommendations.

1. As a sub-population of injecting drug users HAMWIDs be given high priority for HIV/AIDS prevention within projects targeting IDU and those targeting men who have sex with men.

2. Some training regarding homosexuality issues be instituted for alcohol and drug workers dealing with injecting drug users.

3. Injecting drug user organisations continue to have an outreach presence at gay venues.

4. Injecting drug user organisations should address the issue of homophobia.

5. The Queensland AIDS council continue to promote their needle and syringe exchange facility to homosexually active men.

6. Key gay community venues be approached to institute needle and syringe exchange and education facilities.

7. Education materials promoting safer drug use practices should be distributed through gay venues.

8. Gay community organisations (including QuAC) should address the issue of drug use phobia.

9. Drug use behaviour change programs targeting men who have sex with men should include messages that discourage injection as a route of drug administration, as well as safer usage messages.

10. Research of men who have sex with men should include an investigation of drug use behaviour (particular injection).

These recommendations were made from data received from the HAMWID Seminar/Workshop by Qld Health Project Officers. When the recommendations were written there was no representation from the target group or from QUIVAA. QUIVAA originally presented this as a health issue. QUIVAA has lobbied and pushed this issue. QUIVAA was not consulted. So much for community consultation. The equity seems to be distributed by those in positions of power who are isolated from the coalface who are isolated from those at risk who are isolated from the very realities that we face every day.

At last those in positions of power who are generally speaking heterosexually active and passive men and women have heard our plea for help. But has it been heard soon enough to address some of the prejudice and hatred that exists within our community. Has it been heard soon enough by those who may are at risk through either their drug using or sexual behaviour. Has it been heard by those who are already HIV+ve.

Only history can answer those questions. I hope it is a history that we will survive.

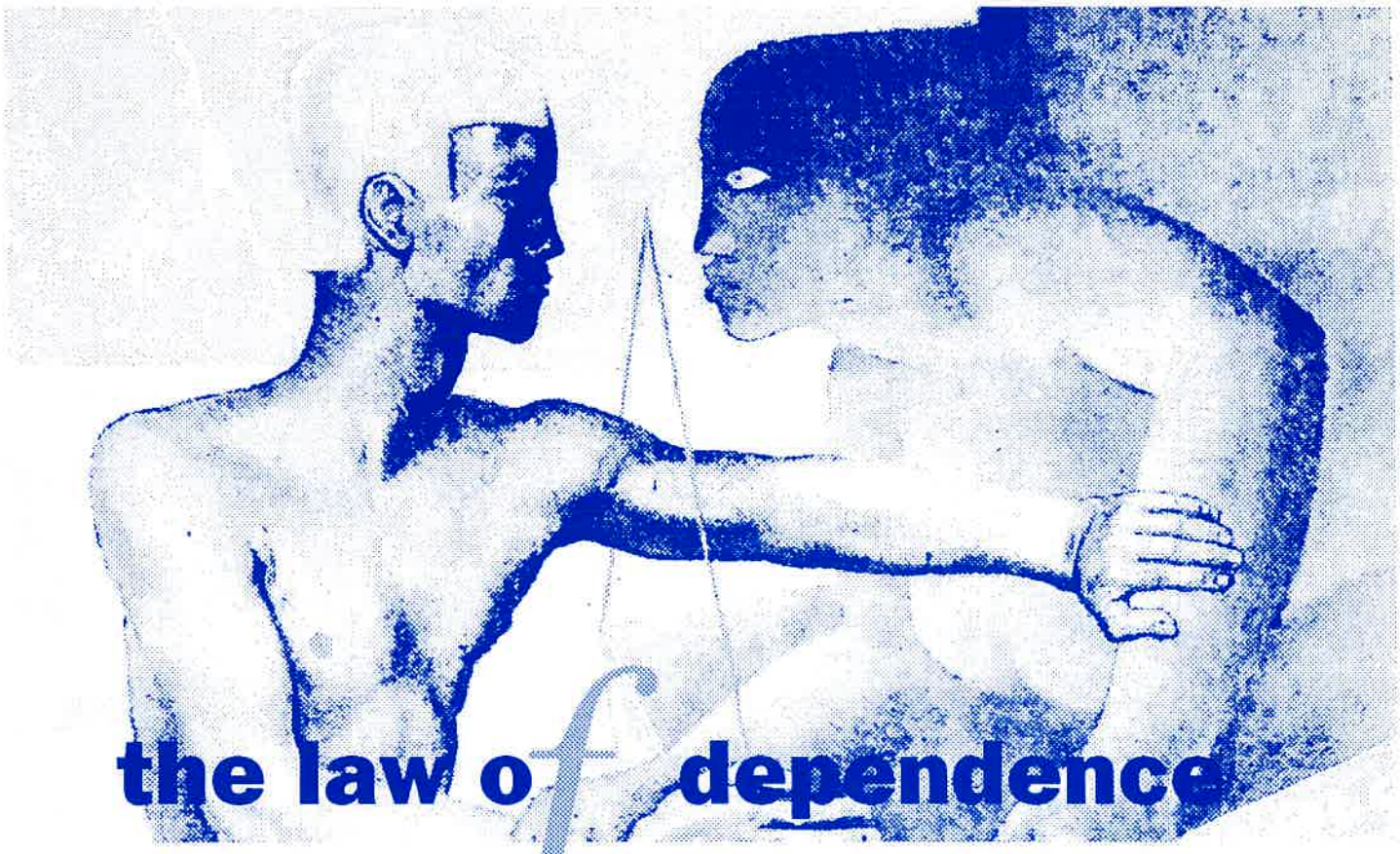
Fight back. Fight AIDS.

A project combining the resources of QUIVAA and QuAC was designed and carried out during 1993. Some really fun education materials were produced and launched at QuIVAA recently. The materials come in the form of a kit called "The Baggot" (a black drawstring bag full of fabulously fun things), and these are currently being distributed throughout clubs, gyms/saunas and other groovey places to be so, watch out for them.

Until now there have been no programs or projects specifically targeting this group with culturally sensitive education. After 12 years of the epidemic we must renew our commitment and energies. We should use our loss and our anger to change society's entrenched fear and hatred.

We must survive.

If there are any guys who are interested in this issue please contact : Jeff on 252 5390. Completely confidential and anonymous.



the law of dependence

you wake up in the morning...you feel like shit...you have to score to feel well...you need to find a large amount of money because your drug is illegal and carries enormous penalties for trafficking or mere possession...

The history of drug laws is one of racism, sexism,prejudice and bureaucratic hypocracy. It involves the struggle between states and Commonwealth to control taxation and health policy and policing. Drug laws are a history of changing attitudes and strategies that can be changed again by pressure from us.

Early drug laws were drafted by the States before Federation. They grew out of a xenophobic fear of Chinese immigrant workers who smoked opium. They were essentially aimed at raising tax from the Chinese. Europeans consumed large amounts of opium prepared as tinctures and patent medicines. Toward the turn of the century the temperance movement began to agitate in earnest and provided state governments with excuses to increases taxes on opium consumed by whites who were largely middle class and held political influence.

The Chinese were employing Aboriginal workers who were paid in opium and state governments introduced legislation to ban this practice after white employers complained about losing Aboriginal workers to the Chinese.

With Federation in 1901 brought with it significant and fundamental changes in Australian drug laws. Government turned to legislation to answer every social ill and the Commonwealth provided the vehicle. In spite of advice from the New South Wales Chief Medical officer that opiates caused no significant social or health problems (a comparisons was made to alcohol in his report) the Commonwealth pressed ahead with legislation banning the importation of opiates and as all opiates were imported this legislation had a significant affect. Opium taxes were increasingly justified on health grounds and administered under various Public Health Acts and Pure Food Acts. The responsibility for policing these Commonwealth Acts fell to the Dept of Customs and Excise who steadily spread their sphere of influence from interdicting restricted goods to controlling their distribution and policy formulation around drug use and drug laws.

The use of health as a focus for drug legislation led to a rise in anti opium rhetoric couched as it was in terms of addiction as illness. The medical profession at first suspicious of attempts to control the use of certain drugs soon began to exploit the rhetoric and gradually assumed the mantle of expertise in the prescription of opiates and cocaine. This had the further effect of weakening pharmaceutical authority and eventually subordinated pharmacists to mere suppliers under the expert guidance of the medical profession.

The Opium Smoking Prohibition Act of 1905 banned the smoking, trafficking and manufacture of opium in a form able to be smoked.
It also banned the possession of the drug which is interesting in that a mere state of being (ie possessor) became criminalised. This arguably paved the way for other laws based on merely 'being' such as legislation controlling immigration which relied on the subject being Asian or in the case referred to earlier, being Aboriginal and therefore banned from possessing or smoking opium. This point is important in understanding Australian (and U.S.) drug laws. There is a clear link between racism and drug laws, in fact drug laws would have been quite different if they had existed at all without racism.

Cocaine came to prominence in New South Wales in 1919 when an inquiry unearthed an epidemic of 15 women in Sydney who were using and trafficking in the drug introduced to them by returning soldiers. Cocaine it was said was largely used by prostitutes and other immoral women and was immediately tainted in the eyes of the press, who launched a scare campaign around it.

While all of this was going down in Australia there was a lot of activity happening on the international scene. The United States was growing more firmly committed to prohibition at home and thought the rest of the world could profit from their views on narcotics (which at the time oroneously included cocaine and cannabis).
Under the auspices of the League of Nations an organisation was established to monitor and control the trade in narcotics. All signatory countries were required to submit estimates of their medical consumption for the coming year and to police drug laws at home. This policy was ratified under the Hague Convention in 1912 and it restricted the trade and use of morphine, cocaine, cannabis, opium and a new opioid drug developed in germany known as heroin. Australia followed Great Britain into the Hague Convention and into a schizophrenic attitude to drug administration. The British model allowed for the treatment of addicts under medical supervision and these people were largely relics of earlier opiated patent medicines or were addicted health workers (read doctors).

Australia in some states followed this example (in Queensland up until the mid 60's addicts' habits were maintained in this way). It is important to remember that these people were generally older and middle class and definitely not criminal or immoral. Other Australian states simply banned these drugs over a period of time through a series of political initiatives and much shifting of political and medical weight. I will go into more detail in a future article. While patent medicines containing morphine, heroin and cocaine were slowly legislated out of existence remedies such as Bex and Vincents were taking their place which lead to a lot of having a Bex and a good lie down and a lot of damaged livers.

