

Dart News

MEMBERS' AND VOLUNTEERS' NEWSLETTER OF THE QUEENSLAND INTRAVENOUS
AIDS ASSOCIATION INCORPORATED (QuIVAA)

Spring 1991



Dart News

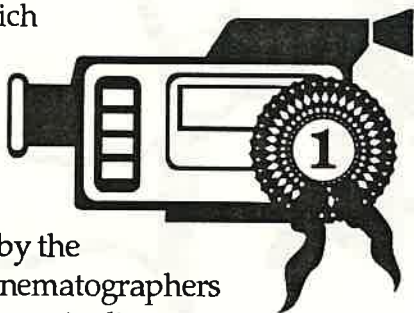
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The opinions expressed in Dart News are those of the contributors. They are not necessarily those of QuIVAA management committee, staff or members.

Congrats!!

The team which made the video **Play It Safe/Safe Sex Wrap**, were highly commended by the Australian Cinematographers Society in the music clips category of the 1991 Queensland Film and Video Awards. Congratulations, L. Goebel, K. Johnson, M. Hadden!!



President's Report

This report was read to the QuIVAA AGM by Michael Lane, President, on 27th September 1991.

Hello everyone,

Welcome to QuIVAA's Annual General Meeting. I won't present a long report here, as much of what needs to be said will be contained in the financial and worker's reports. (*Note: You can get copies of these reports from QuIVAA.*) What I'll do here is present points that are relevant to my position as President.

Firstly I need to thank the Management Committee of QuIVAA for their time and dedication over the past year. Without their unpaid effort, community agencies like QuIVAA would not exist as you see them today. These committees provide a vital function! Located in a system of checks and balances, the committee provides for an independent "non-aligned" management structure.

Next I would like to sincerely thank the workers of QuIVAA for the support they have given me this past year.

Every "human" system is necessarily fraught with conflicts of intention and interest. I see that as just part of the game. We've certainly had our share of Blues this past year and we've always come through them. I see the workers as having provided a constant, common thread through the life of QuIVAA. They are the ones who have the firmest grasp on the ideological principles that drive our projects and are the primary source of energy within the organisation. Thanks Vivian, Erika, B.J., Colin, Ray, Janine. We've pulled together to make the organisation work and it does work.

Dart News

This past year we've had a base line of 8 core projects:

AIDS Workshops, Peer Education Art Workshop, Streetwork, Drop-in Centre, Dart News, Needle Exchange and Community liaison/education/networking.

One of QuIVAA's positive points is that we can adapt quickly to changing situations. We were provided with the opportunity and acted upon it, incorporating an extra project - a joint radio production project with 4ZZZ. This project is currently ongoing.

In the past year we have also provided special Commonwealth funded projects like last nights highly successful Safe Sex Kit launch. The second component to that project has us providing a durable resource on HIV/AIDS for all media news rooms in Australia, producing a media educational video for all other state user groups and promoting a positive media profile for injecting drug users. This final point will be taken on board as an ongoing QuIVAA /media commitment.

My job as President is to have a finger in all these QuIVAA pies. To oversight all the operations and to ensure, along with the various Project Officers, a high quality control threshold on all of QuIVAA's output. I suppose my report to you members is that the quality threshold has remained high this past year. And for that there are many people to thank.

Thanks again Barry Telford in Canberra for believing in us and our ability to produce the goods. Thanks Tony Rolfe down that way also.

On a state level, thanks have to go to Dr Margaret Steinberg (for much the same reasons). Particularly, thanks to Tanya Bain for all the genuine concern and encouragement. Thanks Larry Pierce and particularly thanks Adrian Buzolic for sticking by us.

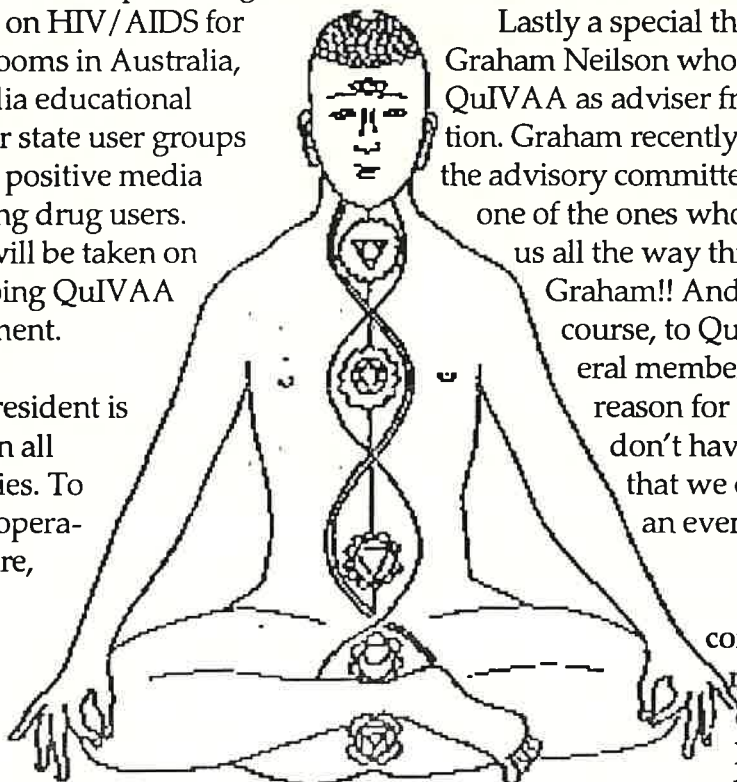
I need to send a special thanks to Peter North (who is on the QuIVAA Advisory committee along with Adrian B.). Peter provided the support and trust I needed to take on this job in the first place, and has been an inspiration source ever since.

Lastly a special thanks to Dr Graham Neilson who has been with QuIVAA as adviser from its inception. Graham recently resigned from the advisory committee. He's also one of the ones who has stuck by us all the way through. Thanks Graham!! And thanks, of course, to QuIVAA's general membership - the reason for our existence. I don't have any doubts that we can make '92 an even bigger year.

We are here to continue the message that drug users are here - we are relevant - we are

productive - and we are entitled to all the rights of any other minority group in the community.

