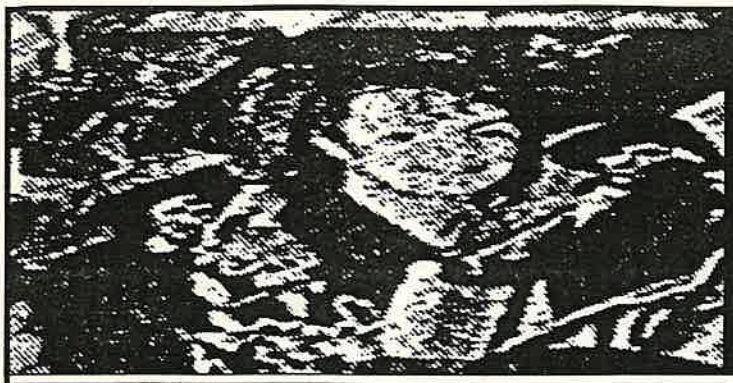
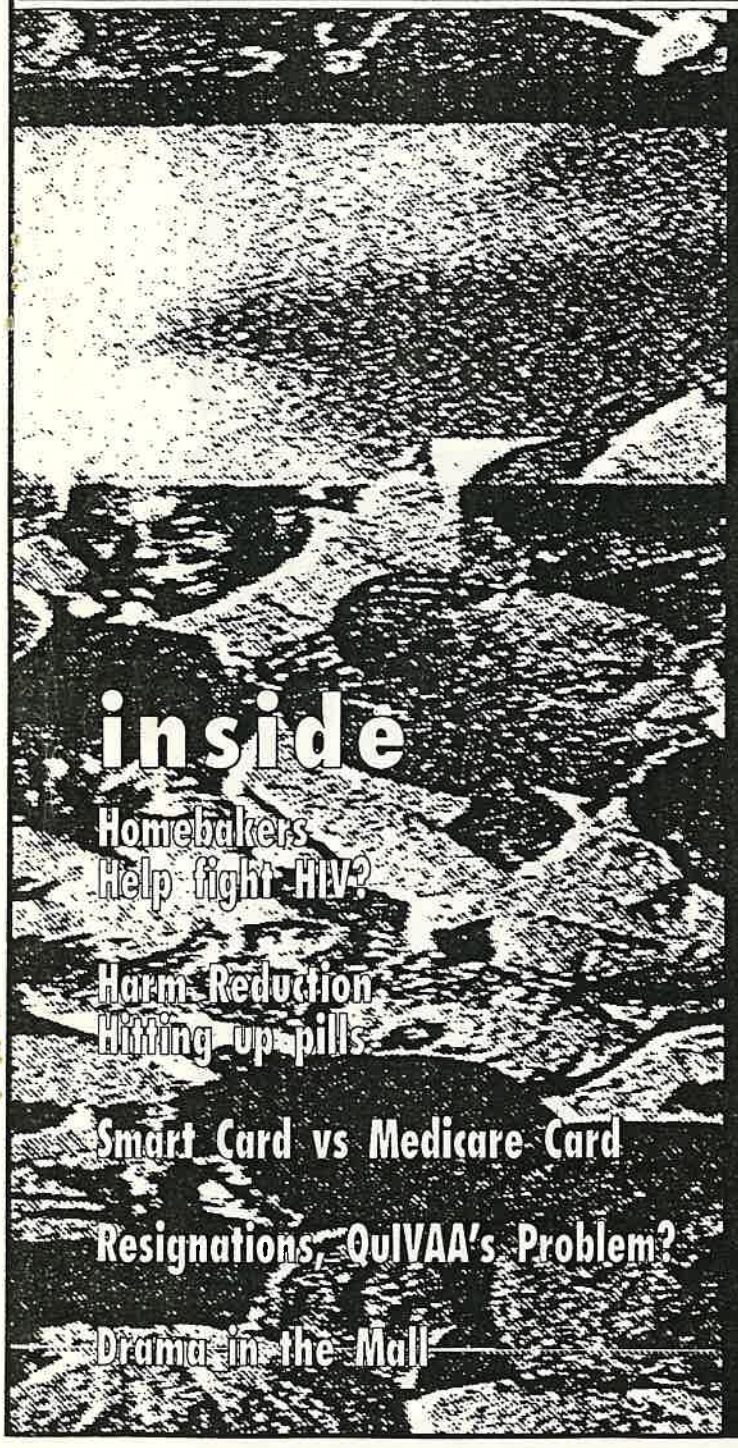


Dart News

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

AUTUMN 92



inside

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Letters to the Editor

Letters to the Editor
Dart News
PO Box 664
Wooloongabba 4102

No letters have been received for this edition so get-a-writing members!

QuIVAA would like to express it's thanks to the following business for supporting their community by distributing condoms and information.

Rocking Horse Records
Betty Britches
Zephyrs
Chi-Chi Deluxe
Full Volume

Members and volunteers fourm with President.

This little gathering is being revived after crumbling largely because of the moving of premises.
If you want input this is your chance.

Last year we got a lot of suggestions up an we need to O.K. these so they can be presented to Management. There's lots of work and we even have fun doing it - with a lunch at noon ($1.50).

Be involved, have your say, have fun!

Thursdays: Lunch at noon - Meeting at 1 pm

QuIVAA Has A NEW HOME

39 Merivale St. South Brisbane.

We are a little hard to find until we get our new signs up, but try this...Heading towards West End,(off the Victoria bridge) Merivale Street is the 2nd one way street on the right (South Brisbane Markets intersection.) Turn right off Melbourne Street, we are almost opposite "Beaurepairs". If you get lost - our phone number is still 8447440 - so give us a ring.
Come down and have a look. There are always interesting things happening. Or just drop in for a hot cuppa and a read. If you are busing it ,any south-side bus. South Brisbane station is close and we even have off street parking, if you're in a car.See ya soon.

Video Day

Every Wednesday afternoon at 1pm we have videos.Safe sex, safe injecting and a feature film. Starting this Wednesday May 20th. It can be a fun time, so make sure you mark it on your calander.

Liquid Sky
Syd and Nancy
Dogs in Space
Baghdad Cafe

Infotainment

Every Monday at 2pm. Infotainment is a gathering of small groups of people exchanging info. on HIV/AIDS issues in a relaxed enjoyable way. Phone Colin for more details.

QuIVAA Has A NEW HOME

39 Merivale St. South Brisbane.

QuIVAA Has A NEW HOME

QUEENSLAND INTRAVENOUS AIDS ASSOCIATION INCORPORATED
QuIVAA

MEMBERSHIP APPLICATION

QuIVAA aims to prevent the spread of HIV/AIDS amongst those at threat through using Needles and Syringes by educating Injectors.

Your membership entitles you :
* to show support for the activities of QuIVAA
* to receive any newsletters or circulars from QuIVAA
* to become involved with the activities

To join QuIVAA simply supply a first name, the initial of your surname and a contact point (an address) that you are comfortable with.

All information is strictly confidential.

Date...../...../.....

Member proposing new member:.....

First Name.....

Surname.....

Address.....

.....Postcode.....

Contact phone number.....

Would you be interested in becoming involved as a volunteer? Yes No

Would you be interested in an AIDS workshop? Yes No

Please note mail is expensive, so if you change your address remember to notify QuIVAA. Thank You.

Office Use only

Dates	Management	Mail List	Workshop	Volunteer

QuIVAA Post Office Box 664 Woolloongabba QLd 4102
39 Merivale Street South Brisbane Qld 4101
Telephone (07) 844-7440 Fax (07) 846-5187

This application form will tear out. If you have a friend who would like to become a member - please pass it on. If you know a member who is not getting mail, please ask them to ensure that we have their current address.

advertising insert in the interests of members safety.

THE NEW DIGITAL "LINE-GUARD" ™

YOUR **PERSONAL ELECTRONIC GUARD** THAT WILL PROTECT YOUR TELEPHONE OR FAX LINE AGAINST ANY UNINVITED "GUESTS", BUGS OR OTHER AUTOMATIC EAVESDROPPING EQUIPMENT!