The end of Second World War brought with it The United Nations and the Cold War. The US formulated it's attitude to narcotics in the UN. In the US the Federal Bureau of Narcotics began it's own campaign linking narcotics (including cocaine and cannabis) with Communism specifically Chinese Communism, a monotonously familiar association. Such high points of American cultural production as Reefer Madness and Marijuana- Weed of Madness remain and can now only be appreciated when you are really whacked. All of these evil drugs were held to be the sexual sadist's drug of choice.

Australian press of course found all of this grist for the mill in the fifties were the good life fragile as it was needed vigilance at any cost from the dangers of communism, non conformity and drugs. Australia was being slowly drawn into the sphere of influence of US policy and the status of non legal/medical users of opiates, cocaine and cannabis were being ever more cast as social pariahs. While there were very few prosecutions during the fifties it was the quiet before the storm.

During the sixties marijuana came to represent an affront to law and authority and for young people it represented a powerful cultural call along with music, surfing, and a growing independence of behaviour. Rock music in particular had strong associations to drug use and new drugs appeared namely LSD and other hallucinogens which also came to be listed as dangerous drugs.

The authorities reacted to all of this with growing alarm and increasingingly sought legal solutions to social changes that they didn't understand or care for. On the other hand part of this new youth culture was coopted by money, packaged and sold back to youth for huge profits. Drugs were not exempt from this process and we need to remember that people are profiting from our predelictions and addictions.

In the next issue I will look at the history of drug laws from the sixties on,the current state of drug culture, social responses to drugs and where all of this leaves us when we wake in the morning and ponder where the days drugs and money to pay for them are coming from.

Written by John Carey

Acknowledgement: Desmond Manderson From Mr Sin To Mr Big, Oxford University Press, 1993

to be or not to be...

by Annie Madden

That, has always been the question. For many people, however, asking and answering the question is the easy part. The difficulty begins when you start to live the answer. When people make empowering decisions about their life and the way they want to live it, they often encounter an 'establishment backlash'. For Injecting Drug Users (IDUs) probably the most obvious extension of this attitude is the very long arm of the law. The way that IDUs and the criminal justice system 'interface' is intriguing and often dangerous.

The public at large have long considered it their moral and ethical right to carry out a "war against drugs" and more specifically, drug users. This official or government sanctioned war against a whole section of society has had the effect of demoralising drug users and in many cases destroying their lives completely. IDUs hold a particular and extremely dubious status as probably the most hunted and most hated of all drug users. Obviously, it is no coincidence that this situation is both advocated and reinforced by the existing legal system.

In a democratic society where freedom of choice is held up as a cornerstone it has occurred to me that IDUs in fact, have very few options or choices open to them. It seems that because IDUs choose to use illicit drugs they give up their right to be treated as part of our society. In short, they are denied their basic human rights.

For this reason, the topic of drug law reform is a crucial one for organisations such as QuIVAA and for IDUs as a community. The process of reforming or repealing laws that discriminate and restrict too often become clouded by individual moral concerns or political agendas. For example, drug law reform too often becomes a debate around the particular drug or drugs and their known or perceived physical / health / social effect rather than a discussion about an individuals right to choose. It is important to point out that drug use **can** be a health issue but this does not mean that it **must** also be a legal issue, it has simply been **made** into one.

As the previous article on the history or development of drug laws in Australia highlights the power to legislate is in the hands of a small powerful elite. Their power is established through political tactics and their motivations are narrow in focus and morally dubious, or dubiously moral (take your pick!). The legacy of this situation is that a privileged few are accumulating power and wealth by using precisely the same tactics as those they claim are totally reprehensible, that is drug dealers. The only difference is that one class gets off on the power of enforcing the law and the other on the power of breaking it. But where does this leave the majority of drug users? Usually trapped in the cycle of addiction, denial and poverty as their only options in an illegal drug use culture.

Drugs exist. They will be used and prohibition has not, does not and will not ever do anything except create a great deal of economic hardship and health problems. The relative loosening of laws around drug use in relation to HIV/AIDS prevention is particularly worthy of note in this case. Because the government acknowledged injecting drug use to the extent that they allowed for the legal dispensation of needles and syringes through Needle Exchange Programs and pharmacies, Australia in 1994 has extremely low numbers of HIV+ IDUs who's transmission is due to unsafe drug use practices. It begs the question that if the powers that be have managed to think through the issues this far and acknowledge the clear relationship between the law and the health and well-being of IDUs, then why can't they take the next step and legalise the personal use of all drugs for the same reasons? A good question to which there is no good answer. In fact, the answers often are purely moralistic or utterly discriminatory. Just as in the case of harm reduction strategies, many other health, social and financial problems associated with the regular and prolonged use of illegal drugs can be eliminated through legalisation.

It is often said that one of the reasons for the existing drug laws is that they 'protect' or 'control' individuals from a life of addiction. However, the levels of alcohol and tobacco use as well as the existence of the Methadone Maintenance programs indicate that the government really does not have a problem with addiction at all, well at least certain addictions to certain types of drugs which can be administered/consumed in certain ways! Another reason for this total restriction of the right to make lifestyle choices including whether or not to take drugs and if so, which drugs, how often and by which method of consumption, is how much such decisions might effect those around you. "Those around you" can include family, friends, co-workers, employers, flatmates, children, pets etc, etc. and the effects can range from rumours of neglect and unprofessionalism to more serious and offensive accusations of rorting and theft. "Junkie bashing" is rife in this culture and certainly existing drug laws work to re-enforce such attitudes. The question that those who support these attitudes should ask themselves is, that if alcohol and tobacco were made illegal tomorrow would the same accusations be levelled at users of alcohol and tobacco? I suspect the answer to this would be probably not. And so the next question that needs to asked is why not?

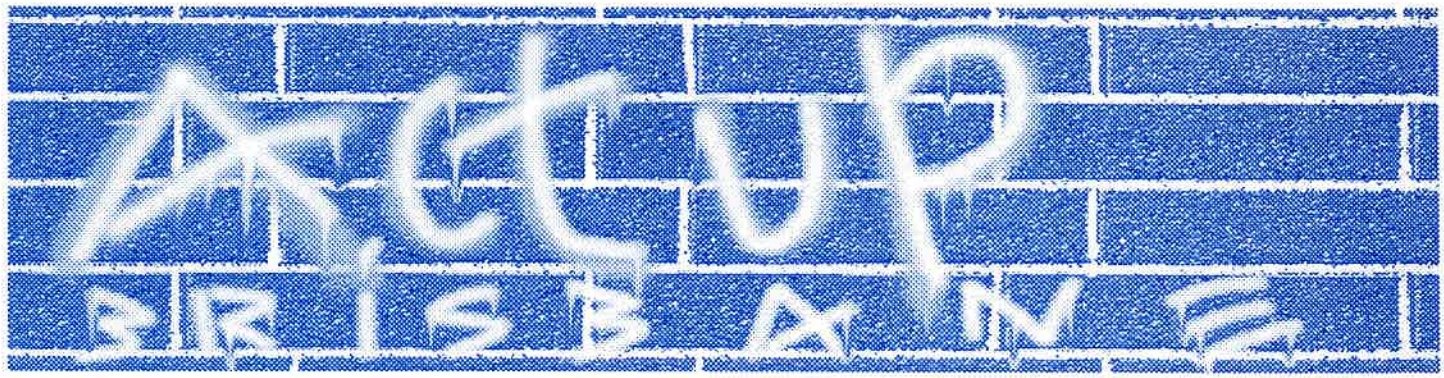
The answer to this, like many of the questions around drug legalisation is reasonably complex but not, as many would hope, unanswerable. The issues are numerous and complex because they are **never** discussed. Pouring billions of dollars worldwide into propping up prohibition is doing nothing to discourage the misuse of drugs. And, in fact, prohibiting some drugs and legalising others is forcing the misuse of the former and encouraging the misuse of the latter. Society sends out very conflicting messages about drug use instead. But one thing is for sure, government legislation around drug policies is driven almost entirely by the economic flavour of the day and no amount of talk about changes to methadone and detox programs will convince me that drug use is considered a health issue until the economics of drug politics change from a legal preoccupation to a social and educative health focus.

Recently, the ABC youth oriented program "Attitude" focussed on drug use amongst Australia's youth. Basically, the personal statements and statistics reflected a dramatic increase in the use of illegal drugs, and in particularly an increase in the numbers of 'poly drug users'. While most of the program focussed on the use of amphetamines such as speed and ecstasy, LSD and MDA there was also discussion around the continued and increased use of Marijuana, heroin, alcohol and tobacco. Sadly, however, rather than seizing the opportunity to probe these young people on why they choose to use drugs and, what they would like to see happen in relation to use access, regulation and education, they dragged out the 'experts' to give there considered and tired opinions. We've heard them all before, cops, lawyers and local politicians all fortysomething liberals and all playing it completely safe (for themselves only!) by using the jargon of harm reduction while pitting the decriminalisation of all drugs against the legalisation of all drugs. Very helpful!

Decriminalisation and legalisation are two very different legal situations with very different outcomes. Decriminalisation actually achieves nothing in legal, financial and health terms for IDUs well, at least nothing we have been asking for over the past twenty years.It simply creates a new and complex level of legal restrictions and interventions into our lives. Just what most doctors would order! IDUs should learn from numerous past examples of the ineffectiveness of decriminalisation on any issue of importance. Drug use will remain trapped in a maze of legislation while decriminalisation will serve as a palatable middle-ground remedy for a society running scared of the self-empowerment of the X Generation.

"Nothing short of the legalisation of all drugs will actually have the effect of achieving this elusive concept of harm reduction. Legalisation is the ultimate and total reduction of drug related harm to drug users."