Michael Lane



My daughter, a known addict...

My daughter, a known addict, has asked me to put my feelings as a mother down on paper, but where do I start?

Patricia was born four weeks premature; a beautiful baby. As a toddler she could never keep still, would not do what she was told and lived in a make-believe world.

Five years of age the doctors told me she was paranoid and that she was the type of child that should be an only child. As she was my eighth child, there wasn't much I could do about that situation, only give her more love and attention.

School was a nightmare, she could not concentrate for long; so started the long battle with doctors, and they started her on drugs to keep her calm.

First it was 10 mg of Melleril, three times a day - no use, so 20 mg three times a day - didn't help; by the time she was ten she was on 50 mg three times a day.

All this to me was the start of her addictions, alcohol, heroin, Valium, Serepax, speed, anything that came along, finally the Methadone programme, which to me is the pits. Monday to Friday she could manage, weekends were a nightmare as they were given two doses on a Saturday. One was taken, the other hit up, or sold, or extra bought. I used to be petrified as it was nothing to find her in her room nodding off with a cigarette in her hand.

She went straight for a few months then back onto heroin again, then it was selling drugs to feed the habit, the stealing, the court cases, the heart-break. No-one could reason with her.

"We didn't love her", she said.



If she only knew what it's like to see someone fading away, destroying herself, and feeling so helpless.

I read books, I went to a lecture, I tried leaving it be and let her face it herself, everything failed. She is an adult now and a mother, so all I can do now is pray to God for strength, be here when she needs me, be supportive when she is trying to go straight, hoping this time she will win. My love for her as a mother will never change.

There are things I don't understand, like the doctors who will give them prescriptions for Valium, Serepax and other drugs over and over again. When I found out their names I would ring them up and ask them not to or I would go to the Health Department. This frightened some. I have threatened dealers only to be threatened back. You live in fear of the police knocking on your door, saying they have found your child dead; I have nightmares all the time.

I do get sick of people telling me she is an adult now, if she wants to destroy herself let her go. To me addiction is an illness, one that mine has had since childhood through prescription drugs, and until the day I die, I will be here for her, to give her support, love and help.

I praise the people who support the addicts as they come from all walks of life, housewives, professional people, not just teenagers, who have it harder today than my generation. So parents, don't turn your children away when they go astray - they need you, your love, your support. Be firm but never stop loving them.



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HIV Testing

In the last issue of *Dart News* members were asked to fill out a questionnaire on the subject of HIV testing. Not very many replies were received. Thank you to those people who returned an answer. Here are the results:

1) *Do you want QuIVAA to implement HIV testing on its premises?*

YES 6 NO 7

2) *Would you like to see QuIVAA, in addition to HIV testing, implement a number of other health/medical services?*

YES 10 NO 3

3) *If yes, what sort of services would you like to see QuIVAA operate?*

Legal issues, welfare & advocacy for HIV+ve and -ve people, gay doctors to test for Hep A, B, C & other STDs, smear tests, liver function tests, counselling on STDs, hep., safe needle use other than no sharing, meetings on above, non judgemental outpatient medical service, dispensing of methadone, info on pre- & post test counselling, referral list of doctors who are non judgemental re drug use, education info on health implications of different drugs.

4) *Any other comments?*

List of after hours chemists selling fits, access to needle exchange after 5 pm & weekends, safe sex and safe IV use info taken to schools for early learning, QuIVAA should refine projects it already has instead of HIV testing, further promotion of HIV tests through organisations already providing services which are adequate, it's difficult to find methadone dispensers, congrats on good job QuIVAA, HIV+ve people & users should retain control of own health services not the State, people would prefer to use service at QuIVAA rather than Govt. clinic, counselling very important in non judgemental environment, classes on how to live on the dole.

Fun with 4ZZZ

Eight QuIVAA members have been going to 4ZZZ once a week to have fun and learn radio skills from Connor.

"We are learning sound effects, editing, producing, making cartridges for broadcast, echoes and talkback telephone calls," Helen told Dart News.

QuIVAA hopes to have a regular program on air soon. 4ZZZ are already playing recordings the group has produced. They are music and dramas about safe needle use, safe sex, shooting guides, and harm reduction education.

QuIVAA projects are promoted too. "There is a uniting of 4ZZZ and QuIVAA for the goal of education and information on AIDS, Hep and STDs, their causes, cure (where available) and prevention plus all the latest medical knowledge."

"I've noticed a great difference in our self-esteem," was a comment from Helen.

"Connor's a kind, patient and understanding guide ... I'm learning something new and exciting and also it's fun!"

Write for Dart!

Keep it simple. It is possible to write about technical subjects in a simple clear style. Even complex issues can be written about in short straightforward words.

It can help if you tell someone the story you are trying to write. That is an effective way to isolate the main points if you have become bogged down in a mass of details and research.

Write in short sentences so your ideas and information don't get lost. Try not to let your sentences get longer than 25 words.

Letters generally shouldn't be longer than 200 words. Articles usually don't need to be longer than 500 words.

Contact Rubin if you need to know more about it.

Dart Tash Talks

News from the Drop In Centre

What 'fucking' Drop In Centre? A drop in place needs people. Have you ever been invited to a party and when you get there no-one else arrived yet? That has its advantages; if there is any smoko you won't have to stand tapping your foot waiting for your turn for a toke or a cone.

I hope I haven't misled or confused any one. We don't hand out or have any sort of mind- or mood-changing substances on the premises as it's illegal. However we do have fits, disposal containers, condoms, wet stuff (lube), coffee, tea, Milo (yes milo), milk, sugar, and biscuits.

If you are lucky you can also get posters, stickers, or T-shirts. The list goes on and on.

There are some pretty nice people down here too. 'Shit', I nearly forgot to mention the videos. Just make yourself a cup of whatever you want to drink, lie back and watch some interesting and informative videos. Make some badges - your own design or just colour in the already printed designs.

I could go on about the fun things to do, but I'm off to have some coffee, put my feet up and listen to some good music.

Art Attacks the Drop In Centre!