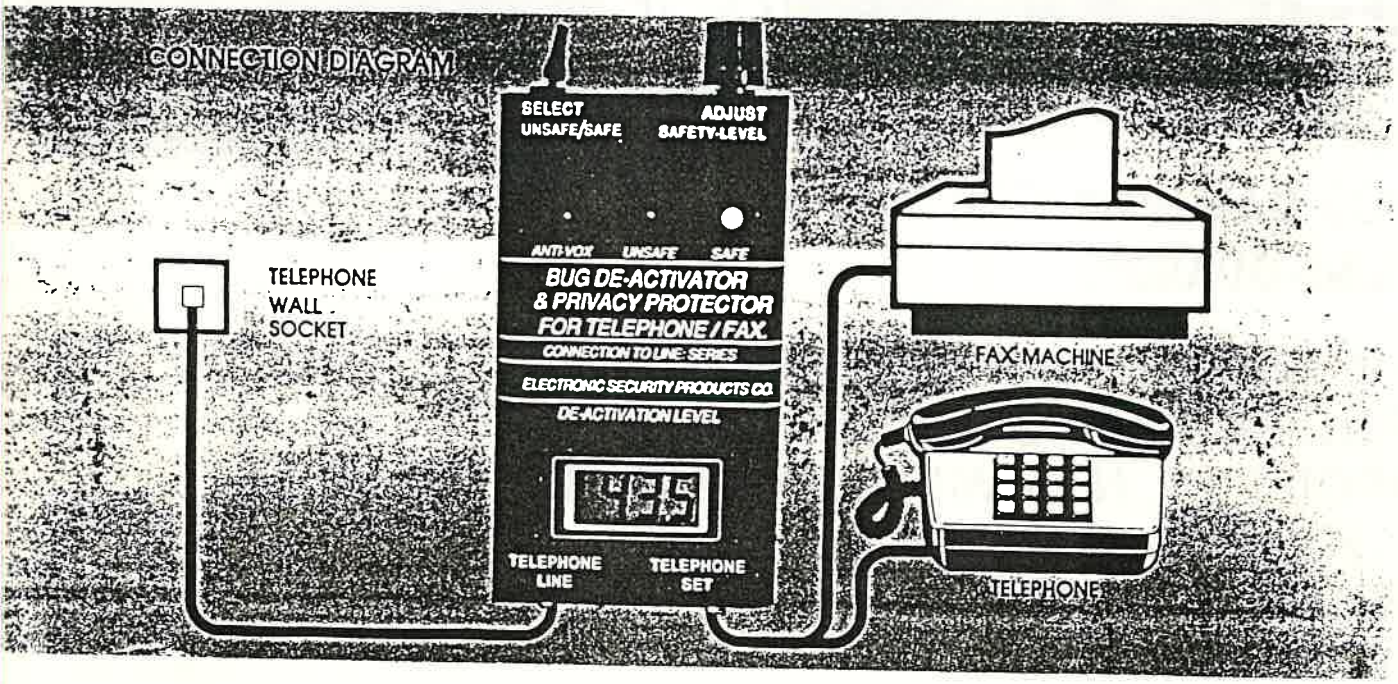
YOU **CAN NOW** STOP THEM WITH THE **"LINE-GUARD"**.

THE IMPROVED **3rd GENERATION** OF THE FIELD-PROVEN BUG DE-ACTIVATOR & PRIVACY PROTECTOR, NOW WITH EVEN **BETTER PROTECTION** – PROVIDED BY THE REVOLUTIONARY BUILT-IN **HIGH RESOLUTION** & MUCH ENHANCED ACCURACY.

Make sure nothing nasty happens as a result of your phone conversations. To be safe, not sorry, contact Debbie on 018 883 912 24hrs.

THE NEW
DIGITAL "LINE-GUARD"™

- DIGITAL READOUT LINE STATUS MONITOR – PROVIDING INSTANT AND **ACCURATE** OBSERVATION AND **DETECTION** OF EVEN THE **SMALLEST CHANGES IN THE PARAMETERS OF THE PROTECTED LINE**. (CHANGES WHICH NORMALLY OCCUR WHEN A BUG IS INSTALLED ON THE LINE.)
- DE-ACTIVATES AND PARALYZES THE OPERATION OF ALL KNOWN TYPES OF **AUTOMATIC** WIRE-TAPPING EQUIPMENT COMMONLY USED FOR BUGGING TELEPHONE AND FAX LINES.
- FREEZES THE OPERATION OF AUTOMATIC "PARALLEL" RECORDER-ACTIVATORS.
- GREATLY REDUCES THE OUTPUT POWER OF "SERIES" LINE TRANSMITTERS.
- CAUSES A SHIFT OF FREQUENCIES IN L-C TUNED LINE TRANSMITTERS.
- CAUSES ALL AUTOMATIC VOICE-ACTIVATED EQUIPMENT TO RUN **CONTINUOUSLY** – IN BETWEEN CALLS AND FILLS THE CASSETTES WITH **MEANINGLESS SOUNDS**.
- **SELECTIVE** DE-BUGGING – FOR **CONFUSING THE ENEMY!**
- FULLY AUTOMATIC OPERATION.
- REQUIRES **NO** BATTERIES OR MAINTENANCE.
- SUITABLE FOR ALL COUNTRIES.
- COMPATIBLE WITH ALL TYPES AND MODELS OF TELEPHONES AND FAX MACHINES.
- FAST AND EASY INSTALLATION WITH 2 BUILT-IN RG-11 US. STANDARD SOCKETS.
- SMALL, LIGHT AND PORTABLE.
- INCORPORATES THE LATEST STATE-OF-THE-ART ELECTRONIC COMPONENTS.
- 24 MONTHS WARRANTY.



attention

your community needs you

A DON'T DUMP FITS (SAFE DISPOSAL) FOCUS GROUP

is being run be Ray, get involved - help design posters, t-shirts, stickers, whatever.Some work is already underway but we need your ideas, so phone Ray at QuIVAA for information and dates.

Memory Enhancing Skills

Greg Jefferies will be demonstrate a series of ways of making our memory work better (no matter how bad it is).

June 9th, 2pm at QuIVAA

QuIVAA Needle Exchange now open at night!

In a effort to be there when you need us the needle exchange will be open from June 4th, Thursday, Friday and Saturday nights from 5pm to 9pm. A questionaire will be circulated to identify needs for any changes to these hours.

QuIVAA President Resigns

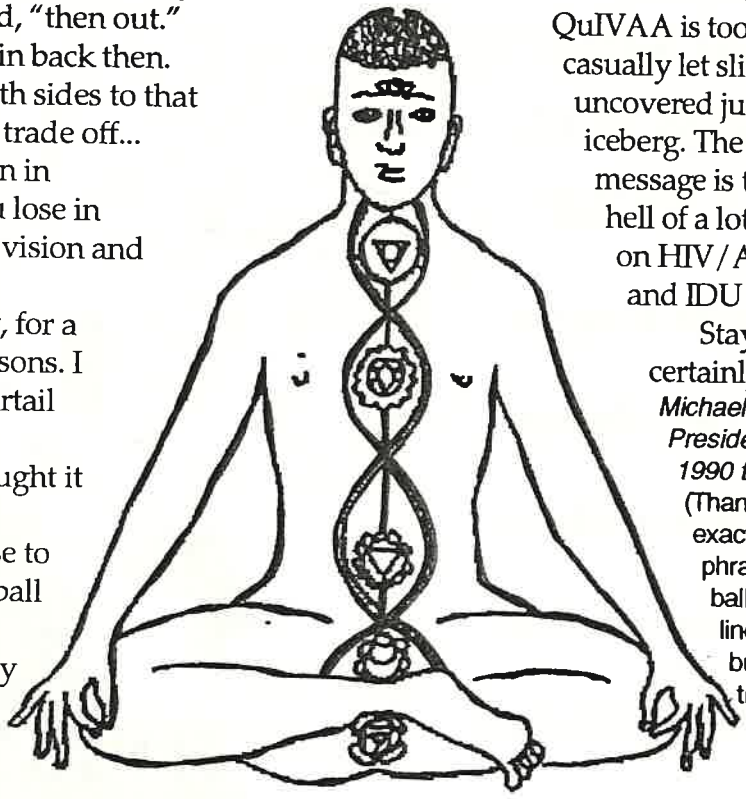
"When I first took up the job, I remember a mate if mine from the community... angry at empire building... saying he thought my old position of President ought to be time limited.

"Two years at the very most," he said, "then out."

I took it in back then. Now I see both sides to that picture. It's a trade off... what you gain in freshness you lose in accumulated vision and expertise.

Recently, for a variety of reasons. I decided to curtail my front line burden. I thought it was time for somebody else to run with the ball for a while.

In no way does this herald a cut in involvement or enthusiasm though. I'll stay on the management. It's only been through some serious involvement that I've been able to have some real feel for the issues... to see the whole picture.



What we do down at QuIVAA is too important to casually let slip. We've uncovered just the tip of the iceberg. The important message is that we've got a hell of a lot more work to do on HIV/AIDS education and IDU related issues.

Stay involved! I certainly plan to.

Michael Lane, QuIVAA President from September 1990 to December 1991.

(Thanks Michael, but what exactly do you mean by phrases like "run with the ball", "curtail my front-line burden", "empire building" etc.? Do you think you stayed too long? Tell us simply, like you usually do. Ed.)