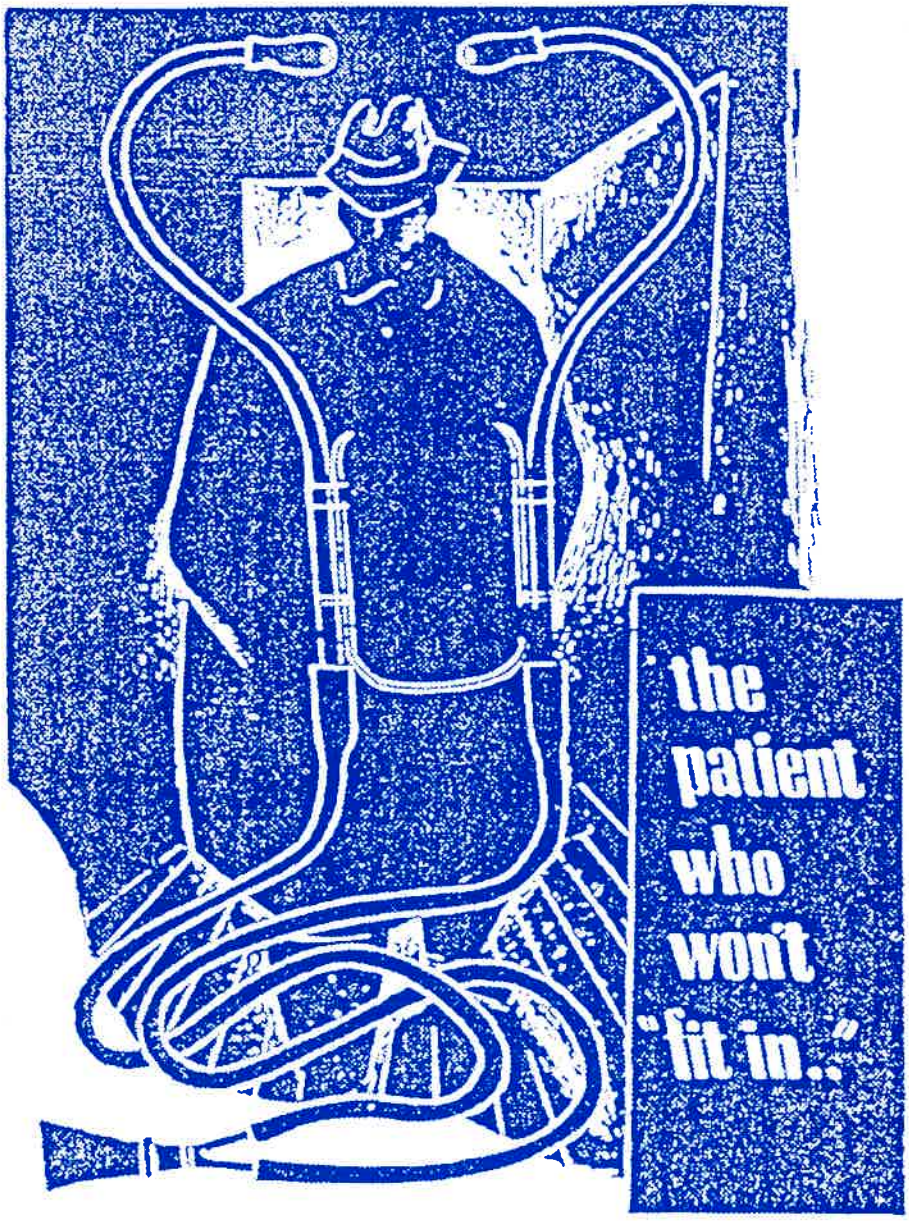
Nothing short of the legalisation of all drugs will actually have the effect of achieving this elusive concept of harm reduction. Legalisation is the ultimate and total reduction of drug related harm to drug users. As no-one would purposely harm themselves if they had the open and free choice...unless they wanted to! And that's the point of this article really. People make choices, to make informed choices they need quality, non-judgmental information and support not outdated prohibitive laws aimed at silencing and restricting discussion about the relevance of such laws to their lives. I ask you all, what use are laws that have little or no relevance to what is actually going on in society? At least one of Australia's eminent judges has publically proclaimed the clear link between harm reduction and legalisation and even the Young Liberals (god bless their wet little socks), have managed to grasp the issues of drug legalisation,(even if it is because they have their eyes very keenly on the prize of a new massive economy).Surely it is time for society as a whole to take a deep breath and plunge ourselves into a brave new world where freedom of choice is valued and encouraged.



The AIDS Coalition To Unleash Power is a non-partisan diverse collection of individuals united in anger to end the AIDS crisis. We believe in non-violent direct action to end the AIDS crisis. This is part of the dogma that ACT-UP uses in its fight to end the AIDS crisis. ACT-UP was originally formed in the United States of America to respond to the AIDS pandemic. It came into being because of the inaction of the American Government in responding to the AIDS crisis. The United States Government were unable to reconcile the deaths of gay men and injectors into the narrow vision of what a society should be. They allowed the children of America to slowly die through their inaction. Ronald Reagan's response was to say that AIDS was the biggest health issue that faced America and proceeded to do NOTHING. Through this complacency and orchestrated genocide much needless suffering beset those most affected by HIV/AIDS. Even as I write this I am aware that there are still no needle and syringe exchange programs in New York which has the highest population of injectors in the USA. Maybe because those who inject are black, hispanic, gay or women and do not represent the clean and wholesome image of Mom's Apple Pie and Good ole Abe Lincoln. How sad that `a god fearin country' has given up on the teachings of the christian dogma, you know the one, the good'samaritan etc. Or maybe those in control of the biggest capitalist enterprise on the planet simply are arseholes. Fucked if I know or care any more all I know is that The AIDS Coalition to Unleash Power formed to demand a humane response from those who were incapable of responding.The first group was formed in New York. It grew out of anger and it continues to grow through the inept ineffectual bungling of those in control. ACT-UP is made up of both HIV+ve people and HIV+ve people a coalition that in a crisis has proven to be very powerful. ACT-UP New York has thousands of members who dedicate their lives to the ending of the crisis. They are not paid they do not make profits they work for and behalf of humanity. ACT-UP New York leads the world in information exchange, in research into data on treatments, in lobbying for those infected and establishing other ACT-UP Chapters around the world. There are now ACT-UP chapters on every continent that is affected by AIDS. ACT-UP Moscow has just been formed. AIDS has united those who are willing to challenge the powerful. In Australia ACT-UP first formed in Sydney in 1989. The following year ACT-UP was formed in Brisbane. At the present there are ACT-UP chapters in Melbourne, Adelaide, Perth, Canberra, Sydney and Brisbane. Each chapter in autonomous and concentrates on local issues. There are certain combined actions these have included the Benetton action, ddc and the current action against Wellcome Australia. ACT-UP's peak body is made up of representatives state chapters and is called ACT-UP Australia. ACT-UP Australia has previously mobilised for actions at the National AIDS Conference. ACT-UP has been successful with their often confrontational tactics eg graffiti campaigns, in focusing attention on issues. Certainly ACT-UP has not sought to win friends. It primary focus is the ending of the AIDS crisis. ACT-UP has been successful in so many campaigns √ √that history will not recount. For history is often written by those in control, in a way that is suitable to those in control. ACT-UP refuses to work through others' processes. Rather ACT-UP likes to set the agenda, identify an issue, work out strategies based on sound research, and get things done all within a short time frame. After all it is an AIDS crisis. No time to wait around navel gazing. ACT-UP Brisbane has been around the scene for over two years and in the past year has been very active in agenderising AIDS and getting things done. The `Anger with Glamour Action' during the Lesbian and Gay Pride Festival is a good example of this groups work. ACT-UP Brisbane successfully hijacked the Rally and had two speakers to discuss AIDS as an issue for Lesbians and Gays. The support for ACT-UP Brisbane built to a crescendo during the Pride Mach when ACT-UP asked the 600 or so marchers to Die In on Victoria Bridge. The marchers did this as ACT-UP lit flares of distress. This type of dramatic action captures the lens of the media and through the manipulation of these images ACT-UP is able to get its message across. Debate and criticism of ACT-UP generally follow their actions. In time ACT-UP Brisbane has grown in size it attracts those interested and those who are fed up with inaction. This growth has seen much internal debate and conflict at meetings. Diverse opinions have been viewed. This of course, though unfortunate, is a natural part of the cycle of a growth process. Some people have left ACT-UP who have worked quite hard in fighting AIDS. ACT-UP is not a group for everyone. ACT-UP has no time to work through processes of empowerment. It has no time to teach people about AIDS. It is not a support group or a club. It is an AIDS activist group, dedicated to ending the AIDS crisis. If any one is interested in contacting ACT-UP phone 844 0149.

Written by ACT-UP Brisbane.

Note: *Since this article was written, support for ACTUP has dwindled. Most chapters have 'gone on holidays', and activists are over-worked or tired. Who will continue life-saving activist work? Who will continue much needed treatments activism?...*



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DETOX...what it is, what's being planned and more importantly what we need!

It is important to preface this article with the statement that many people use drug recreationally and regularly without feeling the need or use for detox. Many other users will find themselves emotionally/psychologically/physically dependent on a drug or drugs and they may seek assistance to detox. This article is for those times, those people...

Well finally after a very patchy history and a great deal of criticism from Injecting Drug Users (IDUs) who have used the service, BIALA Detox Unit is being closed down. (For those who are concerned the 24hour Needle Exchange will continue.) Replacing this totally inadequate service will be a revamped, expanded, 'new look' detox unit in HADS (Hospital Alcohol and Drug Services) at the Royal Brisbane Hospital. So, if we take into account the closing of beds at BIALA and the re-opening of beds previously closed at HADS are we really any better off?

The answer to this question is not a simple yes or no. Unfortunately, as it currently stands it is very much a 'wait and see' situation. One thing is for sure though, all of this movement has been the result of some major funding cutbacks in this area and the end result for IDUs is that the total number of detox beds for will definitely be reduced.(Note: The health department makes a false and moral distinction between alcohol users and users of all other drugs and allocate beds according to this distinction. Therefore, there is often the situation where people are attempting to detox from very different drugs at the same time in the same ward. Anyone who knows even the smallest amount about detoxing from drug dependency is aware of the dramatically different needs and reactions of for example speed users and opiate users in this situation. Such obvious distinctions have either escaped or are being ignored by the current services.) We live in hope that such services might ask for some specialist advice...and in the meantime we will give it anyway whenever we get the opportunity!