You just *have* to come and see our newly painted Drop In Centre, lots of colours, in good taste naturally. It has soft new carpet, it has a Laurel & Hardy clock swinging its legs, it has a mural, it has a nature scene and fluoro fish on the walls.

It also has multi coloured fans which spin you out and that's not all, it has a geometric arrangement of coloured fabric triangles placed 3 feet down billowing with the breeze of the fans.

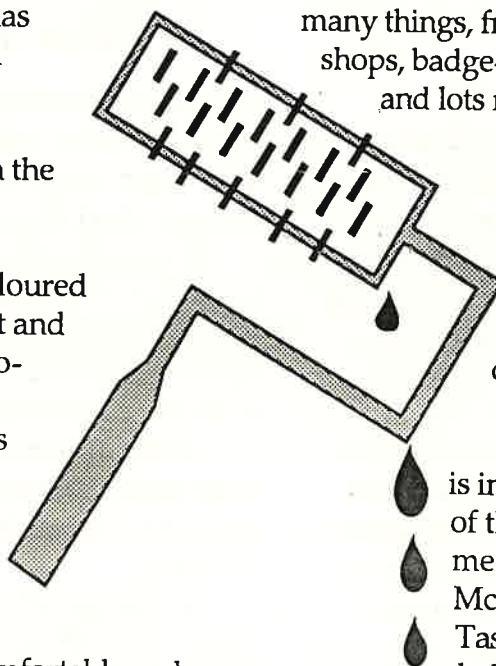
Now we have a comfortable and visually attractive environment which is

important to us all. It helps in being more creative with our thinking and also our outcomes. The room will be used for many things, from socials to Aids workshops, badge-making, focus groups and lots more.

Soooooooo come in and join us in our activities and chill out in our new and terrific room. Let's use it to death!

A big "congratulations!" is in order to the generosity of the volunteers who helped me make it all happen - Jeff McNab and Glen Beatty and Tash plus all those who helped out.

Janine



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C.J.C. Forum.

Keith Delaney, a representative of the Criminal Justice Commission, visited QuIVAA recently to gather information from real live users about drug use in Queensland.

A forum of fourteen volunteers provided him with a valuable insight into the street reality of scoring and using in Brisbane. His reaction was to ask if he could return at a later date with even more specific questions. These forums may have a bearing on future changes to the laws on drug use in Queensland.

It was gratifying to see the C.J.C. accessing knowledge from those who know the most, the users themselves. All input was of a very high standard. Topics covered included heroin, methadone, coke, speed, benzos, acid, ecstasy and discrimination issues.

Thanks and a pat on the back is due to all who had the foresight to attend this important event. Notice will be given of the next forum as soon as the C.J.C. contact us with a date.

B.J.

Australian IV League

The Australian IV League is holding its:

4th National Education Workshop in Adelaide

22nd October 1991

at the Grosvenor Hotel

This innovative and informative training event is designed to provide relevant information on the specific needs of specific disadvantaged groups of intravenous drug users which experience particular barriers or obstacles in accessing mainstream HIV/AIDS & IDU services.

Specific marginalised or disadvantaged groups to be considered include: Aboriginals, young people, new and occasional users. Also issues surrounding workplace use will be covered.

Every worker and volunteer in an industry associated with these and other marginalised groups will benefit greatly by this event. As places in the workshop are limited, it is imperative that you book now and avoid disappointment.

Contact: PO Box 1267
Collingwood Vic. 3066
Ph.(03) 4171466

A huge thank you from the Drop In Centre to:

Margie Thompson's - In Carpets - 2/29 McCotter Street, Acacia Ridge Q 4110 Ph. 273 1166 who kindly donated their time, efforts, costs and labour in negotiating for our carpet and also arranging for it to be laid.

Redbook Carpets - 29 Turbo Drive, Coorparoo Q 4151 Ph. 891 5624 the wholesalers who kindly supplied our luscious new carpet.

Crown Paints - 246 Robinson Road, Geebung Q 4034 Ph. 265 2000 for their donation of 20 litres of paint.

Luke Lyall - P.D. Lyall & Son Painter and Decorator - 5/28 Trafalgar Street, Woolloongabba Q 4102 Ph. 391 5706 for loaning us the scaffolding for so many weeks.

Dart News

Volunteers' chinwag

On Friday afternoons at 1 pm volunteers and Michael L. get together. They talk about problems and plans for the future.

At recent forums volunteers talked about staff/volunteer relations. Michael L. suggested that complaints should be noted down in writing so that they can be dealt with more easily, as work pressures on staff made it difficult to have time to discuss involvement problems.

Michael L. reminded members that Vivian is the acting volunteer co-ordinator. He said he felt a committed volunteer should be trained for the position.

The 'sheltered workshop' type of volunteer work was discussed (folding paper, licking envelopes). A questionnaire for members was planned, asking what skills they could contribute and what projects they were interested in.

Regular socials were proposed by Michael L. as combined moneyraisers and ways of furthering QuIVAA's work.

He also suggested a mailing list of volunteers who are active so that they can be kept informed of what's happening.

Regular video showings were suggested for the Drop In Centre. Safe sex and safe needle use videos could be mixed with good movies, such as *Drugstore Cowboy* or whatever people want to see.

Computer training for volunteers has been talked about at a number of forums and has got as far as the production of a questionnaire which interested people can get from Colin or Rubin. This asks about people's skills and interests, and people should get a copy and fill it out if they are interested. There is going to be a long-term plan for training as staff and members working on particular projects have priority.

All these suggestions were talked about enthusiastically and plans were made for them to be carried out.

“

Volunteers come and go and that's the way we like it.”

“I don't feel like sex tonight, let's have some Valium instead.”

“I haven't had so much fun in ages as I have at QuIVAA.”

“He made me feel uncomfortable from the first day.”

“Will I be drinking? Depends what drugs I take tonight.”

“We assume that everyone who comes in here [QuIVAA] is HIV+ve.”

“I like the parties; even the AGM was a good time!”

“I've rubbed cream into the cracked skin of AIDS patients... so what?”

“The easy option isn't always the best.”

“I am perplexed, to quote Crowley's last words.”

“The brain is the greatest sex organ of all.”