"

So, where are we moving to next week?

I'm sick of fucking women.

I often find myself saying these days that if you can do a job well you are entitled to a brownie point, but if you can empower a volunteer to do it you are entitled to two. If you can empower a volunteer who is a user to do it, you are entitled to ten...

We're not having fucking prostitutes around here.

Remember, you've heard *nothing* Tash.

We need a man for the co-ordinator's job.

There is *still* no HIV infection among IDU's in Mersey.

These aren't negative quotes, just a bit of black humour...

I think we'd be better off without a co-ordinator.

"

Tash Talks

Yep, it's me again, to fill you in on what's been going on down in the Drop In Centre.

I guess all the moves may have caused some confusion. I mean, since I last wrote we've moved four times, but this new place, 39 Merivale Street, South Brizzy, is thank fuck, the last pit-stop. Yeeee haaa!

A handful of hangers-on, (whoops - I mean volunteers,) have been busily pitching in getting our new premises looking and feeling homely.

There's a cute little lounge room type set-up with plants, stereo, and yes, some comfortable chairs, an excellent lay-back and veg-out corner.

Oh yeah, get this one, there's even a shower. What a hoot eh!

Video days are still rolling on Wednesday at 1 pm. As well as a movie we show safe sex and safe using videos.

QuIVAA has managed to acquire 2 new videos all the way from Merseyside, England. One is called *A Prescription for Common Sense.*

On the back of this one it says "The film demonstrates strategies that can enable drug users to remain healthy, legal and a part of society, rather than the unhealthy criminal outcast."

The other one, *An Injection of Common Sense,* looks at the range of injuries caused by the injection of adulterated drugs, and tablets. Much of this harm can be prevented by the teaching of safer injecting practices. The film is explicit in its demonstration of these practices and is therefore only to be made available to those working directly with drug injectors and not as a "shock horror" film to show young people....

Well how's that for a movie review? Just call me Bill (as in Collins!!!)

One more thing; QuIVAA has got the only copies of these two videos in Queensland which means - yeah, you got it - ya gotta come to QuIVAA to watch them. And it's worth it.

Be brave!!! Love, Tash.

What's Happening at the `New' QuIVAA?

QuIVAA has moved and we are settling in to our new home. The past months have seen a lot of disruption to our service but that is behind us.

This year QuIVAA is planning new projects and new ways of getting our messages on safe behaviours to our members and those who we endeavour to target, Injectors.

HIV/AIDS has not gone away as if by magic.

People are still becoming infected.

We are planning a Women's Project, Media Watch, Holistic Healthy Life, Safe Disposal Campaign, Speed and amphetamine Campaign, Gay Injector Project, AIDS Workshops, Project Nocturn, Peer Education training, Out of It Workshops, Needle and Syringe Exchange, Dart News, Street Work etc etc.

This year will see a new design surrounding our original logo. The original logo which was designed by John Nelson has proven to be very effective in attracting attention and it gives people a good idea of what we are on about. We will be creating icons that will represent to all those people the type of work that we do. This has started by QuIVAA having a series of story telling workshops. Injectors are all not the same there are those who may only inject once a month who may use speed and then there are also a whole lot more who use different drugs of choice. QuIVAA is open to all who inject.

QuIVAA wants to know what you perceive as the needs of your particular network. There are many networks of Injectors injecting different substances for a variety of different reasons. We are all individuals whose commonality may be shooting up. That is where we join together. By joining together and practising safe using and safe sex we can together beat HIV/AIDS. So if you have an idea or think we need to do something let us know.

Until next time. Whatever you do behind curtains make sure it's safe. O.K. See you soon.

Colin

The new QuIVAA or the same

Over the last few months QuIVAA has gone through lots of changes. Most of them were forced on us.

Our moving has been forced on us when our landlady-to-be decided at the last moment that a bunch of junkies and junky lovers weren't her preferred tenants. Perhaps she was afraid of catching something from the filthy lucre we would have paid her! At least we have a long term lease in the new premises.

Who's resigning next?

Our president, Michael Lane, resigned around New Year. His resignation came as a shock to a lot of us, particularly to those of us who had got used to the great Forums he had on Fridays with the volunteers. We had come to value his succinct comments and prompt action.

> **Some have said that the using community is not so much *unorganised* as *unorganisable*, this was not Michael's view.**

He saw particular strength in the development of user self organisation, to use the industry jargon—something he steered away from using himself. Michael saw the possibilities in effective organisation of a traditionally unorganised community.

In his efforts with the volunteers, he put his money and time where his mouth was. He helped us to understand the workings of QuIVAA and how to get our projects and ideas accepted and where necessary funded. On an immediate level, he helped us learn to run our meetings; made it possible for us to have a meal together beforehand, dealt promptly with any matters of strife between staff and volunteers over such things as access to materials; and improved the self-esteem of those who worked with him.

Unfortunately, the feelings I am expressing here and which many others have expressed since his resignation, were not in evidence in his day to day dealings with the staff of QuIVAA.

Vivian Bishop also resigned recently. In her time as QuIVAA Co-ordinator she had also developed a loyal following amongst the people she worked for.

A number of volunteers who began their involvement with QuIVAA as community service workers, stayed on to contribute after their time was up. An unusual situation perhaps, but anyone seeing Vivian working with community service workers could understand it.

She is someone with the rare ability of genuine empathy, and this showed positively in the work she did for QuIVAA and negatively in her own diminishing energy and failing health. She is a person who puts out a lot and needs to work in a supportive, friendly environment to be re-energised. To her, fighting against the rest of the world was one thing, but struggles with her co-workers was quite another.

Shit hits fan - result as follows

Here I know I am on controversial ground. You may be saying to yourself "Who is this person and why is she stirring the pot?" and all I can answer is that I am just another volunteer, someone who has lost friends to AIDS and wants to see QuIVAA succeed. I am stirring the pot because I think that's better than putting a lid on a stinking mess and hoping it will be pleasant next time the lid comes off. A stinking mess? Isn't that a little strong? I don't think so, and with your indulgence I'd like to talk about what I think stinks, and what can be done about it, if anything.

There is a move at present, to cover up any unpleasantness that may have arisen among the workers and management at QuIVAA. The suggestion is that we don't look too closely at the reasons for conflict, or its possible causes. This method of dealing with problems has made ground with those people (and isn't that a lot of us?) who don't like to argue and fight. Many of us are the type of people who take pride in not fighting or allowing unpleasantness to dominate our lives. "There's enough horribleness around without

old QuIVAA in new clothes?

us adding to it." This attitude has led some volunteers to stop working with QuIVAA when any conflict occurred, even when they weren't directly involved. It has led others to put up with treatment that they resented, because they didn't want to create hassles, especially when we are all working for the same cause.

Suicidal tendencies?

I understand and sympathise with that point of view, but in the case of QuIVAA I think it has got to the stage where you can't ignore it any more than you can ignore a friend trying to commit suicide, and for similar reasons.

I see the struggles that have gone on at QuIVAA over the last six months or more as like a suicide attempt. It seems to be the traditional cry for help of the unsuccessful attempt, and like any such effort it runs the risk of being successful.

QuIVAA has no divine right to life; we are dependent on government funding to pay the salaries of those on real-world wages, and on unpaid volunteer labour to do much that the paid workers don't do, through time constraints and other reasons.

> **The concept of user ownership does not seem to extend to the administrative structure and presumably decisison-making power of the organisation.**
>
> *Kay Murray Report Oct. 1990**

The Murray Report into QuIVAA

In October 1990 a report into the activities and organisation of QuIVAA was produced by Kay Murray of ADDS. It is the only real evaluation QuIVAA has ever had and even though it praised much of the work done, it was largely ignored because it identified a number of serious problems. Many of the key players from the time of the Murray Report are no longer involved in QuIVAA, but the salient problems identified still exist. Among the matters that concerned her were

1) Conflict resolution

"... both workers and members of the management committee were concerned about the process of conflict resolution ... on the whole, conflicts had been glossed over in the past leaving some outstanding issues unresolved ...

Kay Murray recommended that work be done on the issue and monitoring should take place to ensure that the underlying conflicts were resolved and "did not resurface at some later date."

2) Responsibility for work allocation

The report found that there was a feeling of helplessness among workers as far as changing the situation and there was not clear demarcation between the President's and Co-ordinator's roles in relation to work allocation. Workers also felt insufficiently trained to perform their expected tasks.

Since then, the situation has changed from one where the workers felt they were being instructed to "perform ad hoc tasks unrelated to their project work" to one where there have been complaints that workers have failed to perform tasks related to their projects, even when instructed to do so. The problem of work allocation and performance evaluation has still not been solved.