The major reason for the funding cuts relates to the new National Drug Strategy which is the plan for the next five years of National Drug StrategyOffice, which used to be the National Campaign Against Drug Abuse (NCADA). Under this new plan, 'harm minimisation' strategies aimed at reducing drug related harm to users is viewed as an equal priority as the concept of 'demand/supply reduction' which, being a reasonably self-explanatory term refers to the supply and demand for drugs. In line with this, the Police Service competes with the Health Department for funds. In this round, the Police Service has demanded a greater share of the money being distributed to the States through NCADA, and surprise, surprise, they got it!

This outcome has meant that state Health Departments have had to cut, slash and burn their health promotion

programs and the number and level of funding to services. The area where this has been most evident or directly effected is in relation to drug treatment budgets and, in Queensland has led to the closure of BIALA. Once again, for dependant users who spend a good part of each year, month, week or for some each day, searching for adequate and immediate detox facilities this will come as very depressing and disturbing news indeed. It's not that BIALA is any great loss really, it's just that it is the constant chipping away at services that are already totally inadequate which is compounded by an overwhelming feeling that the government seems to be far more committed to the imprisonment of users than the improvement of health services and options for users. Otherwise, ensuring that appropriate and adequate detox options are available for drug users would be far higher on their agenda than punishment, moralism and discrimination.

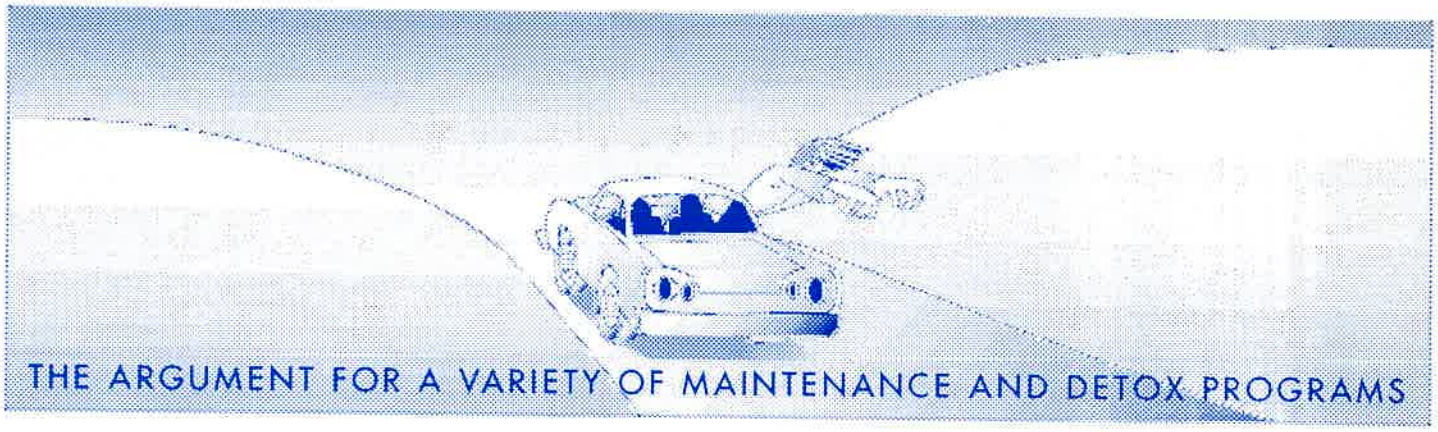
So is there any good news? Well, we have been told by Queensland Health that while it is true that the total number of detox beds available in Brisbane will be less, the aim is to create a more flexible and relevant program for drug users. To achieve this, the current treatment guidelines are being reviewed. The aim is to admit people on a needs basis rather than a quota system of a certain number of beds for alcohol detox and a certain number for drug users. This is a good start as often in the past, a drug user has been turned away for immediate admission because all of the 'drug' beds were occupied when there were 'alcohol' beds lying empty. As users well know when you make the decision to detox you want to do it there and then, if you have to wait then you must find some way of surviving in the meantime and by the time a bed is available detoxing may not seem to be the right option.

This new system, however, does not address the false distinction between alcohol users and all other drug users. As far as we are aware, specific detox programs for specific drug use is not being addressed as part of this new program. We have been told that the new unit is reviewing the' actual program content to make it relevant to users' , however, it is difficult to know at this stage how this will be translated into practice. Some of the proposed changes to content that we are aware of include; allowing the hospital Social Work and Counselling services to be utilised by users while in detox. Once again this decision shows promise but will need to be well planned to really be effective. For example, many women IDUs have complained about their experience as the only female in an all male group counselling session. A situation that would prove a challenge to most women when they were feeling well let alone when they are in the middle of detoxing and feeling depressed, sick and vulnerable. On the flip side of this, male IDUs have also expressed difficulty in feeling comfortable in mixed group sessions. When users detox they often feel isolated and vulnerable, sometimes using can also mask other underlying issues which may or may not be related to why that person is physically dependent. Certainly very complex and disturbing issues can come to the surface. Detoxing is a gruelling physical, psychological and emotional experience, it cannot be dealt with in a ten day dryout period and all users need plenty of time and space to come through this process. Being able to use hospital counselling services is one thing, but ensuring that these services are equipped to cope with the special needs and concerns of IDUs who are dependent on their drug of choice is a far more difficult prospect. Given what currently exists, a great deal of training and changing will be necessary to achieve this but with the new funding cutbacks where the money and time is coming from for such a process is an important and unanswered question.

Another major issue for IDUs in the care of children is unlimited access to quality childcare while they are in detox. For the majority of these people, detoxing is not an option as going into a detox facility means giving their children over to the Department of Family Services. Many people who have agreed to this find it is extremely difficult if not impossible to get their children back when they are clean.This is an impossible double bind for IDUs who wish to detox for both their own and their children's benefit. Many choose to use networks of friends and relatives so that they can go through a very painful, difficult and not to mention dangerous home detox at which they are often unsuccessful or are forced to continue in their cycle of dependent drug use. Either way, both options are unwanted. Once again, we are not talking about one or two places in a general childcare facility. Multiple places with unlimited access for the parent/carer in an on-site and specific childcare facility is needed. Children of users in detox have special needs as they are also experiencing the detox just as they have been a part of their parent/carer's life up to their admission. They cannot be put in a situation with other children who will be pick-up each afternoon, they need to know what is happening and to see that the person/s they love and are dependent upon are alright and that they will be returning to their friends, their family, their home. Having said that, QuIVAA has recently raised all of these and other issues with those in the Health Department making the decisions around the development of detox in Queensland. Hopefully, our issues will be addressed and we will be consulted as the changes occur. We'll do our best and keep you all posted.

P.S. Recommendations on detox have also been made as part of the report to the Women's Health Policy Unit on IDU Women's Health Needs. These recommendations came from participants of the IDU Women's Focus Groups and from those who completed our women's questionnaire. This report will be delivered in late January.

Annie Madden



THE ARGUMENT FOR A VARIETY OF MAINTENANCE AND DETOX PROGRAMS

He was expecting Jenny and Paul to visit so he got his morning taste out of the way early to ensure he wasn't too stoned to talk to them. He didn't see much of them now that they had moved out of the city to their track of dirt near some redneck rural settlement. They'd never felt entirely at ease with his habit anyway. Not judgmental as most people are in their ignorance, just wary of the power chemicals can have over people.

The mid-morning sun was dappling down through the trees when he heard them arrive. The motor died and he could hear Jenny's tirade from the car.

"Fucking Pigs, fascists! Fucking wankers, who do they think they are?"
"Aw Jen, don't go on about it, there's no point in getting worked up."
"Fuck you too buddy!"
"They didn't find anything and they left the car alone. They could have had it off the road."
"They were fucking rude Paul."

Then they were standing silhouetted in the doorway.

"Hi guys, have some trouble on the road?"
"Hi Steven, yeah we got hassled by the cops on the freeway" David replied as he stepped into the shaded room and sat on a mattress on the floor.
"And they were right arseholes about it!" added Jenny emphatically falling in a heap beside Paul.
"They're just small-minded bigots with power, there's no point getting worked up, and they didn't find the pot anyway" said Paul.
"Yeah Jen I'm inclined to agree with him"
"They were fucking horrible with their narky comments and leering at my tits. I don't take that off other men why should I take it from them?"
"It's the guns that get me", replied Steven.

"Yeah well let's drop it anyway", urged Paul, "it's a beautiful day and we're sitting here visiting our good friend".
"So how's it going good friend?"
"Much the same, how's life out in the sticks?"
"It's great out there Steven, you should come out and see it", gushed Jenny.
"Well my dear I shall, just as soon as the business will stand it or as soon as I get straight."
"Do you want to straighten up?", asked Paul.
"I dunno man, of course it'd be good not to be tied to chemicals but it makes me feel....."
"Nothing!" interrupted Jenny, "it makes you feel fucking nothing."
"Yeah it might be good to get some healthy despair in my life", agreed Steven sarcastically.
"Don't be pathetic, oh shit, oh well, oh I dunno", Jenny was flustered by her own vehemence.

Steven sat back in his seat, his eyes fractionally heavier and contemplated her curiously. Paul glared at her just long enough for her to notice.
"Yeah, well I've told you before that I feel like in ways this habit is fucking with my life but I dunno that it'd be any better straight, and I'd have to get straight first. Which seems best avoided as long as business is alright", Steven's explanation appeared to tire him.
"And you don't get busted on the fucking freeway man," Paul said.
"Yeah I dunno how you cope with the cops", said Jenny
"That drug must keep you calm."
"Calm? Yeah calm is one effect", agreed Steven "d'ya want a drink, cup of tea or coffee?"

After a joint the conservation became less interrogative and as they sat reminiscing the sun moved slowly over the treetops. By lunchtime the day had become extremely hot and humid.
"Shit this heat, must be 35 degrees. We should find somewhere to have a swim."
"Yeah Jen, reckon that's a wonderful idea."