”

Dart News

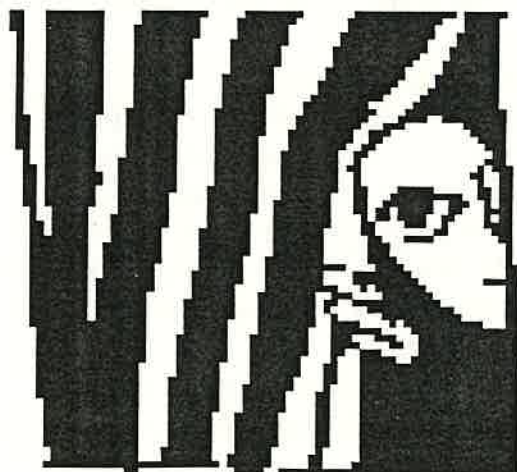
'AIDS Education and Community Building.'

Hi there. It makes such a difference being able to write for Dart News instead of writing Dart News.

First I want to congratulate the Dart News Team. They include Scott, Mark (welcome back Marco), Trish, Peter, Lisa, Helen, Lake, Rick, Janine, Tash, Felicity and Rubin as well as the many others who have taken up the challenge of producing this edition of Dart News.

The last Dart News received mixed reactions such as too many words, great pictures, sick jokes, not enough fun, too long, too short, too much emphasis on HIV/AIDS etc. We also got some really positive feedback about knowing what it is to be at the coal face, how we understood many aspects of HIV/AIDS, how empathetic we were towards issues related towards HIV+ve lifestyles etc.

Thank you one and all. Criticism is a sign of health. We view feedback both negative and positive as very constructive and it is an indication from our target group that there is a lot of interest in QuIVAA.



We can never please all the people all the time, but if we continue to be open to debate, criticism and acknowledge that we are going a long way to recognise the great diversity of opinion, we grow as part of that process. I hope that we continue to encourage debate surrounding this organisation. As more people become involved more people will bring various skills and their own very valuable insights to QuIVAA.

It is our job here to acknowledge that and to facilitate a process so that everyone from staff to volunteers have an objective that is both realistic and achievable. QuIVAA is funded for the prevention of the spread of HIV/AIDS.

By having open debate and structures in place whereby all the players can have input into the decision-making process we are then, truly, a community based organisation.

There is a process whereby all the members of QuIVAA get together with the President on Friday at 1pm to hold open forums, we have a variety of sub-committees in QuIVAA that have a load of work to get through and they are always looking for people who are prepared to dedicate time to work in a team to look at various issues within QuIVAA eg education sub-committee.

If you truly want to do something to help build your community and prevent the spread of HIV/AIDS QuIVAA is the place for you.

Be active, ask questions, get involved, stay safe, be healthy. It is your life stay in control and live it.

Colin

COUNTER ATTACKS

Pharmacists and Users - Combat or Co-operation?

The two following interviews are taken from a series being conducted by the Alcohol and Drug Dependence (ADDS) with pharmacists selling needles and syringes throughout the Brisbane metropolitan area. They are followed by QuIVAA interviews with injecting drug users giving a response to the service. For reasons of confidentiality no names are given.



The interviewer's questions are given in italics. *They look like this.*

The pharmacists' replies and later the intravenous drug users' replies are shown in bold; they look like this.

Interviewer: How long have you been selling needles and syringes?

Pharmacist 1: At least 3 years.

Do you have a rapport with needle & syringe customers?

No not that much. Four or five are familiar. Friday and Saturday nights - party nights - are the big nights for selling.

Did your impression of drug users change once in contact with needle & syringe customers?

Yes, some are quite friendly.

Do they hang around the shop?

No. We don't worry about shop lifting.

They just come in and out.

Do they ever ask you to give them needles free?

Yes, but we don't. If they can afford to put something into them then they can afford the needle.

Do you have ethical problems with selling?

If you don't sell they will share. I don't have problems with that, but I do have problems with those who do not take disposal units.

Are the general public aware of needle & syringe sales?

Yes, the general public ask you if you are allowed to sell.

How do people ask for needles & syringes?

Before it was legal they would come up to the counter and say "I'm cleaning sea shells", or I'm mounting butterflies".

Now they just come straight out and ask, it's much better.

Do you sell young people syringes?

No young people ask. They are mostly in their late teens and early twenties.

Is it a good idea for chemists to sell needles and syringes?

Yes and no. Sometimes the customers have no money; we are not subsidised so we can't give them away. However it is convenient for our clientele. They would not go into the Valley to pick up syringes there if they couldn't get syringes from us.

Is disposal a problem?

I agreed to take the plastic containers though they take up a lot of space. We mostly ask people to take the disposable containers. There have been two incidents in this area where people have found discarded syringes and complained to us.

Is there much discussion amongst chemists about needle and syringe sales?

No.

COUNTER ATTACKS

Do chemists need more information to make a decision to sell needles & syringes?

I would have thought that the documentation about HIV and Hep B would be thorough enough to convince any chemist.

Do chemists need more information to deal better with needle & syringe customers?

Most needle & syringe customers don't want to talk. Just take syringes and go. In a shop this size it's hard to talk. It's very busy.

Do you have any tips for other chemists considering selling needles & syringes?

Don't ask customers questions. Accept them for what they are, don't try to change them.

Interviewer: Any bad experiences selling syringes?

Pharmacist 2: Mostly drunks. They are aggressive, but drunks are always a problem.

Is there any debate / discussion amongst chemists you know about selling needles & syringes?

Most of my friends who are chemists sell syringes with no problem.

What tips do you have for chemists who are considering selling needles & syringes?

You have to live with your own conscience. You have to know your own mind. If you have any doubts don't do it. If you sell you have to go the whole way. You treat them as any other customer because that's all they are.

Are you encouraging drug abuse?

That's a hard one, because you have to reconcile that for yourself. I feel that if I did or didn't supply people they would use anyway. I have this thought at the

back of my mind, a doubt, but it's a hard one.

How do you know needle & syringe sales mean injecting drug use?

We usually dispense the insulin with the syringes to our diabetics and they usually buy syringes in bulk, not one or two.

How do people ask?