3) Decision making processes and powers need to be closely investigated

The important parts here as Kay Murray saw them were the needs: externally, to reassess QuIVAA's relationship with the Health Department, and internally, to define "the locus of decision-making power" and make explicit the roles of President, Co-ordinator and Management Committee.

4) The need to encourage participation from members and volunteer workers

The poor communication between staff and volunteers, and between those staff who were "in charge" of other staff and/or volunteers were mentioned as issues that needed to be addressed. Some workers thought further participation by members and volunteers was not appropriate, and this is still the case.

How trained do you have to be!

Although the reason advanced for resisting

further volunteer involvement was their inappropriate training and unreliability, volunteers have found that even those with specialised skills are discouraged from participating. The view perceived is that only commercial companies can provide professional attitudes and skills, and that it is easier and less problematic to pay for expertise than support it within our membership.

Readers of September *Blade Runner* may remember Michael Lane making comments about the Murray Report, where he expressed the opinion that things were getting better, but the only things that have been addressed at all are the matter of volunteer relations with QuIVAA, and decision-making. Further, because these changes were made in an *ad hoc* way, rather than by changing regulations, they depended on the presence of Michael himself to continue, and no structure exists to support them.

Before you leave, we've got one or two questions ...

Presidents and co-ordinators have come and gone, without QuIVAA learning from their resignations.

The volunteer group has been aware for some time of the need for, and the importance of exit interviews for staff and volunteers. A subcommittee working on a draft volunteer code of ethics (now nearing completion), stressed the opportunity to learn from people leaving the organisation.

Exit interviews are just what they sound like; a chance for a person leaving QuIVAA to say why. This was recommended strongly in the AFAO's volunteer study (1989) as a way to identify problems in the way organisations like QuIVAA dealt with the concerns of volunteers.

And will we still be friends?

Sometimes people leave because they have less time available, or because they're leaving town. Sometimes they leave because they feel their work is not appreciated, or they are made to feel unwelcome. And sometimes it's because they are convinced that the organisation is doing something wrong and they don't want to be part of it.

A recent management committee meeting decided that Vivian would be offered the opportunity of an exit interview and I believe one should be conducted with Michael Lane also, and with others leaving QuIVAA, for whatever reason.

What does QuIVAA do all day?

To improve the image of QuIVAA and its sense of unity I think a serious look at what is happening on a day to day basis would be of great value. For instance, minutes of staff team meetings could be made and presented to the management committee. The committee would then be aware of what decisions are being made and would be in a better position to advise on what decisions may need management consultation ...

It is vitally important that we stop sweeping our difficulties under the carpet with comforting phrases like "personality conflict" and "burnout" and even "mental instability" and learn from the resignations of Vivian, Michael and others.

The "Conflict is yucky" line

I feel strongly that the "new premises, new QuIVAA" line is not realistic. In the same way as the virus we are funded to fight, our conflicts are not going to "disappear as if by magic", much as we might like them to.

Kay Murray's report reached conclusions that QuIVAA hasn't wanted to face. We can't put off looking at them any longer. It isn't good enough to tout our successes and describe ourselves as the most successful group of the kind in Australia while we fail to address the problems so many of our workers (paid and unpaid) have faced. An honest appraisal of what has been happening is not something to fear. After we've looked at it and learnt what we can from it, *then* we can put "all that yuckiness" behind us.

***The existing problems are not insurmountable, and if the above issues are resolved satisfactorily, the organisation will be in a much stronger position to deliver effective programmes in the area of HIV prevention amongst the injecting drug using population.**

Only those who are afraid of what enquiry might show can seriously push the forget-it-all line right now, when the resignations the organisation is suffering must make us look closely at ourselves, our organisation and its chances of survival.

Felicity

Preparing pills or tablets for injection

NOTE: QuIVAA recommends against injecting tablets

Pills and tablets are manufactured to be swallowed and there is no completely safe way of injecting them. So wherever possible--try and avoid it! If you are going to inject pills/tablets, here are some hints from hardened users.

2 things to remember

1 Keep it clean!

Remember when you're dealing with pills and/or tablets, or any injecting at all, to keep a sterile field. Keep everything you are using absolutely clean, use new syringes, and swab the site where you are going to inject. It will greatly reduce your chances of getting something horrible like hepatitis or blood-poisoning.

2 Take it slow & careful

It's very easy to damage your veins when you are using the big syringes that pills and/or tablets demand. No matter how much care you take, be prepared to see a rapid deterioration in your veins. The amount of fluid involved puts a lot of pressure on the wall of your vein. The chalk that tablets contain will make your veins collapse and give you blockages & hard scar lumps*

Often you don't have to crush up pills or tablets to prepare them for injecting. Some are water-soluble; others have coverings which make them virtually impossible to dissolve. If you don't know how to treat the pills you have, ask someone who does. If the pills don't need to be crushed, skip the next step

or

* People with fine skin may notice tiny whitehead-like lumps in the soft skin under the eye. Don't bother massaging these chalk lumps in--it's better to have them under your eyes than in the veins in your brain, which is where they'll end up.

if you do have to crush your pills, an easy, relatively safe way is to crush them between a folded sheet of clean paper using a rolling pin or glass soft drink bottle

or

crush them finely with two very clean spoons-- and we don't mean ones that you've licked and dried on your shirt front--we mean ones that have been washed and rinsed thoroughly in boiling water.

then..

* If you're worried about losing too much of the "goodies"--swallow your used filters!

Because of the way they are made, it is particularly dangerous to inject *barbiturates*

Many people have lost arms or legs after injecting these, and there is an increased risk of abscess!

Draw up the solution into a syringe through a brand new filter-- remember you can get filters at the Needle Exchange when you get your new needles. If you are injecting pills or tablets, it is especially important to use new syringes EVERY SINGLE TIME

at last

whether the pills are crushed up or not, they will need to be thoroughly mixed in sterile water before you filter them

and then

cut an unbleached coffee filter into a circle. Wet and make into a cone shape and place in the top of a glass. Pour the crushed tablet mix into the cone. What you can use will drain through into the glass and the chalk will stay in the top.

The following points show some of the things that long-term survivors have in common. You may be able to comment on some of these factors form your own knowledge, and we would like to hear from you on the subject.

Long-term survivors:

- Accept the reality of their diagnosis of AIDS in conjunction with refusing to perceive the condition as a death sentence, at least an imminent one.
- Have a personalized means of coping that is believed to have beneficial health effects.
- Have altered their lifestyle to accommodate disease in an adaptive way.

> **"Have a sense of personal responsibility for their health and a sense that they can influence health outcome."**

- Perceive their treating physicians as collaborators, not interacting in a passive, compliant or defiant mode.
- Have a sense of personal responsibility for their health and a sense that they can influence health outcome.
- Have a commitment to life in terms of unfinished business, unmet goals or as yet unfulfilled experiences and wishes.
- Have a sense of meaningfulness and purpose in life.
- Find new meaning as a result of the disease itself.
- Have a prior mastered experience with life-threatening illness or a very serious life event.
- Engage in physical fitness and exercise programs.
- Derive useful information and supportive contact with a person with AIDS shortly following their own diagnosis.
- Are altruistically involved with other persons with AIDS.
- Are assertive and have the ability to say "no".
- Have the ability to withdraw from involvements and to nurture themselves.
- Are sensitive to their bodies and their needs.
- Have the ability to communicate openly, including about their illness concerns.

Excerpt from an article entitled ***Intensive Psycho-immunological Study of Long-surviving Persons with AIDS*** *by George Solomon.*

(Quoted in a talk given by Dr. Bernie Siegel at the AIDS, Medicine and Miracles National Conference held at Boulder, Colorado, USA in 1991)

Behind the Shelter Shed

The reason for individuals continuing to put themselves at risk of HIV varies. Whatever the reasons, it is obvious to us, the workers in the field, that HIV education messages are only getting through in an abstract way and often they are not being fully incorporated into people's personal lives.

Most HIV education strategies have assumed a great deal about the people targeted. We must remember that some target groups, e.g. injectors and street people, have different aspirations and priorities to those who make and promote a lot of the education materials.

The material is usually heavily reliant on good literacy skills - when for most of these people, parents and schools no longer exist. All that they are effectively exposed to are the messages they hear from their peers.

What started as a behind the shelter shed way of life, is still often some people's only effective form of lifestyle and education.

HIV education that street people get has to be easily incorporated into their own personal lives. So for HIV peer educators, I think, it is time we get behind the shelter sheds. This could be the only way to influence risk behaviours among this at risk group.

Ray.

Testing for HIV at the AMU

HIV / AIDS has been with us for many years now. Over that period of time there have been some great developments in treating people who are HIV positive. It is now not so much doom and gloom. Treatments for people in early stages of HIV infection significantly improves their life.