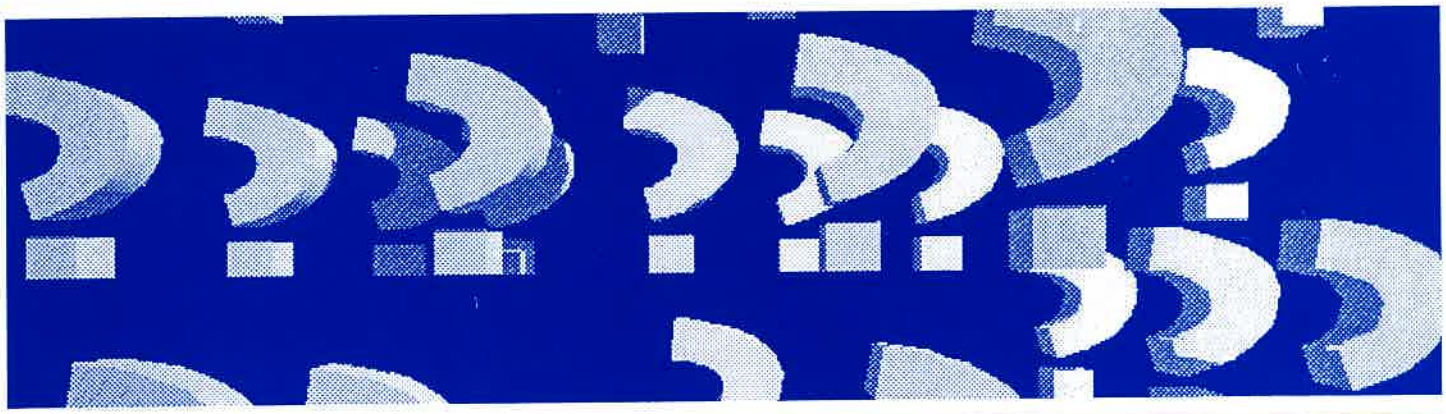
Steven looked dubious but they soon talked him around. A cooling wind poured into the car as they cruised west. Jenny turned around in the front seat to address Steven.

"You got any drugs with you?"
"Just one taste. How far is this place anyway?"
"It's our place luv."
Steven looked shocked.

"What the fuck d'you think you're doing?" he stammered going from shocked to aghast. Paul addressed him grimly from behind the wheel.
"Just get used to it mate! Jen likes you too much I guess. I reckon you're too far gone myself, but you're not going home so I guess we'll all know in about three days."

No one spoke as the car continued towards Steven's own rehab.

K. Hinds.



h e p a t i t i s c

q u i z

Tick/Circle the right answers and to be tricky there is sometimes more than one answer.

1) Hepatitis C is a:
   a) A viral infection of the Liver
   b) A disease of the immune system
   c) Something you got from Fred's dregs

2) The first symptoms of Hep C are:
   a) Pink sores on your tongue
   b) Tiredness, mild fever, loss of appetite
   c) Heaps of energy and craving for salami, cheese, peanut butter sandwiches

3) The second bunch of symptoms are:
   a) uncontrolled laughter
   b) an itchy nose and face
   c) pale shit, dark piss, yellowing skin, gut aches and pain

4) If you think you have Hep C you should:
   a) Get rotten drunk, wake up with a hangover and drop heaps of paracetamol
   b) Go and have a test
   c) Clean your teeth with your flatmates toothbrush

5) The first blood tests for Hep C are:
   a) For antibodies and to confirm that antibodies are present
   b) To check if you have been into the hard a bit heavy
   c) To see how many lollies you had for breakfast.

6) The next test is called a PCR test? This is to find out:
   a) If the virus is present
   b) How much the Health Department will spend on a user's health
   c) If you've got a good vein left after giving all this blood

7) Liver function tests are:
   a) A competition, who can get the highest score
   b) A blood test to show your doctor how your liver is coping
   c) A way doctors Triangulate the Metacarpus to the Haemostatic Capillary action of the Sacrum plate

8) So you have Hep C; what's good to do?
   a) Slow down on the toxins; remember fresh fruit, vegetables, sleep and how much cheaper is it to drink water at the pub
   b) Get wasted, forget to go shopping and live off fish and chips for the next week
   c) Give up doing a filter job on your taste as it doesn't matter anymore.

9) You start looking after yourself better and improve your diet this will?
   a) Be a waste of time the men in white coats will soon invent a miracle cure
   b) Improve your chances of holding Hep C in check
   c) Save you heaps of money you would otherwise spend on bacon and beer and MST.

10) So is there anything positive about being Hep C positive
   a) Yes you find out you like tofu, miso and the smell in health food shops
   b) Yes drinking bulk alcohol is not much fun anyway
   c) Yes when you have a blast now, your extra clean about everything.

ANSWERS

1)	a=5	b=0	c=3
2)	a=0	b=5	c=3
3)	a=0	b=1	c=5
4)	a=2	b=1	c=5
5)	a=2	b=2	c=1
6)	a=5	b=5	c=5
7)	a=2	b=5	c=0
8)	a=5	b=1	c=0
9)	a=0	b=5	c=5
10)	a=5	b=5	c=5

IF YOU SCORED

0 - 20 Read the information in the Hep C articles in this edition again & drop by QuIVAA. for a chat about lifestyle choices.

20 - 40 Get a bit straight and read the Hep C articles again & contact QuIVAA if you have further questions.

40 - 50 Have fun, keep grooving and contact QuIVAA if you require support or info.

COORDINATOR'S REPORT

I have been with QUIVAA since mid April 1993. Since that time there have been four new staff members start here, and three staff members leave. All together, the last year has seen an entire turn over of all staff positions. The 'new' team here at QUIVAA are committed to working closely as a team, encouraging greater involvement in the organisation and working to establish QUIVAA in areas were it has not had a high profile before: this includes both geographical areas; and within particular subcultures within the IDU community.

My period at QUIVAA has been a period of rapid change. This change is still not finished. It has included the move to Brunswick Street in the Valley; re-organising financial and administrative systems; starting our new administrator, Chris Taylor, who in a short time has completed a remarkable amount of work and gone blond; starting the HIV+ users anti-discrimination project, which is now staffed by Gabby McCarthy, re-arranging the Needle exchange and resource/drop-in area and hiring Debrah Shaw, who is our new education worker based in the exchange. There's also been alot of general work to get things up to date in the co-ordination and admin area, which had been without permanent staff for a number of months prior to Chris and myself starting.

As part of our committment to ensuring that QUIVAA remains responsive to the needs of users, we are undertaken an organisational review and are now looking at broad health issues that effect users including Hepatitis, drug treatment services and general health services that drug users go to. Putting the review recomendationsinto practice will mean re-organisating the current structure of Quivva, looking at the way projects are structured within Quivaa, what work is done in which project area and ways in which project areas can work together. We have also done training needs assessments and are developing a modular training package as well as doing project planning and an organisational master plan which will lay down future strategies and directions for the next three years.

I believe that with the new staff, our recently elected committee and our current and expanding crew of volunteers that we as an organisation have made a huge number of the necessary changes in order to make and keep QUIVAA a relevent user health organisation for the nineties and beyond.

In the new year we will be starting new programmes including drop-in sessions for people with Hep C, new HIV education campaigns, programmes in the outer suburbs and a new organisational training programme including specific volunteer training which all volunteers will need to attend. Information on this will be available in late January, so drop in or get in contact with us between now and then.

Andrew Hunter
Coordinator

EDUCATION OFFICER'S REPORT

HIV & PRISONS

QCSC (Queensland Corrective Services Commission) currently have a Peer Education Program (PEP) operating in several Queensland Prisons. This program hopes to train prisoners to become AIDS peer educators within their own prison. Prisoners undergo a training program involving lifestyle issues around HIV/AIDS, sexuality and injecting drug use.

QCSC have a steering committee for their AIDS project, and both QuIVAA and QuAC (Queensland AIDS Council) have input into this committee, which has allowed us to lobby for change. We have been successful in lobbying for prisoner representation on the committee with the Prisoners Legal Service now having input to the program. I shall continue lobbying for bleach and condom availability, combined with quality education programs in all prisons in the state. Current Queensland Health policy calls for the availability of condoms, bleach and injecting equipment in Queensland prisons.

All prisoners (whether on remand or sentenced) are tested for HIV on entry, and again after 3 and 12 months and before discharge. The current rate of HIV positive prisoners in Queensland is relatively low. Such prisoners are placed in special prisons, like protection units. Because of the 'window period' it is still possible for HIV infected individuals to enter the system undetected. This is of even greater concern considering the viral load theory (the peak period of infectivity of HIV).

QuIVAA has been involved in training non-custodial staff (nurses, health and social workers) in issues of safe drug use and safe sex. QuIVAA has also just begun to train the prisoner educators themselves, so far we have done sessions in Moreton Correctional Centre and Sally and I did a session at Wacol Correctional Centre. This is a first, and well overdue, and we hope the training will continue in other prisons, including the Women's Prison.

Injecting equipment is not easily available on the inside for injectors. Often users will share equipment many times. The issue of availability of bleach in Prisons is still a contentious one. Bleach is now available in most NSW prisons in the form of Milton Bleach tablets. QCSC still have no official position on the provision of bleach in prisons. The reality is that bleach is available in some sections of some prisons. Eventually, Queensland will have to fall in line and make bleach readily accessible in all correctional facilities. Which brings another problem. Condoms. Prison authorities do not readily admit that men have sex with each other in prison. For prison authorities, providing condoms and lube might be seen to condone same sex activity. There has also been the same concern raised in relation to the distribution of safe injecting equipment. This is viewed as an industrial issue by prison officers. It has been argued that condoms may also be used as drug smuggling vessels or as weapons. The reality is that men do have sex with each other in prison. Sex sometimes is a form of bargaining in the prison like money. Sometimes such sex is non-penetrative (wanking, sucking etc.) If anal sex does occur, access to condoms and lube may be very difficult.

The official position is that QCSC will not provide condoms and lube. In fact often prisoners (including HIV positive prisoners) are punished if found with safe sex equipment. Unofficially, some authorities will turn a blind eye. Some prisoners can get condoms but must be very discreet. Remember the meanings of sex between men in prison are very different to the outside. Most of these men do not identify as gay, and do not want to. This makes our task even more difficult as AIDS educators.

HIV/AIDS presents many challenges in the Prison system. The pandemic has forced authorities to address issues of injecting drug use and sexuality - challenged the system to look at these issues beyond any moral or value considerations - and begin to see HIV/AIDS as a health issue.