The first time they come in they say they are diabetics, but regular users don't bother. Before we could sell syringes legally people would say that they were painters and needed to take bubbles out of paint or fibreglass; now they don't bother any more.

Do you think all chemists should sell needles & syringes?

No, it's an individual thing. You shouldn't be forced to do something that doesn't sit well in your conscience.

Do you sell needles & syringes with educational material?

We had bags and the plastic containers. I feel the bag is thrown on the ground and discarded and I am not happy about young people and old people picking them up and reading them. We



COUNTER ATTACKS

use the bags but selectively. Educational material seems to be an imposition. They are not going to read it in any case.

Do chemists need assistance / education to help them make a decision to sell?

Yes. It was hard to make the decision in isolation. Education would be good to help us to be better communicators with needle & syringe customers. I think there are ways we can improve our personal skills with them if we can understand the situation better; and it would be a help for us to have educational material so we could explain the reasoning behind needle & syringe sales to the general public. It would be good for me also as a father with two kids, to understand what's going on within the culture, because soon my kids will be faced with those decisions. I do worry about the increasing number of syringes dispensed and the increasing number of syringes not disposed of correctly.

How could that be solved?

I have no idea. You get them to a stage where they don't share needles, but you need to face problems of disposal. People think "I don't have AIDS; why should I dispose of needles correctly", or they just don't care.

Interviewers from QuIVAA talk to Injecting Drug Users (IDUs) about their experiences purchasing needles and syringes from user-friendly and not-so user-friendly pharmacists around Brisbane.

Interviewer: Can you tell me about your experiences buying needles and syringes in chemists?

Injecting drug user: I go to a chemist and ask for 4 syringes. Often they say they haven't got any and you can see them (syringes) in the back.

How does that make you feel?

You feel embarrassed ... and very self conscious asking for syringes if other people are there.

So you tend to wait?

Yeah, so you hang around and look at products you're not even interested in ... fill in the time and wait 'til everyone's taken off ... then ask for syringes ... or buy some soap... or shampoo ... and then say "Can I have a couple of syringes?" like "oh by the way" ...

And when you get knocked back do you ever ask where else you can buy them?

I've asked them where can I buy them ... they just want you to leave the shop, they're pretty hostile once they find out you're a drug addict wanting syringes. *What about cases when you haven't had any trouble buying syringes?*

Yeah, it's been good ... walk in say "Hello," they ask what you want and they just give you exactly what you want ... they smile and say "See you later" ... you feel quite relaxed going in ... good attitude ... they treat you like a person, they say "Hi, how you going". There's a few chemists like that.

Have you been in a situation where you have dope but no fits?

Yes. At one stage I remember driving into the hospital, the casualty section, walking in and walking around, sitting there telling them I've got injuries for this and that ... just waiting for them to piss off and leave so I could pinch some syringes.

So you are stuck in a criminal class because chemists won't sell them?

If I can't get them legally, I'll steal it somewhere just so I can get one.

How about you? Have you had to do any desperado acts like that?

I tried to regulate my use, control it, so I smashed up all my syringes, but then later you need one and you have to go through the garbage to try to find one and super glue it back together.

COUNTER ATTACKS

Do you feel defeated?

No, you've got to accept the situation ... you go and check another chemist or you go to see friends. Some addicts have screwed it up for other people. They've gone in there and knocked off stuff; that's why some of the chemists have the attitude they have towards users.

Why is it important for chemists to dispense needles & syringes?

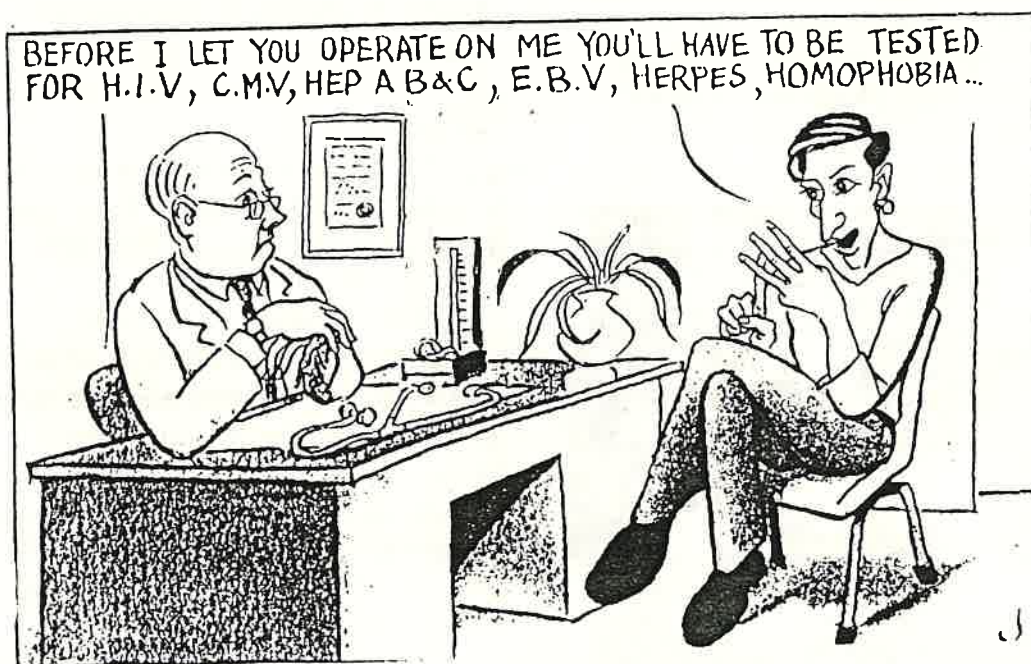
I've just basically done about 20 years of using, I've done enough here ... I haven't had Hep B or AIDS ... it's just, thank God, the man upstairs, that he's keeping an eye on me, but I know people ... people who have died you know, OD's and different things ... so I believe it's really crucial and important that we have syringes dispensed out to people that need them ... cause it's a life-saver ... so I look at it very seriously ... they need more chemists doing it (selling syringes) ... otherwise how are you going to get them? They're afraid

they're going to lose clients who are coming in with prescriptions, that the customers will go elsewhere .. that we're going to scare away 'normal' people and the chemists are going to lose their clients and their business. We're human beings just like everyone else, we go to work, have relationships, kids ...