Testing for HIV is no longer a frightening experience. The AIDS Medical Unit (AMU) tests people all the time. They are the experts in Brisbane on the medical side of HIV / AIDS.

Going for a HIV test can allay those hidden fears. Knowing your HIV status you can make informed decisions.

For Further Information Contact:
The AIDS Medical Unit
63 George Street
Brisbane Qld 4000
Telephone 224 5526

You can be assured that confidentiality will be maintained at all times at the AMU.

Health strategies about HIV / AIDS education and services rely on information about the numbers of people who have tested. This then informs them so that they can plan for the future to improve services.

HOMEBAKE HITS HEADLINES

Whenever there is good quality heroin on sale in Brisbane some experienced user overdoses in ignorance of how much they have actually bought.

The latest stuff to hit the headlines is "homebake" and the media seems struck down with the idea that it is new and must be eradicated by yet another police crackdown.

The facts are that it is not new, and that police crackdowns have never stopped heroin use. These well documented facts seem to escape the moment to moment focus of the media.

Ignoring or distorting the facts takes from society the ability to learn lessons from history. It also denies the value of a scientific approach to problem solving.

Homebake heroin is not new. It has been made in Australia ever since doctors' rights to prescribe heroin was removed in the 1950s. It is one of the ways the market for heroin is supplied.

Pure pharmaceutical heroin can be used for 40 years or more without significant physical damage. Homebake is a vastly different story. It can be made from many different base ingrediants and there are many methods of manafacture that often only work with a particular base ingrediant. The chemicals in homebake are so potent that they destroy half the herion they contain in just 24 hours. This can cause a special kind of dirty hit (an apolictic shock).

The name says it all - it can be made at home. Homebake ingredients are readily available, used for lots of other things, difficult to control and impossible to eliminate.

The description doesn't matter, the quality does. The usual street dose contains 5-10mgs. of herion and batches may vary so much that the street dose is above 50mgs. - enough to overdose many users. A fatal overdose can be purchased for as little as $25-50.

Homebake is often sold pre-mixed and loaded in a fit. This is because it isn't easy to mix properly and inexperienced users can lose a lot of the potency. But the loaded fit presents the buyer with the problem of not knowing how strong the load is.

An old ritual needs to be adopted by this generation of users. Please test your homebake - use about ten units or one tenth of a 1ml. fit is about right, then wait for 5-10 minutes for the full effect. Under a match head sized amount of powder is also a good test quantity if it is sold to you this way.

Will the people who sell it in fits please break the pick off the syringe before they sell it. It is just too much of a temptation to bang up the lot which can be fatal.

The other danger is sharing the loaded fit around. It doesn't matter what drug is used, HIV and Hepatitis B and C infections are a near certainty when needles and syringes are shared.

Heroin dealers too can become part of the most important challenge to continuing drug use - HIV prevention. In this case all manner of harm can be avoided by simply breaking the needle off syringes full of homebake.

There is no doubt homebake is a way to maximise the dangers of using heroin. Reports from New Zealand (where homebake is about the only type of heroin available), suggest that long term homebake use leads to serious health problems later.

Not all dealers understand or care about the dangers of sharing fits. It's up to you and me to educate them also. We all must ensure that drugs and new fits all ways go together. Like condoms in brothels, new fits, new filters and swabs (for sterilising spoons as well as the injection site), have to be available where drugs are sold. This makes HIV prevention the easier option.

Mick

DRUG RELATED HARM
conference papers

I attended one day of the 3 rd. Annual Conference on Drug Related Harm. This was held in Melbourne in the last week of March.

Some papers from the conference are available for photocopying NOW at Quivaa to any interested persons. Included are the newsletter of N.A.M.A. This is the acronym of the National Alliance of Methadone Advocates based in New York.

Also some of their education series, Methadone Myths, etc. Another is an abstract for a paper on 'frontloading' this is the practice of using shared drawup syringes. If you are interested in these topics or adresses of user groups in other parts of the planet come in to Quivaa and pick up what you need.

B.J.

Women's Project...
Women's Group...
Women's Project...
Women's Group...
Women's Project...
Women's Group...
Women's Project...
Women's Group...

Come and tell us a story about your life as an injecting drug using woman. It's new, it's exciting, and this focus on women has actually started to happen! As a new group we are looking for new members. We meet at 1.30pm every Friday arvo at QuIVAA.

WOMEN'S PROJECT

Our aim is to talk, socialise, learn, explore the issues relating to injecting women's health. Our first step is to define the gap we feel is present within the existing health services.

We are making a pamphlet over the next few weeks on the health issues that most affect us, with a small directory on useful services.

We also want to get speakers to come in and talk on a range of topics of interest.

So far there have been four meetings with about 8 women attending regularly. We've really come up with some good shit during our relaxed informal meetings, and refreshments are provided, as well as good company.

If you want more information, call 8447440 and ask for Janine.

Come on women, let's unite and produce some really good stuff; we've got all the life experience.

GAIN gains funding

The Gold Coast AIDS Association and Injectors Newsline Inc. (GAIN), recently held their inaugural general meeting. QuIVAA congratulates GAIN on becoming an incorporated funded body. We wish them every success in the ongoing fight against the transmission of AIDS.

The following is an extract from an address to the meeting by Adrian Buzolic, a principle program adviser (IDU), HIV/AIDS section, Queensland Health Department.

"There are many strategies that can be employed to prevent the spread of HIV amongst intravenous drug users.

"One strategy that has been given probably more emphasis and has met with more success in Queensland than anywhere else in the world is that of "user self organisations".

"*User Self Organisations* was a term that I corrupted from an article by Dr. Sam Freidman of New York in 1987.

"Our term is a little different from Freidman's in that it refers to actual *organizations*, organizations that are owned by, run by, managed by, injecting drug users.

"For their effectiveness user self organizations (USOs) rely, I believe, on three things.

"USOs are able to promote messages to injecting drug users that are perceived as coming from other drug users.

"Because USOs are seen to be operated by injecting drug users they can usually contact other injecting drug users that cannot otherwise be contacted by the likes of more establishment type organizations. The second strength then is one of contact.

"In particular, emphasis should be especially given to contacting users that are not in treatment. Finally, as *community based* organizations USOs have the ability to sidestep many of the barriers that make

government run programs more expensive than they need to be. The ability to marshal volunteers and to respond quickly to challenges are a hallmark of community based organizations. Not, I think, because they are non-government but because they are not big organizations - not big business and not big bureaucracies.

"At the basis of all this is the ability of your organization to be perceived as truly a user organization. To achieve this users must be involved in all levels of the organization - in management, as staff and as volunteers. Non-users often have a great deal to offer and you would do well to accept their offers. You must however, be continually and strenuously looking for and encouraging good people from the ranks of intravenous drug users, who can fit the roles of management, future staff and volunteers.

"And when I say users I should relate Dr. Alex Wodak's definition of users. Dr. Wodak is the director of Rankin Court, the Alcohol and Drug Unit of St. Vincent's Hospital in Darlinghurst and organized the first needle and syringe exchange program in Australia (an illegal exchange) by casting a hat around the staff for donations. He says that there are three types of users; current users, ex-users and potential users, and that covers just about all of us!

"At the same time you must be looking to create meaningful roles for users to fulfil ... Not everyone is suited to management and not everyone is suited to folding condom packs either. Always look for creative ways to involve users in your organization and wherever and whenever you can this involvement should be acknowledged and applauded.

"I often find myself saying these days that if you can do a job well you are entitled to a *brownie point*, But if you can empower a volunteer to do it you are entitled to two. If you can empower a volunteer who is a user to do it, you are entitled to ten..."

STREET*RAVES

Workers on the street recently heard some disturbing reports about busts by the boys in blue that failed to net any drugs.

The gentlemen concerned subsequently confiscated UNUSED needles and syringes. This is ILLEGAL. The law states that the possession of unused works for ANY PURPOSE, including illegal drug use, is now permitted. As a result of these illegal confiscations QuIVAA complained to the C.J.C. as activities of this nature by the police force are undermining our efforts in the fight against H.I.V. A reply from the C.J.C. states that directives concerning the changes to the Drugs Misuse Act 1988 were issued to police stations up to 1989 but very little had been mentioned to police since. Soooo, the C.J.C. has requested that the Asst. Commissioner contact all police stations in Qld. reminding them of the illegality of confiscations of UNUSED fits.

On completion of this awareness raising exercise with the defenders of truth and justice, the C.J.C. will investigate it's effectiveness on subsequent police actions and let us know the outcomes.

Hopefully this will rectify the situation. Only time will tell.

QuIVAA will continue to monitor the situation, with your help, in the interests of all users.

