

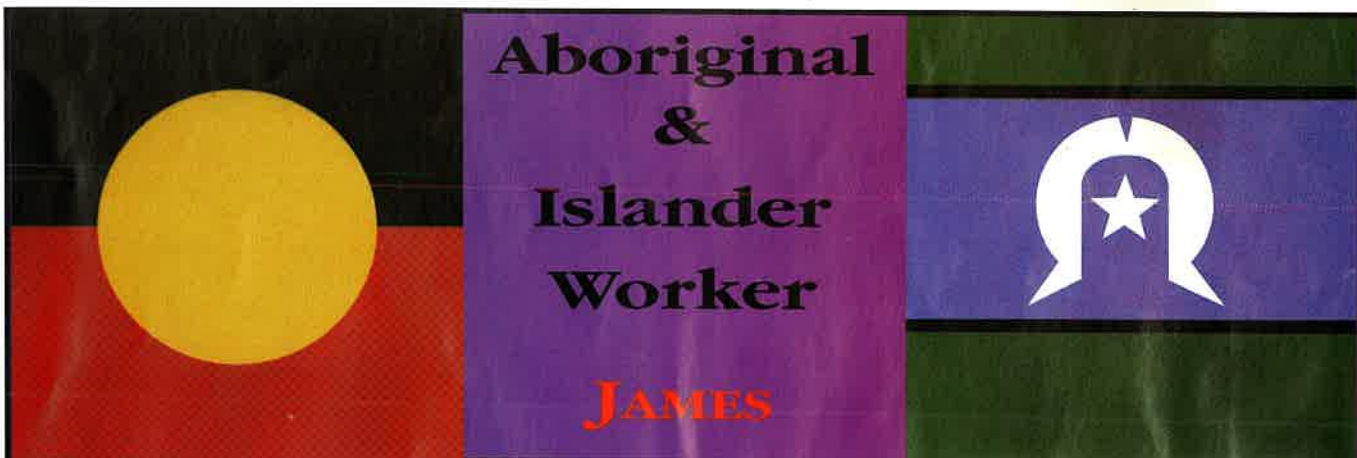
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Inside:
Cannabis and You
Safe S & M Sex
Liver Health
Drug Legalisation
Not for general distribution

Vol. 3 Ed. 3-4 August 1996

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Hi,

My name is James Eggmolesse and I'm the new Aboriginal and Islander worker at QuIVAA. I am replacing Charlon Davidson who was the previous Aboriginal and Islander worker.

My role at QuIVAA is: Outreach, education, needle exchange and general advocacy/ referral work with the Aboriginal and Islander community.

The whole aim of my project within QuIVAA is to educate our people on harm minimisation/safe sex practice and to provide a link-up for our community with various other main stream agencies in the community.

If you have any further queries or need any further information, please do not hesitate to contact me on: (07) 3252 5390 - 0419 683 642

I look forward to meeting you in the near future, regards

James Eggmolesse

Aboriginal and Islander worker

QuIVAA

Well a big Hello to every one. Since starting at QUIVAA in January I have been very busy trying to absorb information and learning lots of new stuff. My main area of interest work wise is Gay men's injecting drug use issues.

I have been working with James, Stewart, Alex and Tracey W. on these issues. I have started doing some venue liaison and assisting venues with drug related issues. We have produced a new pamphlet to inform members of the community that QUIVAA is Gay friendly and has some gay workers. We have also produced a pamphlet explaining Needle Exchanges and the law in relation to carrying new and used equipment.