What's going to come out of it ... we're going to die.

Addicts get pissed off if someone's going to throw negative things at them. If someone's going to say something to you like that sometimes you just tell them to fuck off, especially when you're hanging out. You're not conscious of anything else going on, you just want that fix, and you'll do anything to get it!

How much is AZT? What's the cost of keeping someone in jail for 12 months, 10 years... How much does it cost to keep someone alive?



COUNTER ATTACKS

Which One Fits?

It's the game for users young and old. It's time to play "Which One Fits?"

There are a few courses of action you can take in this game, the best being QuIVAA's needle exchange. They're free and you're in a friendly non-judgemental atmosphere and you can also pick up some good tips on safe using or just have a chat. But if you can't make it to QuIVAA for any reason you can go to the chemist. This is where you partake in the game! If you pick the best course of action out of the two following scenarios, you win.

Scenario 1

In this case we have a user called Ivy. Ivy does not know about QuIVAA so she either gets her fits from her friends or from the chemist. So Ivy trundles off to the chemist after administering afternoon tea with her last useable fit. When Ivy arrives at the chemist, she realises she's forgotten her sun glasses. It is night time but Ivy is lost without them. So she decides to mosey over to the sunglasses display and choose a pair to pinch. Because she's not wearing sunnies her vision is a bit off. She doesn't notice the man behind the counter can see everything she's doing. She slips the sunnies in



her pocket. Also she's drawn attention to her self because it is not one of those rotating displays and she looks like she's about to rip it from its base.

"Oi, you! I saw that," he screams out. Ivy jumps out of her skin, which is all she consists of these days, well, that and a few bones. She staggers backwards into an old lady who's trying to decide whether "Softie's Dryshields" are the way to go. Ivy bounces off the old lady and knocks a near by Laxettes display flying, which was in itself enough to give the chemist the shits. She scrambles around the floor trying to pick up the various parts of the display but by this time the chemist is standing over her saying, "Just leave it and piss off." "Sorry man, I just wanted to get some fits... I mean syringes," says Ivy. "Not a chance!" he says. "Just piss off."

Ivy scrambles out of the shop planning what to do next. She'll have to go to the chemist up the road. Oh well, at least there is one consolation, she'll at least be able to see straight this time. In all the cafuffle the chemist forgot about the sunnies.

Scenario 2

Fitz is a dealer who usually gets his works from QuIVAA. He's been giving lots of them away to his clients lately, so he's running pretty low.

There are going to be a few people scoring off him soon. There's just time to nip down to the chemist and pick up a few extra. Fitzzy throws on a pair of shoes, runs a brush through his hair and he's off. He arrives at the chemist, walks straight up to the counter and politely says, "Can I have a dozen 1 ml syringes." He pays, smiles, then walks out.

He gets home just in time to meet his first customer, "Hi Fitzzy." "Giddyay Ivy, come on in."

Pete



What IS 'Safer Sex'

[illegible]

disease drug aid

CHRONIC hepatitis was not selected because the disease was not as serious as AIDS, an expert said today.

By Goeff FAY- PENNY HUN

er. "Contraceptive pills in the number of patients in the study who had been told that the pills could cause liver cancer. The pills were found to be safe in patients with chronic liver disease, but not in those with cirrhosis. The study was funded by the National Cancer Institute and the National Institutes of Health. The study was published in the *Journal of the American Medical Association* in 1998.

Free heroin plan rapped

...now cost...
...Karmali said the...
...epidemic seemed...
...infectious did not seem...
...as was originally...
...DS exports credit our...
...programs with...
...change...
...with chief...
...Professor Ian Gust...
...We've done...
...to limit its spread. Our...
...of new infection is...
...lowest in the world."

[illegible][illegible]

RESim

Britain 31 years ago

LONDON.—An examination of patient records at the time of the first reported cases of the AIDS virus in Britain has revealed a surprising finding. The AIDS virus was present in Britain at least 31 years ago.

The finding debunks several scientific assumptions about the origin and spread of the AIDS virus.

In 1939, a 35-year-old former Royal Navy seaman died of advanced AIDS in Manchester, according to English medical records.

The discovery was made by the virologists at Manchester University's medical school.

DS experts credit out-
nation programs with
labor changes.

AIDS sweeps Africa. Nearly 15 million Africans are believed to have HIV virus which causes AIDS. NEVA: Nearly 15 million men, women and children in the Sahel are at risk of the fatal effects of the disease.

Children's health care that arises associated with the HIV/AIDS epidemic is a global crisis. In the early 1990s, more than 10 million HIV-infected children were living in the world. In the United States, the number of children infected with HIV has increased steadily since the early 1980s. By 1990, an estimated 10,000 children in the United States were infected by the virus. In the United States, more than 10 million HIV-infected children were living in the world. In the United States, the number of children infected with HIV has increased steadily since the early 1980s. By 1990, an estimated 10,000 children in the United States were infected by the virus.

the fun! Use your imagination! The matter is, unless you're going to have sex not infected with AIDS (or any other STD), you must.

CANBERRA. Most people support the idea of supplying free heroin to addicts of the drug under controlled conditions, a team of researchers at the Australian National University says.

The researchers, who surveyed more than 1000 Canberra residents on attitudes to drug use, found that more than two-thirds of the public supported supplying free heroin to addicts.

But most of the 430 Federerres police who were surveyed were against the idea.

Police said potential problems of supplying free heroin to addicts included setting a bad example to young people and a decline in incentives for addicts give up the drug.

contract AIDS by simply
you still care. (Don't be
juncted of the hand or a hug
you cry. Laugh when they
to share those intimate
you both.

...accomplish III, especially with
you may feel helpless or
can a good friend you may
anything." Then out of fear
of the call, if it comes.
suggestions that may help
very ill.
... - it instills hope. Be like
we always been, especially
important.

[illegible]

- Don't avoid them. Be the friend. The loved one you now wish it is most important to help someone who is

make hepatitis B a chronic disease, says the figure for Australia at 1.5 percent of the population. C may be higher, Farrell said.