BJ

Smart Card

The planned introduction of the 'smart cards' into this country will face the same hostile and determined opposition which caused the Federal Govt. to finally drop the idea of the Australia Card.

What is the Smart Card?

A smart card is virtually a credit card sized personal computer. It will amalgamate all patient information-administrative, hospital and doctor related records-from birth until death. Included will be entries from GPs, specialists and consultants. Everything from dental records to medication records will be contained in this plastic.

The introduction of these cards will cause a loss of privacy with serious implications.

> "This electronic record will have several levels of security restriction which will control who will have access to what part of each encounter."

Each patient's encounter with the health provider should only be available to a small group, but a system like this is ripe for security abuse and misinformation.

All notifiable diseases will be listed and one imagines the following could happen:

- A person attends a hospital to have glasses prescribed and finds that their HIV status is revealed for all to see on the computer screen. This patient may also have been on the methadone program from ten years ago. The service provider could easily assume that they want drugs, know that they have HIV, and may not treat this patient with the quality of service an ordinary person would get.
- The electronic centralisation of our health records will lead to further reluctance by many of us to be frank about our health status, especially where such information may cause discrimination and affect the quality and speed at which we receive health care.
- Ultimately it will affect the number of persons willing to have tests for HIV, hep, STDs and other notifiable diseases - problems that are far more important to the patient than the benefits the smart card offers.

The Federal government has so far been deafeningly silent on the topic of smart cards, but in January 1992 they sanctioned the holding of a three day seminar on this issue, run by the Federal Health Department. At the end of the seminar its chairperson, Dallas Harrioti, made the following statement.

> **"We have to plot and plan - we must identify the enemies and suborn them (*bribe them Ed.*), buy them off and knock them aside to get this thing through."**

This sounds like a sure indication of the government's resolve to get this one up and running.

Professor Yves Poullet of the Law Faculty of Namur in Belgium says the technology has particular benefits. However, certain dangers and difficulties arise, according to Poullet. Dr. Sheperd describes Poullet's view of these difficulties:

"These include-

- The violation of medical secrecy;
- Medical responsibility regarding the card, may, according to certain authorities, lead the physician to dispense with a conscientious examination of the patient;
- Misguided purpose with the medical information being put to unintended and unethical purposes;
- Discriminatory practices, such as a closed network of health care where only those in possession of a card are eligible for treatment;

too Smart?

- Safeguarding the free choice of physician by the patient;
- The liberty of the patient to communicate the card to different physicians participating in the treatment;
- The security, reliability and technical limits of the system and consequently, the liability of its architects; and
- The risk of destruction or modification of the medical information, whether intended or not.

Despite all guarantees there is no doubt this type of card will undermine the professional relationship we have with our patients. Doctors will be scrutinised constantly by bureaucrats for failing to undertake a certain procedure or investigation, or more likely, for performing a procedure or investigation."

This will lead to doctors worrying more about paperwork and perhaps ultimately, not having the time to deliver quality service to us, the patients.

No matter how hard the federal government pushes this new type of 'Australia Card' most of us rightly fear the *Big Brother* type abuses and depersonalisation inherent in mass information gathering. We should ask questions of the Government to fully outline and explain in simple language both sides of the Smart Card case.

Thanks to the Dr. Shepherd, Federal President of the AMA, writing in Australian Dr Weekly *7 Feb. 1992 for extracts.*

Anne

drama in the Mall

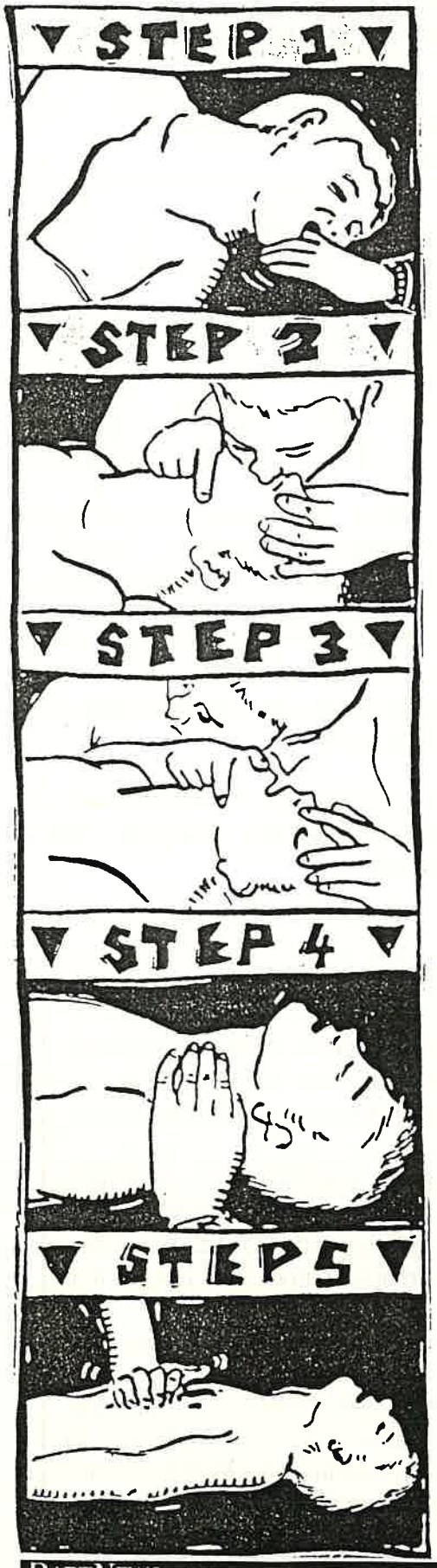
Some weeks ago Michael H. and myself were confronted in the Mall by a Mall Inspector. He informed us that we were breaking the law by handing out literature, ie, business cards. He was very NICE about it but the law is the law.

Our usual style is very low key. We don't give out pamphlets wholesale, nor do we approach everybody who happens to cross our path. We selectively target users and we are getting pretty good at it! I say this because we now get very few insulting remarks or other obvious signs that we have misjudged the mark.

Still, apparently the law is the law. Advice was sought to overcome the usurping of what we have found very fruitful ground. Dr.Steinberg (our ministering angel in the Health Dept.) then wrote a very supportive letter to the head honcho of the Mall inspectors, a Mr. Rick Andrews. No answer as yet but we are still hoping. In the meantime the Mall is off limits for the Streetwork crew. Stay tuned for further developments next issue.

B.J.

OD's need not be fatal!



If you are present in a situation where a person has overdosed:

First, call an ambulance as soon as humanly possible. Ambulance officers **DO NOT** automatically contact the police. Their main aim is to save the person's life. If you are alone and you feel yourself going under: **CALL AN AMBULANCE!**

In most o.d. situations the police are not called! Worry about the neighbours later. Life is far more important than the moral questions about substance use! Save the life first!

While you wait for the ambulance...

Remember that the first three minutes are vital

1. Make sure that the persons airway is clear - check for blocks such as food, vomit, dentures etc.
2. If there is a blockage clear it gently with your fingers. Don't stick things in peoples mouths, they can't swallow their tongue.
3. Put your ear to the persons nose and mouth to check breathing. Watch for the rise in their lower chest.
4. If they are breathing, feel for their pulse on the base of their neck where it is the strongest.
5. If there is a pulse, lay the person slightly on their side so that their arms and legs are slightly forward. Their head will fall to one side which will make it easier to keep their airways clear.
6. Try to keep their chin forward so they can breath easily.
7. Watch them and check their breathing and pulse.

If their is no breathing or pulse start resuscitation.

1. Place the person on their back.
2. Make sure that airways are clear and tilt their head back.
3. Hold their nose closed with one hand and **gently** hold their chin down with the other. Be careful and do not put your hand on their throat - it will stop them being able to breath.
4. Cover their mouth with your own and breath into them - five deep quick breaths.
5. Check their pulse.
6. If their is no pulse continue to breath into them - 12 to 15 breaths every minute - until recovery.
7. If there is no pulse, breath into them - twice.
8. Move down to their chest - the part in between their breasts.
9. Clasp one of your hands on top of the other. Place your hands on their chest. And start a firm pumping action. Do this 15 times.
10. Move back to their mouth and breath into them twice again - then repeat 15 chest pumps.
11. Keep on repeatin these two actions until the person starts breathing or the ambulance.

The person you save may even get the chance to save YOU!!

HIV is hitting the young

Explicit sex lessons? I ask you!

PERHAPS it is simply a generation gap, but it is difficult for me to appreciate the current trend towards pushing back the age at which children are supposed to receive formal sex education into more and more tender years.

Last week a study commissioned by the National Centre for HIV Social Research in Brisbane suggested that explicit sex education should be taught in the first three years of primary school.