(Note : Since I wrote this report, QCSC have employed a new health educator. I have been working closely with the new worker to develop more comprehensive programs, primarily interactive discussion groups with male prisoners. Also, the new bleach information poses problems in lobbying for bleach. Yet more challenges await us in our prison work. Jeff Ward)

QUEER DRUG USE PROJECT

The Gay Drug Use Project is a joint QUIVAA and QUAC project aimed at reducing the spread of HIV among men who have sex with men and use injectable drugs. Developing from field work in 1990/1 QUIVAA and QUAC began to recognise the need for culturally appropriate HIV/AIDS educational programs targeting these poly-drug using men. (Goodbun & Griffiths: Out Of It Workshops 1990) and (Griffith & Reid: Straw Poll 1992). The infection rate for these men remains comparatively high, yet little had been done to address the needs of this group. There are currently three state-wide projects of this kind at QUIVAA, GAIN AND SCIVAA.

CONT PAGE 24

QUEER DRUG USE PROJECT CONT...

The Gay Drug Use Project consists of resource and information gathering and policy recommendation and analysis; service provider education and training; and direct target group work with these men. A reference group of these men have met regularly in interactive focus sessions facilitated by the project officer. The group have designed three educational resources for The Baggot, a new and unique HIV/AIDS awareness kit in the form of toiletry bag. The kit consists of a range of information about drug use and sexuality. It contains a party safe condom pack called Bang Safely, a safe injecting postcard Men Sex & Drugs, and Australia's first ever Oral Sex Guide called Going Down?

All these materials contain safe drug use and safe sex messages and referrals to appropriate agencies and are 'sex positive'. The sessions that allowed these materials to develop created a forum for discussion of issues surrounding injecting drug use, sexuality, discrimination and other health-related issues in a safe, non-judgmental environment. QUIVAA have successfully used this form of education for developing other resources like the Safe Sex Kit, Go-E Guide to Safer Speeding, Safe Disposal Campaign and most of our posters. All these materials are in high demand, we receive many requests from around Australia for all of our posters and brochures. Further work in the Gay Drug Use Project is continuing on a one-to-one basis with men in the form of a survey. The survey looks at collecting data on the drug use and the sexual behaviour of these men., along with some basic demographic data. This will give a clearer picture on the types of appropriate educational materials required for the future fight against HIV transmission.

The Gay Drug Use Project is volunteer driven. If you would like to be involved contact me at QUIVAA. Any contact made is in strict confidentiality, even if you just want to chat, I can meet you somewhere etc. For the projects at GAIN contact Greg on (075) 785 725 and at SCIVAA call Michael on (074) 439 576. All of these projects need your help and support, so please feel free to contact the appropriate person.

The Gay Drug Use Project will have an on-going component within QUIVAA's programs. A theme developed from the project is COMMUNITIES WORKING TOGETHER. I hope this reflects the idea that many communities need to band together to fight discrimination and homophobia, often the greatest impediments to effective HIV prevention programs required to fight the AIDS crisis.

RADIO PROJECT

The QUIVAA Radio Project is a twelve month project looking at producing some quality messages for broadcast on public radio. These ads will contain themes around HIV/AIDS, injecting drug use, sexuality and other health related messages. So far a small team of volunteers have regularly met at QUIVAA to formulate the ideas, develop them into appropriate script form, and eventually record them for broadcast.

The Radio Team needs enthusiastic volunteers with ideas and energy. The team has developed a number of themes for the ads, so far we have worked on a number of scripts including; Hepatitis C, Needle and Syringe Exchanges/Info, Discrimination and the Law, Women's Health, Safe Sex for IDUs, Youth Issues, Prison Issues and Oral Hygiene.

These themes have been developed by the team. We've so far developed some of the themes into script form through brainstorming over snacks. Brisbane Youth Service (BYS) are working with us on the Youth Ad, and we've had a couple of workshopping sessions over the ideas. I've been kindly approached by a volunteer to produce the ads, he has previously worked on the 4ZZZ HIV/AIDS Radio Plays.

If you have any ideas and would like to be involved, please call us or drop by at QUIVAA. The Radio team has been meeting on Tuesdays at QUIVAA at 11am. However, as some team members can not make it every week we have been working as and when we can. So, if you have free time, creative ideas for radio promotions and are interested in getting involved, it is best to give QUIVAA a call and check out when the team will meet next. We really value your input on this and all QUIVAA projects.

Jeff Ward
Education Officer.

HIV DISCRIMINATION PROJECT

From September to December the discrimination project has slowly but surely fallen into place. The difficulties I experienced early in the project have either been overcome or have been lessened over time

Significant achievements over the last few months include;
- starting a support group (numbers are small currently but I'm confident they will increase.
- developing a strong network especially in Cairns where two workers know about the project and are assisting me to contact positive IDU in that area.
- having a clearer idea of the services to target with training ie., initially HIV services like QuAC and QPP.

Most importantly I'm now very clear about where the project will be heading in the next few months.

A general training package for service providers has been developed by the discrimination project worker in Melbourne and I will use this to develop a more IDU specific package in conjunction with the QuIVAA Education Officer. This project is suppose to produce a resource for service providers on issues of positive IDU, rather than attempting to produce a stand alone resource adding a module to the Melbourne produced package and developing a QuIVAA package that also includes these issues is a more effective use of my time.

The support group will hopefully grow, it appears to be the most effective way to make contact with positive IDU and the most effective method of getting information about where positive users are having problems. There is a notice about the group on page 5 of this newsletter.

Other things I have been doing include; attending the HIV/AIDS Law Policy and Directions Conference, facilitating two general HIV education workshops with QuIVAA volunteers, getting started on compilation of an IDU/HIV friendly resource referral guide, attending Women In Sexual Health meetings and talking with Charelle from QuAC and Annie about writing up the needs of women and HIV/AIDS generally and with IDU women specifically to submit to the Women's Health Policy Unit.

Gabby.

NEEDLE & SYRINGE EXCHANGE WORKERS' RAVE

Seeing as it has been a long time between editions Dart News, the first thing to do is to let you know what changes have been made in the Exchange.

In the full-time worker's position is the most recent addition to the QuIVAA staff, Debra, and in the half-time position is Tracey, who has been working in the Exchange since February. Between the two of us we run the Exchange and Drop-in Centre with the aid of the QuIVAA volunteer group.

One of the biggest changes of course has been the move from South Brisbane back to the Valley. If you come to QuIVAA you'll discover that the Exchange and Drop-in Centre are on the ground floor, and the office is upstairs. We now boast Australia's first drive-through exchange, that's right people, you don't even have to get out of your car!

We've still got the same basic services including free injecting equipment, free condoms, dams, gloves and lube and a drop-in centre with all mod cons.

We give info and advice to anyone who wants it, and if you need a referral to another service; health, counselling, legal etc., we can help you there as well.

QuIVAA workers and volunteers maintain the policy of non-judgement of people concerning their drug use. We believe the choice is up to every individual, and one of the most important roles of the organisation is empowerment of the injecting drug use community through education and action so they are free to make those choices.

If you're interested in taking part, playing a role, changing the world, that sort of stuff, come on down! The volunteers meet regularly every Monday around 12.30pm, or drop in whenever you have the time and inclination. Otherwise, the exchange and all its services are at your disposal, and speaking of which, don't forget to do it safely!

See you there,
Debra and Tracey.

REPORT ON THE QUIVAA WOMEN'S PROJECT -

What has happened, where is it now and where is it going?

QuIVAA is currently in the final stages of a Women's Project aimed at assessing the health needs of women Injecting Drug Users. The project, funded by the Women's Health Policy Unit provided for a halftime worker for 12 months to carry out a health needs assessment. As part of this project, QuIVAA organised a women's seminar day at the Bardon Professional Centre in July this year. The major aim was to educate service providers about issues effecting injecting drug using women with a view to both directly improving service delivery and provide us with information to feed into the needs assessment.

The response to the day was overwhelming with the attendance of approximately 100 health and community professionals, representatives from various government departments, injecting drug users and QuIVAA staff and volunteers. Topics covered on the day included presentations on HEP C, HIV/AIDS, Methadone and a variety of general health issues raised through panel discussions and workshop sessions. Those in attendance were asked to complete an evaluation form and these responses will also inform the needs assessment final report and recommendations.

The second and vital ongoing part of this project is to survey as many women injecting drug users as possible as to their perspective on their health needs. An initial survey was drafted and 'test-run' on a sample group of women. The feedback on this survey, however, has not been very good and as a consequence a new questionnaire has been written in consultation with the Women's Project Working Group and women IDUs involved in the focus groups. Many of these surveys have been circulated throughout the IDU community and through a number of key services such as Needle Exchange Programs, the Methadone Clinics and some women specific services.

Some of the criticisms that have been raised in relation tot the survey and in fact, the project in general, are that women injecting drug users are being asked 'to give' or 'volunteer' a lot of often difficult and painful information without adequate guarantees of on-going support to assist them in dealing with the consequences of raising such personal issues. As well as this, some women have expressed concern about how this information will be handled and processed, for example, will the final report improve the position for women injecting drug users or will it inadvertently be used to further entrench stereotypes and discrimination.

These are valid concerns which have been addressed in relation to the new survey by change the way some questions have been asked, adding in some obvious omissions and removing other questions that raised issues beyond the scope of the project..Given the very small amount of funding, and therefore time, that is left to complete major aspects of the project such as facilitating the focus groups, analysing, correlating and evaluating the surveys and combining all of this information to form the basis of the final report and recommendations the past few weeks of work have been short but intense with the focus groups being held in quick succession over the period of a month, over a hundred surveys being distributed as well as women's working group meetings and one-on-one sessions with individual women. A great deal of quality information has been collected through these processes and over the next to weeks it will be collated into the final report with wide ranging recommendations aimed at improving the health options open to women IDUs. Obviously, QuIVAA would prefer that all projects run smoothly and are a raging success. This is unfortunately not always, possible as we are only human and often operate with extremely limited resources. This project is an extremely rare opportunity to present our case and make some important in-roads on the long process of lobbying the government for real change for women injecting drug users.

The final report from the project to the Women's Health Policy Unit totally depends on the information women's injecting drug users wish to contribute. We have been offered an opportunity to put our case and outline our issues, but this must be on our terms, at our pace, and in our style. Taking control of the process has ensured that the outcomes of this and any future projects aimed at addressing the health needs of women injecting drug users do actually 'address' rather than simple 'state' our needs.