A bout half a dozen studies with US C progress have shown that 10 to 25 percent of the chronic hepatitis B carriers, which leads to the liver disease, will die of the disease, says the figure for Australia at 1.5 percent of the population. C may be higher, Farrell said.

Prof. Farrall said, "There is no public outcry against hepatitis B and C as there has been for AIDS, yet it is B and C that are the main beneficiaries of the problem size of the problem enormous."

The Federal Police Association yesterday said the move was a waste of taxpayers' money which would make Canberra the heroin capital of Australia.

The association secretary, Mr Jeff Brown, said addicts not on the program would do almost anything to get at the drug.

A government feasibility study favored a small-scale trial to port moving the drugs to retail outlets, without

WHEN A FRIEND HAS AIDS

Professor
rell said patients
need feelings of
lon which were
forced by lack of
for counseling
treatment for pa-
He said chronic
this patients
death from cir-
the liver and the
er.

The drug was approved for limited use in the treatment of leukemia, genital warts, Kaposi's sarcoma, hepatitis, and AIDS-related cancer. But Dr. Farrell said it was a national disgrace that only five Australian hospitals allowed doctors to treat hepatitis patients with Inter-

Free heroin plan rapped

could now cost about \$500 million a year, says a British epidemic scientist, because new infections did not seem to be leveling out and the rate of transmission remained "quite substantial." The epidemic seemed to be as high as was originally feared.

AIDS experts credit our education program with producing behavior change. Commonwealth chief medical adviser Professor Ian Quenell says, "We've done extremely well to halt its spread. Our commonwealth is another success story."

drug

CHRONIC hepatitis
lected because the
as serious as AIDS.

Orloff

aid

being re-
sufferers were not considered
disease was not considered
an expert told today.

By
PENNY HUNTER

Seventy-seven
20 to 29 have developed AIDS
and 47 have died.
The number of HIV-positive
people is 17,619, of whom
14,670 are male and 6,949
female with the sex of 230
not documented.
It is estimated the epidemic
has cost Australia almost
\$250 million, accounting
for government grants, education,
research, blood screening
programs and hospital treatment.
The chairman of the
Austrian AIDS
Committee, Dr. Peter

The discovery was made by the virologists at Manchester University medical school.

can
disease

on June 5, 1981, the first case of AIDS was reported in the United States. The first Australian case was diagnosed in 1982. WHO predicts that many as 40 million people will die from AIDS in the next 20 years.

World Health Organisation experts say, the general population, the gay and bisexual community into the spread of the disease. Although almost all HIV-positive individuals are HIV-negative, Australia has been unique in minimising the spread of the disease from the gay and bisexual community into the general population, the experts say.

years ago

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COURSE: AIDS

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1991

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18,000

such a short time

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no other disease has had

a devastating effect on

the first case was dis-

ed 10 years ago today.

Australian AIDS experts

estimated \$250 million

in costs and cost the

lived more than 1500

years ago

LONDON—An examination of patient records from a million of patients recorded by the University of Bristol has revealed a surprising finding: that AIDS was present in Britain at least 31 years ago.

The finding debunked a long-held assumption among scientists that the disease first appeared in Britain about 1960. The

Unfortunately, it's not possible to prevent **SAE**. But then, sex has never been **SAE** — pregnancy, STD's, and even AIDS doesn't have to be. The new **SAFER SEX** is a radical, new way to make sex safe.

...that sex will be one hundred
...has been a risky activity for
...now there's AIDS too. The good
...mean the end of sex, but the
...massage, erotic, and safe — the
...very popular in the days before
...couldn't

We are all individuals and independant and when it comes HIV positive we can become very of ourselves. But this independant can be quite lonely.

BE AWARE in Britain 31

15

Dart News

Streetwork is the practice of taking the service to the client, on the street, where they live.

This is an effective means of contacting notoriously "hard to reach" groups of users such as speed injectors, steroid users and minors. It has inherent dangers and obvious advantages.

QuIVAA's streetwork program began before our needle exchange was funded. We started with training for the volunteers, communication exercises, then onto the street. The initial trips into the city were dismal affairs with very little contact with users. However these trips did have the effect of unifying us. It built team solidarity.

Eventually the users started coming to us, so all the waiting and watching and being on the street does work. So far all areas visited have yielded enclaves of users. No doubt the scene will be similar in every suburb of Brisbane.

Paranoia, that dark companion of most users, is a major reason why many injectors don't use exchanges. We've all heard the raves about the jacks hiding across the road taking photos of all and sundry. The truth of the matter is neither here nor there in the face of such fears.

One of the best ways to dispel these imaginings is to take the exchange out into the street. Then, as trust grows, the paranoia begins to go.

Who do we target? Opiate users. Amphetamine users. Methadone users. Cocaine users. Injectors of LSD and Ecstasy. Steroid users. First time users. The partners of all of the above. Hepatitis C sufferers using interferon, and diabetics. All these groups are at risk of HIV if they share fits.

Other outreach programs are heavy on abstinence or have a definite religious slant. QuIVAA's program is completely nonjudgemental, we neither condemn or

condone the use of any substance, that is not our role. We just want to stop the spread of the virus. That's our major thrust. All other issues fade into the scenery when you compare them with the tragedy of AIDS.

B.J.



Valley 'Xchange

In July the Valley Needle Exchange closed their doors for the last time. This is a sad loss to Brisbane users. The Valley is an easy place to reach for many people. Its passing shall be mourned by all. It's one less place to obtain clean fits when Brisbane needs more exchanges, not less. If the HIV virus is to be stopped, easier access to equipment is a means of reaching this goal.

Joan and her colleagues were liked and trusted by many people in the using community. Also the closing time of 9 pm made the Valley very convenient to all of us. It's another of the imponderable movements of that Colossus known to us (the unaskable) as the Health Dept.

Anyway we must continue to battle on no matter what moves the monster makes. This is an epidemic that is killing our friends and lovers. It's a sad fact that in our society money is much more precious than people's lives. Maybe, one day, we will be able to change that around to "lives first - no matter what!".

B.J.