Well, I'm not quite sure what "explicit" means in this context, since primary school children are physically strangers to most of the realities of sex.

But one would have thought that genuinely explicit education would imbue in at least some of those childish consciousnesses a strong desire to find out what it all meant for themselves as soon as it became possible, or, alternatively, a deep fear and horror of any sexual act.

This is particularly so if the focus of the "educational" process is on the prevention of AIDS.

High school kids certainly need to be told the facts about the links between promiscuity, safe sex and AIDS – but primary school children?

There is more to sex than the prevention of either disease of unwanted pregnancy, even if, as the study claims, an increasing proportion of youngsters are becoming "sexually active" at an early age.

Is it sensible to engage in thoroughly explicit teaching about the physical details of sexuality without also trying to convey something of the emotional or spiritual aspects?

And is it even possible to tell very young people convincingly what the meaning of love is and the relationship between that most profound of human qualities and the sexual act?

I guess that theoretically, at least, it may be possible, but with the best will in the world one must be sceptical about the likelihood of any but a few very gifted teachers being able to talk about such matters persuasively.

The greatest poets of humanity are best capable of explaining the gift of love and they are somewhat less accessible to very young people than a simply-worded sex manual.

The danger of AIDS or other sexually transmitted diseases is incontrovertible, but we are not yet at a stage where primary school children are at direct risk from such diseases.

To emphasise them at such a tender age seems to me to be putting priorities the wrong way around.

First teach the deeper meanings and responsibilities of sexual relationships, then the physical realities and then the lurking perils.

Let's talk about kids and drugs

people just out of school being HIV-infected justified Education Department efforts to educate students to the realities of the disease.

Would the public believe one of our streetworkers? "No, not all the kids enjoy the streets for long. Ten kids known to our agency died over the last year – ODs, two murdered and a few suicides. Two in the past fortnight, actually. No second chances when they use a shotgun."

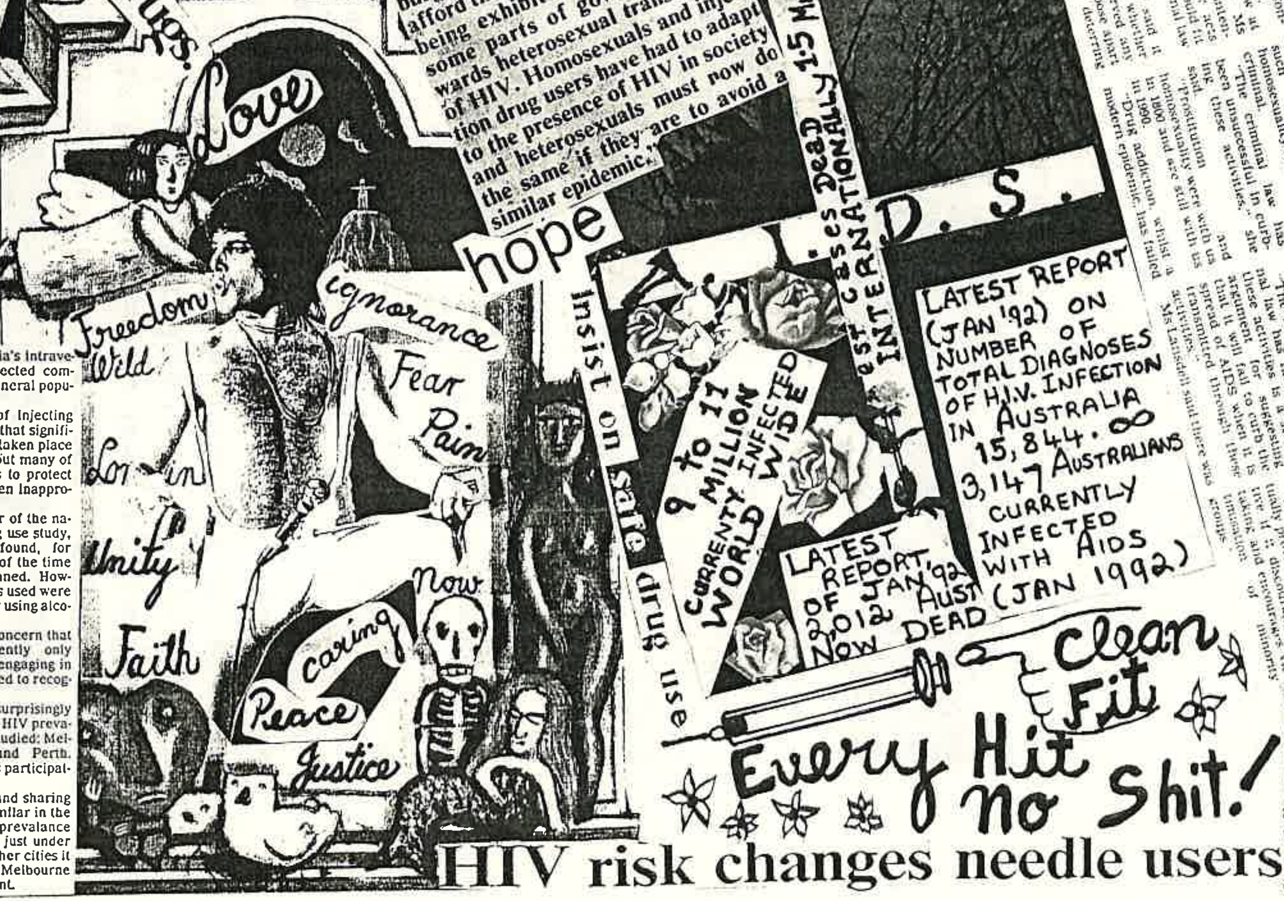
The study concluded that the chance of a woman being infected from an HIV-positive male was 17.5 times higher than a male contracting the virus from a woman.

But they said caution should still be exercised with unknown partners regardless of their gender.

Young People

In the words of those Edinburgh researchers, "We cannot afford the complacency currently being exhibited by society and some parts of government towards heterosexual transmission of HIV. Homosexuals and injection drug users have had to adapt to the presence of HIV in society and heterosexuals must now do the same if they are to avoid a similar epidemic."

Women more at risk of AIDS



About five per cent of Australia's intravenous drug users are HIV infected compared with a rate among the general population of 0.1 per cent.

The first national survey of injecting drug users and HIV has found that significant behavioral changes have taken place as a result of the AIDS virus, but many of the steps taken by drug users to protect themselves from HIV have been inappropriate and ineffective.

According to the coordinator of the national AIDS and injecting drug use study, Dr Mike Ross, the study found, for example, that for 90 per cent of the time injecting equipment was cleaned. However, in most cases the methods used were useless: rinsing in cold water or using alcohol such as beer.

Dr Ross said it was also of concern that ...ecting drug users frequently only ...nowledged that they were engaging in high risk behavior and failed to recog... the need for safe sex.

Ross said there were surprisingly ...variations in behavior and HIV preva...nce between the four cities studied: Melbourne, Sydney, Brisbane and Perth. About 2500 injecting drug users participated in the survey.

"The pattern of drugs used and sharing and risk behaviors was very similar in the four cities," Dr Ross said. The prevalance of HIV was highest in Sydney, just under five per cent, whereas in the other cities it was less than two per cent. In Melbourne the prevalance was 1.3 per cent.

HIV risk changes needle users

AIDS 'can't be curbed by criminal law'

By DAVID SOLOMON

harmony

10 percent of all known human immunodeficiency virus cases are in intravenous drug users, although it is not clear whether all infections are blamed on use of shared syringes. The peak age group for AIDS and HIV-infected people is 25-29.

One in 10 infected people are aged between 10 and 24.

Insp Wall said the drug could be lethal and he warned drug-pushers they could face a manslaughter charge if a death could be linked to their home-bake heroin.

Drug squad police said highly organised criminals were manufacturing the cheap heroin substitute in Brisbane from makeshift laboratories which were moved constantly.

SYDNEY: An alarming number of heterosexuals still take risks with AIDS, according to a group of AIDS specialists.

They say about 25 percent of people seeking AIDS tests admit putting themselves at risk of HIV transmission while under the influence of alcohol or drugs.

The doctors' comments follow a warning by Brisbane researchers that increasing sexual activity among adolescents and a lack of sex education in schools represents "a recipe for sexual disaster".

Methadone subject of heated argument

"Some observers see methadone as a 'magic bullet', while others see it as useless. The attitudes of the people actually involved in the programs also vary greatly," Ms Bull said.

"In countries like the Netherlands and Britain they see methadone simply as a drawcard to attract addicts to rehabilitation centres, where they can be introduced to more interventional forms of treatment."

Ms Bull's plan to complete a detailed study of the sociological implications of methadone programs on a national scale has not been attempted before.