The report will be handed over to the Women's Health Policy Unit in late January and we will be contacting all of the women on our mailing list and any others we can find to invite them to this important event. Any women IDUs reading this report who are interested in getting involved with QuIVAA's on-going women's group can come along to our women's meetings which are held at 10am every Wednesday morning in the Drop-In centre at 93 Brunswick Street, Fortitude Valley. All women are welcome!

Annie Madden

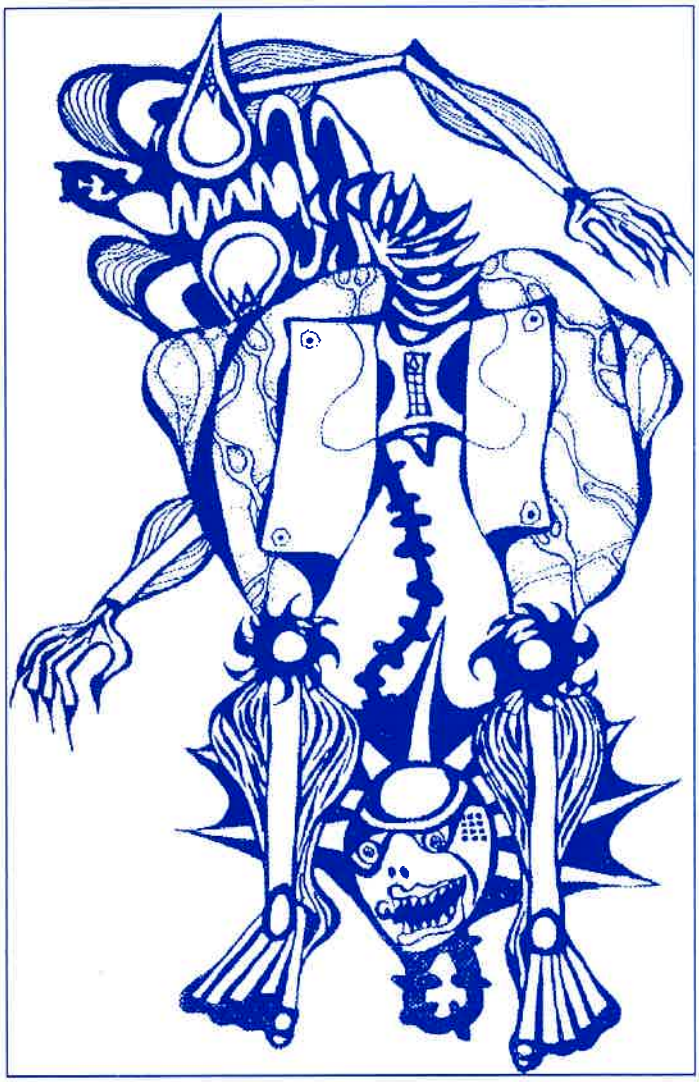
That's Life (my poem)

Blind eyes cry
Lost limbs hurt
Scarred for life
dumb actors lurk
in unseen folly to chase the chasing
All is played in self efacing

The rich man dies like an amateur
penniless in this place of dark rapture
Silver beams and golden rays
in days
when knights recapture
pains well spent.

Dreams of tomorrow
another rein on good and just
no relent

Deaf ears sound
they bring around another strife
scarred for life



Heart of Death...Inca Death

Nightmares wisdom knows no bounds
The hounds the hounds
climb free and enter your soul
till your heart of heart bleeds with green envious sounds

Rupture my realism
take me away to stay
with the hounds of wisdom

Lead me through the hideous emptiness
of mediocrity and small simple minds
and its kingdom

Deep down I crawl on my belly
The cobwebs of dread and dead
become my great ally
for death as a stranger is a stranger of danger

Claw me out
around about
and shout me out of my safe safe manger

Throw me down on coals of red
and twist me inside out
at last I'm free
of doubt and fear of fear of dread and dead

What is a Sister?

A sister is someone who's nice as can be
Who knows your no angel and neither is she
She's there when you need her to reach out
her hands, her smile always tells you that she understands.

A sister's a partner for good times and fun and
someone to blame for the mischief you've done
A sister's a friend you can talk with all night
She's there to depend on when things just aren't right
A sister is someone who always will care and
nothing compares with the love that we share.

Natalie White

REPORT FROM THE HIV/AIDS LAW POLICY & DIRECTIONS CONFERENCE

The HIV/AIDS Law Policy and Directions Conference was held in Melbourne on the 29th, 30th & 31st of October. The conference was organised by the Young Lawyers Section of the Law Institute of Victoria and Leo Cussen Institute in conjunction with AFAO. As an anti-discrimination project worker I was able to get free registration from AFAO for this conference.

Significantly the conference program had no workshops focussing on IDU or Sex Workers issues, even though these two areas are the areas where significant law reform has been recommended by the IGCA (Intergovernmental Committee on AIDS) report. Given the irrelevance of the program it is not surprising that I was the only person from a user organisation attending the conference. As well as the user group hat, I was also one of only two people attending from Queensland, and a positive woman. It got tiring at times.

In general the conference canvassed mainly white middle class gay male issues. Workshops covered discrimination, police / criminal issues, insurance / superannuation, confidentiality / privacy, immigration, competency, care workers - the legal liability etc.

Rather than trying to cover the entire three days in detail this report will touch on the most significant points, as the conference papers are available for any member to at QuIVAA. A detailed report from the conference including recommendations from workshops is being produced by the conference organisers and these will also be available for members to read at QuIVAA.

Perhaps the most important outcome of this conference was the consensus among attendees that it is important to continue to work together on issues of mutual concern. All conference attendees were asked to fill in a sheet with information about their position, areas of interest/expertise which will be circulated to all participants. This will be particularly useful to QuIVAA when lobbying for issues such as drug law reform.

Speaking of drug law reform, it did get a mention. Justice Michael Kirby from NSW spoke at a breakfast on the third day. In his speech he discussed the need for drug law reform from a human rights perspective. Coming from a well respected member of the law fraternity I feel that it had a significant impact on many of the issues from this perspective.

There was also a general consensus at the conference that while we have a whole lot of HIV related legislation most of it really isn't useful to the average PLWH/A (People Living With HIV/AIDS) in the street ie., people living with AIDS still have significant problems with dentists.

Throughout the conference I managed to get using issues somewhat on the agenda almost accidentally. During breaks I would be discussing the user organisation perspective with someone and often hear myself being quoted in the next session. I also found myself constantly pointing out that a lot of the legislation designed to cover HIV also covers HEP C. In the session on current directions in legislation, Dr Charles Watson discussed the impact the HEP C is having on the using community. His main point was that the gay community has used HIV as a 'window of opportunity' to lobby for legislative and policy changes in a range of areas concerning the gay community and that it will be interesting to see if the using community will be able to do the same with HCV.

I feel that this was for QuIVAA the most significant point of the whole conference. User groups do need to look at what the gay community achieved because of HIV and attempt to use HCV in the same manner. I will leave you all with this thought.

Gabby.

SHAME GOSS SHAME

The full and horiffic impact of Mr Goss's draconian prostitution laws are beginning to be felt with full force within the sex worker industry and therefore, parts of the IDU community. As the new laws require sex workers to work alone many workers are dealing with increasing levels of violence which resulted recently in the murder of at least one worker. Somehow I do not think Wayne's hope of protecting women via his new legislation is working!

Along with the violence many workers feel the new laws restrict their access to health services and health education and information, particularly in relation to HIV as they are afraid of the possible legal implications. This, given the laws , is a completely justified fear. Ain't life great in the Sunshine State!

kissing * cuddling * licking * wrestling in jelly * showering together with shampoo * tickling with towels * tickling each other with feathers * cock on cock * pinching soft skin*smelling sweaty skin*fun with guacamole*fucking armpits*cream and cock on trembling thighs*jerking off while tickling tits*slippery dick on tits*wet willie behind naked knee*masturbating in front of a mirror*climax on window with someone on the other side*masturbating on a vibrating washing machine*orgasm in a bidet*masturbation with a vibrator*fucking or sucking with a condom* masturbating to erotic movies* licking luscious nipples*masturbating to your favourite music*spanking botties*sucking sensuous tits*fondling fragrant hair*balls on boobs*flavoured condoms*bubble baths*fondling through undies & bras*putting a condom on his cock*tying them down & greasing them up*glowing condoms*condoms with butterscotch sauce*mango massage*ribbed condoms*sucking parts of a body*icecubes on tummy & tits*sucking shaft of a dick (harmonica)*sucking liquor out of navel*chocolate syrup & icecream*sucking toes*licking fingers*dressing up*breathing in ears*dick in hair*erotic phone calls*fondling with the phone*frotting a feather duster*humping the bicycle seat*jam & bread*leather & lace*safe sex in a train or plane*avocados (mind the stone!)*fiddling with a bow*saucy spaghettifuck*finger/slippery glove/cunt*safe sex in an elevator*foreplay in a lame negligee*finger/slippery glove/arse*foreplay in the bob sleigh,ole!*safe boat bonking*safe sex party*role playing games*share fantasies*slippery dildos*wet willie whipping*lollies*whips and chains*lots & lots of lube*warm wax on flesh*latex on luscious lips*rubberfuck*self-licking*fiddledicks*sing as you salami fuck*(yummy!)

MANAGEMENT COMMITTEE SEPT. 1993 - SEPT.94

President : Annie Madden
Vice-President: Scott Davis
Treasurer: Tracy Green
Secretary: Josephine Walker
General Committee Members
John Cary
Ron Tomkins
John Duffy
Alex Wightman

CURRENT QUIVAA STAFF

Co-ordinator:	Andrew Hunter
Administrator:	Christine Taylor
Education Officer:	Jeff Ward
NSEP Project Officers:	Deborah Shaw
	Tracey Wing
HIV Discrimination Officer:	Gabby McCarthy
Project Nocturne Officer:	Vacant

HOW LONG FOR A CLEAN URINE?

A rough guide to how long different drugs can be detected in urine after doses usually taken by users

Amphetamine	2-4 days
Ecstasy	2-4 days
Diazepam	1-2 days
Temazepam	1-2 days (longer after I.V. use)
Cocaine	12hrs-3days
Cannabis	
- casual use	2-7days
- heavy use	up to 30 days
Alcohol	12-24 hours
Heroin	1-2 days
Buprenorphine	2-3 days
Methadone	2 days
LSD	2-3 days

BLEACH CLEANING...DOES IT WORK?