Dart News

Another contribution from one of the talented people who give their time and energy to the same aims as QuVAA; thanx to *tom ball* for this one

the new inquisition

so they closed the exchange on duncan street
to clean out the scum and rejects
we can't have filth on this profitable street
there's our customers
and kids to protect

and i hear ribbet's pizza
won't support zzz
since zzz supports gays
and no-one goes swimming on that beach
anymore
since fits were found in the bay

and the pigs at the watch-house
are keeping an eye out
for those that would protest
molest
the innocent ignorance
of adolescent laws

cross the street
don't look
don't speak
come away from that man johnny
can't you tell he's sick

fred nile
the reverent irrelevant prick
shouts desperate pleas
as they fall to their knees
in solemn prosecution

we're a nuclear family
with a nuclear car
we buy nuclear food
from a nuclear store
we're not afraid of nuclear war
that's what god's here to protect us for

we don't have condoms or syringes in jail
there's no gays or users inside

and there's nothing to fear
for that boy in tears
the pretty one
who couldn't afford his speeding fine

round 'em up
lock 'em up
round 'em up
lock 'em up
isolate 'em
segregate 'em
castrate 'em
annihilate 'em

it's never too late
in the name of the state
when they're all burning in hell
we can turn on ourselves
there'll always be someone left

to hate.



Dart News

Help Contacts

ADDS

Alcohol and Drug Dependence

270 Roma Street

Brisbane, Qld. 4000

Phone: (07) 236 2400

Alcohol and drug treatment, alcohol and drug issues. Needle and syringe exchange.

Hours: Open seven days a week for needle exchange.

Office hours: Monday to Friday 8 am to 5 pm.

ADIS

Alcohol and Drug Information Service

270 Roma Street

Brisbane, Qld. 4000

Phone: (07) 236 2414

Free phone: (008) 177 833

24 hour phone counselling and information available.

AICHS

Aboriginal and Islander Community Health Service.

10 Hubert Street

Woolloongabba, Qld. 4102

Phone: (07) 393 0055

Medical and dental help for Aboriginal and Islander people, women's health, AIDS education, nutrition advice, referral, advice and welfare.

Hours: Monday to Friday 8.30 am to 4.30 pm

AMU

AIDS Medical Unit

6th Floor

63 George Street

Brisbane, Qld. 4000

Phone: (07) 224 5526

Testing for HIV outpatient services, pre- and post-test counselling guaranteed.

Hours: Monday to Friday 9am to 4.30 pm

BYS

Brisbane Youth Service

702 Ann Street

Fortitude Valley, Qld. 4006

P.O. Box 1389

Fortitude Valley, Qld. 4006

Phone: (07) 852 1382

AIDS Education for and by young people, community art, AIDS education, detached youth work, support provided to at-risk youth.

Hours: Monday to Friday 9 am to 5 pm

Community AIDS Support

Valley Community Psychiatry Service

162 Alfred Street

Fortitude Valley, Qld. 4006

Phone: (07) 854 1605

A specialised counselling and support service for people with HIV, their partners and family.

NA

Narcotics Anonymous

P.O. Box 159

North Quay, Qld. 4002

Phone: (07) 391 5045 (24 hours)

Self-help groups run throughout

Brisbane for those interested in drug dependency.

Prisoner and Family Support Association (Qld)

54 Mollison Street

South Brisbane, Qld. 4101

Phone: (07) 844 6608

Welfare and social support for prisoners, ex-prisoners and their families.

Dart News

Help Contacts

QuAC

Queensland AIDS Council Incorporated.
522 Stanley Street
Mater Hill, Qld. 4101
Phone: (07) 844 1990
Fax: (07) 844 4206
Hours: Monday to Friday 9 am to 5 pm
Welfare and education of the
community. Support of HIV+ve persons
and accommodation.

QuIVAA

Queensland Intravenous AIDS
Association Incorporated
3 Water Street
Mater Hill, Qld. 4101
P.O. Box 664
Woolloongabba, Qld. 4102
Phone: (07) 844 7440 (3 lines)
Fax: (07) 846 5187
Free phone: (008) 172 076
Hours: Mon. Friday 9 am to 5 pm
Education, Needle and Syringe
Exchange, Advocacy, Referral and
Support. Includes AIDS workshops,
Outreach Streetwork, Project Nocturn,
design and production of education
materials, Dart News, Peer Education
Team, Drop In Centre.
Come along and learn a new skill.
A user friendly service.

QPP Community Centre

5 Allen Street
Woolloongabba, Qld. 4101
Phone: (07) 846 3939
Support and advocacy for those infected
with HIV/AIDS. This is a warm friendly
at home type service. It offers a
supportive environment, massage and
relaxation therapies. Regular support

groups for HIV+ve people every
Tuesday 7.30 pm. A partners, family and
friends group meets on the first and
third Thursday of the month 6 pm.
Friday open day evening meal served at
7 pm.
Hours: Monday to Thursday 10 am to 3
pm, Friday 10 am to 10 pm

SQWISI

Self Health for Queensland Workers in
the Sex Industry
65 Vulture Street
West End, Qld. 4101
Phone: (07) 844 4565
Education, support, referral, needle
exchange, outreach in the community.
Education for women, men and
transsexual workers.
Hours: Monday to Friday 9 am to 5 pm

Women's House

14 Brook Street
Highgate Hill, Qld. 4101
Phone: (07) 844 4008
Counselling and information for women
includes rape crisis, domestic violence,
incest, refuge, health issues and referral.
24 hours.

Youth and Family Service

Logan City
2 Rowen Street
Slacks Creek, Qld. 4127
Phone: (07) 208 8199
Primary health service, youth health bus,
HIV testing, needle and syringe
exchange. The bus operates around the
Logan city area. Ring for details of
location.

Woolloongabba 4102

AIDS Council of N.S.W.
P.O.Box 350
Darlinghurst N.S.W. 2010

SAVE ON POSTAGE
ALWAYS USE
STANDARD SIZE
ENVELOPES

**THE OPINIONS EXPRESSED
IN DART NEWS ARE THOSE
OF THE CONTRIBUTORS.
THEY ARE NOT NECESSARILY
THOSE OF THE QUIVAA
MANAGEMENT COMMITTEE,
STAFF OR MEMBERS.**