Methadone increase aids addicts: expert

SYDNEY: Heroin users who were given higher doses of methadone over longer periods were more likely to beat the habit, a drug expert said yesterday.

Dr Alex Wodak, the director of alcohol and drug services at St Vincent's Hospital, said drug authorities were reluctant to accept evidence that contradicted traditional attitudes towards drugs.

Speaking at a national methadone conference, Dr Wodak said: "The closer we get to the position that methadone is a drug like other drugs and it should be given in as low a dose as possible for as short a time as possible, the more we are likely to fail."

He said an estimated 30,000 to 50,000 Australians used heroin regularly and 60,000 occasionally. About 10,000 were on methadone programs and many more were turned away.

Those given higher doses and staying longer on the program tended to be more successful.

acupuncture

a holistic approach

Acupuncture is an ancient Chinese method of relieving pain and treating a variety of diseases by inserting needles into various parts of the body. According to Chinese philosophy disease and pain occur because of an imbalance between two principle forces of nature called YIN and YANG. The Chinese believe that acupuncture restores this balance.

Acupuncture being a holistic treatment, balances the energies of the individual. Our organs are related to our emotions (e.g. depression is a lever energy; fear is a kidney energy; lack of self worth is a stomach energy, and so on). The acupuncturist must stimulate positive and retard negative energies to regain the balance of the body's organs.

Treatments depend on a multitude of issues. For example, with a person withdrawing from drugs an acupuncturist would concentrate on the liver, using needles on the required points accompanied by a frequency generator. This treatment is said to raise the level of endorphins helping the liver to function better. This begins relief from withdrawal that can last a number of hours. Not only is the person being treated for drug withdrawal, but treatment can also improve self-esteem.

Drug dependant persons using acupuncture purely for relief from withdrawal, agreed that acupuncture was very effective, and recommended it to people who wish to withdraw from any addictive substances.

Treatments are tailored to the individual's requirements, e.g. methadone dependent people may need treatment over a longer period of time, because withdrawals last longer

One of the major factors in the progression from HIV+ve to AIDS is thought to be stress related. The acupuncturist, when treating people with the virus, can combine anti-stress treatments with a herbal immune system stimulant, thus slowing down this progression.

Cost can be an important factor and like any other medical practitioner, treatment quality varies, so shop around. Some general practitioners, who are also acupuncturists, may bulk bill

...when treating people with the virus, can combine anti-stress treatments with a herbal immune system stimulant, thus slowing down this progression.

Acupuncture is also used for some sexually transmitted diseases and Hepatitis. Acupuncturists have found when treating the disorders mentioned, that a combination of vitamin C, vitamin B complex, coffee and tea reduction, plenty of rest and a diet rich in yellow and green fruit and vegetables is extremely helpful.

Perhaps in the future, we may see the introduction of acupuncture into our clinics and rehabilitation centres as an important aid in stress management, and in the relief of withdrawal and pain. The bottom line that underscores this and all treatments, is a belief and faith in our ability to heal ourselves.

Helen.

What's Rumbling

May

Sat 16th	StreetWork Team Gladstone Rd, Highgate Hill 9-10 AM.
Tue 19th	StreetWork Team Beenleigh Morning Speed Focus Group 11AM Steroid Focus Group 1 PM
Wed 20th	StreetWork Team City and Valley Afternoon Kangaroo Point Late Afternoon Video Day 1PM. Methadone action committee 5.30pm.
Thur 21st	StreetWork Team W'Gabba, Annerley, Stones Corner Afternoon 11AM Dart News Team Meeting 12AM Volunteers Lunch $1.50 1PM Members/Presidents Forum
Fri 22nd	StreetWork Team Paddington, Milton Afternoon Women's Group 1:30-4:30 PM
Sat 23rd	StreetWork Team Gladstone Rd Highgate Hill 9-10AM Project Nocturn Orient Hotel from 8:00PM
Mon 25th	Infotainment- small groups to exchange info on HIV/AIDS issues. 2pm QuIVAA.
Tue 26th	StreetWork Team Beenleigh Morning SpeedFocus Group 11AM Steroid Focus Group 1PM
Wed 27th	StreetWork Team City, Valley Afternoon Kangaroo Point Late Afternoon Video Days 1PM
Thur 28th	StreetWork Team W'Gabba, Annerley, Stones Corner Afternoon 11AM Dart News Team Meeting 12AM Volunteer Lunch $1.50 1PM Members/Presidents Forum 7PM Guest Speaker "Drugs and the Law"
Fri 29th	StreetWork Team Paddington, Milton Afternoon Women's Group 1:30-4:30PM
Sat 30th	StreetWork Team Gladstone Rd, Highgate Hill 9-10 AM.

June

Mon 1st	Infotainment- small groups to exchange info on HIV/AIDS issues. 2pm QuIVAA.
Tue 2nd	StreetWork Team Beenleigh Morning Speed Focus Group 11AM Steroid Focus Group 1 PM
Wed 3rd	StreetWork Team City and Valley Afternoon Kangaroo Point Late Afternoon Video Day 1PM
Thur 4th	StreetWork Team W'Gabba, Annerley, Stones Corner Afternoon 11AM Dart News Team Meeting 12AM Volunteers Lunch $1.50 1PM Members/Presidents Forum **Needle exchange open at night 5pm til 9pm.**
Fri 5th	StreetWork Team Paddington, Milton Afternoon Women's Group 1:30-4:30PM **Needle exchange open at night 5pm til 9pm.**
Sat 6th	StreetWork Team Gladstone Rd Highgate Hill 9-10AM. **Needle exchange open at night 5pm til 9pm.**
Sun 7th	Project Nocturn, Queen's Ball at Ekka grounds from 8pm. (BIG NIGHT)
Mon 8th	Infotainment- small groups to exchange info on HIV/AIDS issues. 2pm QuIVAA.
Tue 9th	StreetWork Team Beenleigh Morning SpeedFocus Group 11AM Steroid Focus Group 1PM
Wed 10th	StreetWork Team City, Valley Afternoon Kangaroo Point Late Afternoon Video Days 1PM
Thur 11th	StreetWork Team W'Gabba, Annerley, Stones Corner Afternoon 11AM Dart News Team Meeting 12AM Volunteer Lunch $1.50 1PM Members/Presidents Forum. **Needle exchange open at night 5pm til 9pm.**
Fri 12th	StreetWork Team Paddington, Milton Afternoon Women's Group 1:30-4:30PM. **Needle exchange open at night 5pm til 9pm.**
Sat 27th	Pride stall at Musgrave Park from 11am. **Needle exchange open at night 5pm til 9pm.**

Want your ideas heard?
Help us to help ourselves!

Join Us

Phone: 844 7440

Methadone Action Committee

First Meeting, 20th May 5:30pm
39 Merivale Street, South Brisbane

Dart Board

ADDS

Alcohol and Drug Dependence Service
270 Roma Street
Brisbane, Qld. 4000
Phone: (07) 236 2400
Alcohol and drug treatment and issues. Needle and syringe exchange. HIV testing with pre- and post-test counselling.
Hours: Needle exchange open seven days a week.
Office hours: Mon. to Fri. 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. (Including after hours needle supply.)

IYS

Innovative Youth Services
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. Needle outlet.
Hours: Mon. to Fri. 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
106 Alfred 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, detached youth work, support provided to at-risk youth, needle exchange.
Hours: Mon. to Fri. 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.

GAIN

Gold Coast AIDS and Injectors Newsline Inc.
17 Lavarak Road
Nobby's Beach Qld. 4218
Phone:(075)755144
Education workshops, counselling, support, activities centre, information, mobile and in-house needle exchanges.
Office hours: Mon. to Fri. 9am to 5pm.

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 talking about or taking action on their drug use.

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 Board

QuAC

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

QuIVAA

Queensland Intravenous AIDS Association Incorporated
39 Merivale Street
South Brisbane
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

SCIVAA

Sunshine Coast Intravenous AIDS Association
Office 1, 1st floor,
Cnr. 6th Avenue & Kingsford Smith Pde,
P.O. Box 163 Cotton Tree Qld. 4558
Phone: (074) 439576
Education workshops, counselling, support, activities centre, information, Needle exchange, WISI support.
Office hours: Mon. to Fri. 9am to 5pm.

SQWISI

Self Health for Queensland Workers in the Sex Industry
65 Vulture Street
West End, Qld. 4101
Phone: (07) 844 4565
This number is also a *24 hour emergency only number*. SQWISI will return your call within 5 minutes.
Education, support, referral, needle exchange, outreach in the community. Education for women, men and transsexual workers.
Hours: Mon. to Fri. 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 exchange. The bus operates around the Logan area. Ring for details of location.

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