New information shows that there is **NO 100%** safe method of cleaning syringes. Using new syringes **EVERY** time is the only reliable way of avoiding HIV and other infections.
If you don't have a new syringe, the next safest thing is to use the revised bleach cleaning method below.
The most important difference between the new and old cleaning method is to ensure that you leave **FULL STRENGTH** bleach in the syringe barrel for at least 30 seconds for each rinse.
Remember NO cleaning method is 100% safe.

FIT CLEANING
It's best to choose a syringe with no visible signs of blood keeping your own fit & rinsing with water after your hit makes cleaning safer & easier.
1. Rinse at least two times in clean, cold water.
(You can try to get blood out by shaking it with water in it, or using a bit of dishwashing detergent in the water and shaking it.)
2. Rinse it at least twice, using full strength bleach. Leave the bleach in for at least thirty seconds each time and agitate (shake lightly) the syringe.
(the powdered bleach from exchanges is best, Domestos or White King are next best - other brands aren't strong enough!)
3. Rinse two more times in fresh clean cold water.
If there is still visible blood, do it all agin.
NEW SYRINGES ARE YOUR BEST PROTECTION AGAINST HIV AND HEPATITIS.

Contacts:
QUIVAA 93 Brunswick St, Valley (07) 25 25 390
GAIN (Gold Coast) (075) 755 144
SCIVAA (Sunshine Coast) (074) 43 9576
24 hour needle exchange info: (07) 236 2414
008 177 833

CROSS WORD

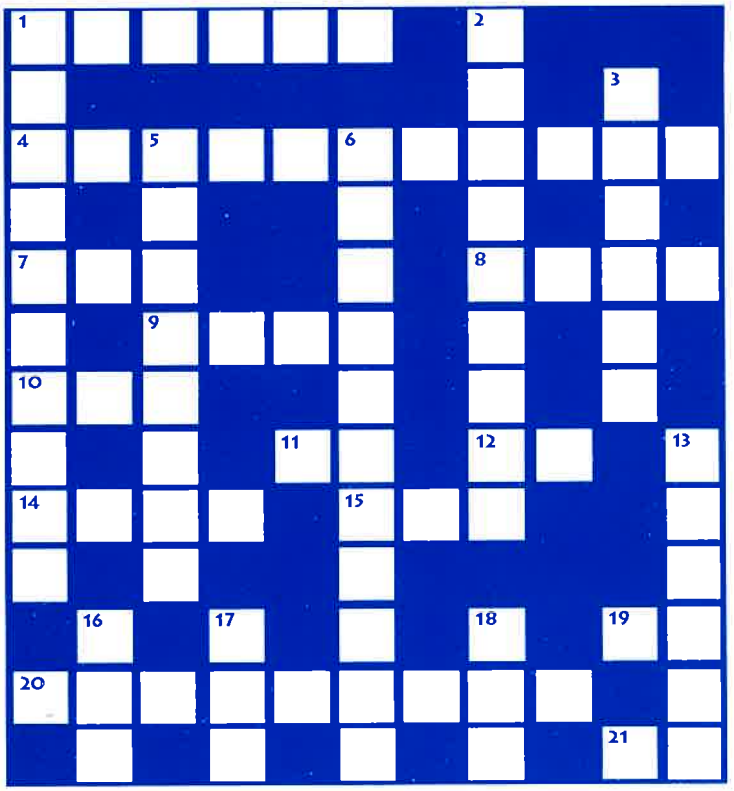
ACROSS

1. Street Narcotic
4. The scheme that made alcohol illegal in the 1920's
7. _ _ _ a tourniquet around your arm
8. QuIVAA is trying to stop the spread of this
9. You will _ _ _ _ your vein if you don't rotate your injection sites
10. A small taste is just a _ _ _
11. What you might say if you use a barbed pick.
12. Which part of _ _ don't you understand
14. Someone you don't trust is _ _ _ _
15. A type of speed
19. The favoured way of administering powders
20. What we should always do when hitting up
21. Like Alcoholics Anonymous only different

DOWN

1. Non A Non B
2. Legal substitute for Heroin
3. If it's not it's not on
5. OD
6. Where we have moved to
13. Who are we?
16. Opposite of He
17. When do you want it?
18. They produce the National AIDS Bulletin _ _ _O

SOLUTION TO XWORD IN NEXT ISSUE

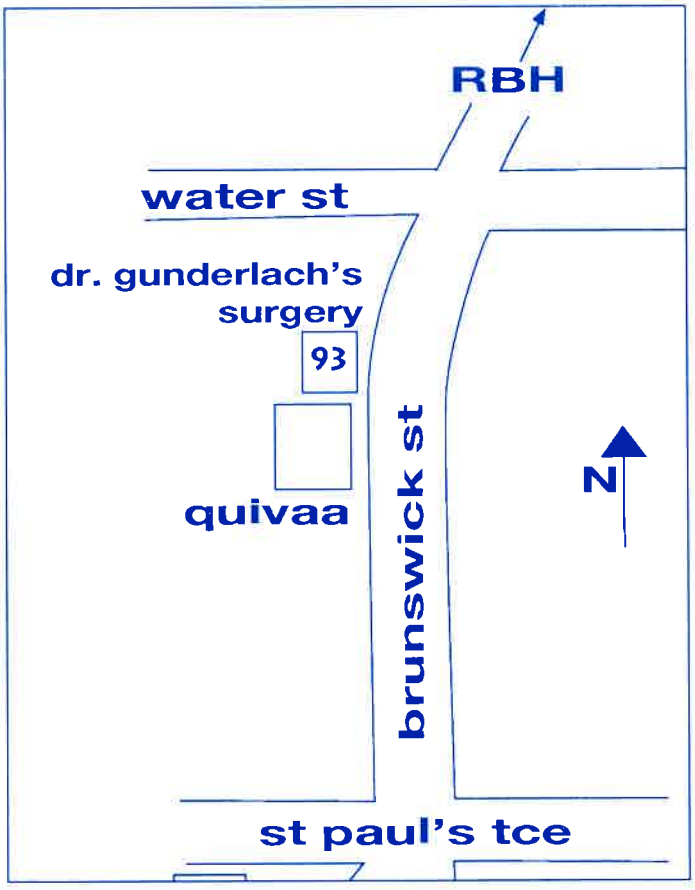


QUIVAA'S CLASSIFIEDS AND PERSONAL COLUMN

This is the first of what we hope will be a regular column for members to advertise and communicate. If you want to send an ad just drop a line to QuIVAA by phone on 252 5390, fax on 252 5392 or post to 93 Brunswick St, Fortitude Valley 4006.

Tall, lithe gay male will do pretty much what you want, if you can give me what I NEED (get the hint from the legalisation article) send all correspondence to Box 6969 c/- QuIVAA 93 BRUNSWICK ST FORTITUDE VALLEY

QuIVAA is running workshops and information sessions every Mondays at 2pm in the Drop-In Centre at QuIVAA. We welcomes suggestions of workshop topics from interested members and volunteers. If you would like further information on the sessions coming up during the next few weeks, contact QuIVAA and ask for Andrew or Deborah.



COMPETITION

WE WANT YOU TO NAME YOUR 'NEW LOOK' NEWSLETTER

QUIVAA IS RUNNING A COMPETITION TO RE-NAME DART NEWS. THIS 'NEW LOOK' NEWSLETTER IS THE LAST EDITION OF DART NEWS. WITH A NEW YEAR, OUR RECENT MOVE TO NEW PREMISES AND LOTS OF NEW MEMBERS AND VOLUNTEERS, WE THOUGHT IT WOULD BE A GOOD TIME TO RESURRECT, REVAMP AND RENAME THE QUIVAA NEWSLETTER. SO, GET THE IDEAS COOKIN', INVITE A FEW FRIENDS AROUND, INDULGE A BIT AND LET YOUR IMAGINATION GO WILD!

SUBMIT YOUR IDEAS TO QUIVAA BY FEBRUARY 28, 1994.
WE WILL ANNOUNCE THE WINNER IN THE NEXT EDITION OF THE NEWSLETTER IN APRIL.
THE LUCKY WINNER WILL EXPERIENCE THE PRIDE OF SEEING YOUR IDEA USED AS THE OFFICIAL NAME FOR THE QUIVAA NEWSLETTER AS FROM THE NEXT EDITION. OH YEAH...YOU'LL ALSO WIN A NIFFTY FIFTY TO BRIGHTEN UP A DREARY DAY.
A PRETTY EASY FIFTY BUCKS WE RECKON!

SEND YOUR IDEAS TO: QUIVAA NEWSLETTER
COMPETITION
93 BRUNSWICK STREET
FORTITUDE VALLEY Q 4006

AND GRAB YOUR 15 MINUTES OF FAME...

NOTE: PLEASE MAKE SURE YOU GIVE US A NAME AND CONTACT PHONE NUMBER OR ADDRESS SO WE CAN LET YOU KNOW YOU'VE WON!

JOIN QUIVAA...JOIN QUIVAA...JOIN QUIVAA

If you would like to become a member of QUIVAA and receive all the benefits of membership such as receiving regular information about events, activities, workshops and seminars. You will also receive a personal copy of the QUIVAA Newsletter by post, hot off the press! Members have access to all QUIVAA services including; the Needle and Syringe Exchange to pick up your free fits, water, swabs, filters and heaps more injecting equipment, referrals to other services and people who can give support and advice, weekly volunteer meetings and regular info forums, representation to government departments on issues that affect IDUs, full accreditation as a volunteer worker, involvement in the production of the newsletter and lots of information about drug use, HIV/AIDS, Hep C, just to name a few membership benefits.

Our members are the backbone of QUIVAA. As a 'user-self' organisation we are run by and for users, their partners, families and friends. Anyone who is affected by Injecting Drug Use and agrees with the aims and objectives of the organisation is welcome as a member. If you would like to be sent a membership form and would like to receive some more information about QUIVAA please fill out the details below and send to QUIVAA 93 Brunswick St, Fortitude Valley Q 4006. All correspondence is completely confidential.

NAME: .....

(Whatever name you wish to go by at QUIVAA is fine ie. initials, alias etc are OK)

ADDRESS: .....

SUBURB/TOWN: ..... **POSTCODE:** .....

PHONE: ..... (OPTIONAL)