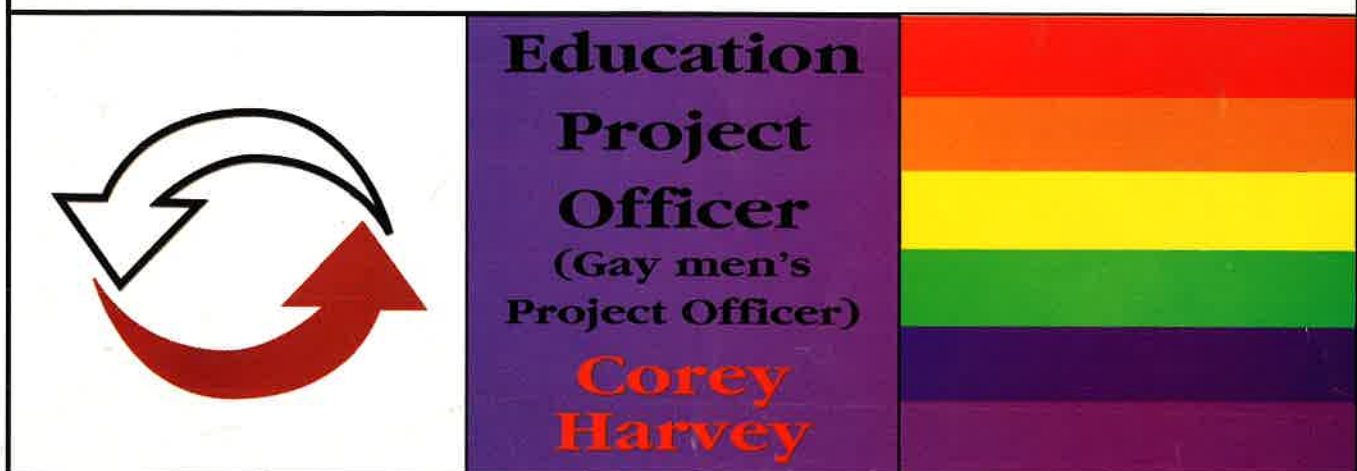
Tracey W. and myself have also been involved with some work with QUAC and a National Media Advertising Campaign targeting Gay men who inject drugs so keep an eye in local Gay newspapers in the next month or so for those advertisements.

I have many information packages for people if you need information regarding any of the following: Hepatitis C, Hep C Natural Therapies, Women & Hep C, also Drug Information. I have been working one day a week with Jeff Ward at the Hep C Council and have been picking up some extra info from there also.

So if there is anything I can help with please do not hesitate to contact me at the office or give me a call my new Mobile Number is 0414 555 859.

Kindest Regards, Stay Safe

Corey



The recent elections have left everybody in a state of limbo; will we get refunded or will we get the axe? The commonwealth's headlong rush into billion dollars of funding cuts means that no one who is under their financial wing isn't going to feel the pinch, or rather knee in the groin, from the individual on the dole through to a little old organisation like QuIVA. We have been guaranteed funding until November but there is no clear picture whether or not we'll be here then, and no-one is able to give us a clear answer. The surgery exchange services in Australia, especially drug users' syringe exchange services in the long run should be argued not, and no-one is able to give us a clear answer. The sum how much money its saves in the Hon Ministers public statement though QuIVA was originally funded by the National Party about keeping us if health is to be surgically impoverished, but this potential sharp drop or disappearance of funding, QuIVA services we provide to users, and have taken on more staff, priority of these new projects and workers are discussed i women IDUs and their children; the Injectors Health and Torres Strait Islander workers; the Initiatives to be able to give our membership a veges that interests that

The map shows a group for women extending itself in order to include hepatitis C to what you're going to see in your support group in a specific area. The supplier (fruit and vegetables) appearance on E site is not as good as the group you are seen to be. The group that will just be here.

Editorial

In response to
the range and number of
Go figure.

Expand the Home Detox Project
has ever had before. Go figure.
Include the Fruit and Veggie Coop
Antismoking Group, The Aseptic Injection
and more comprehensive service
In order to do this though,
general volunteer at QuilVAA, you
spreading the word on how to look
Don't forget
Have your say in how it runs and
to whether or not you'd like a go-
or is the most glamorous, in your f
It is with sadness that we have
works with us and will be

OPINIONS EXPRESSED ARE SOLELY THE PROPERTY OF THE WRITER AND NOT Necessarily THAT OF THE PUBLICATION OR ITS EDITORS.

your life 2
..... 4
..... 7

THE OPINIONS EXPRESSED IN THIS NEWSLETTER ARE THOSE OF THE CONTRIBUTORS AND DO NOT NECESSARILY REFLECT THE VIEWS OF EITHER THE EDITORS OR PUBLISHERS.

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Front & back cover artwork QuIVAA Wall by Michael & Phik - Phik	
Editors: Alex Wightman & Tracey Wing. Publisher: QuIVAA. Price: £1.00	

Thanks to Tracey Wing, who was editor of this edition until her departure, James, Paul, Vic, David Marie Chantal, Ghislaine, Phoebe, Jenny, Jeff, Stuart, Terry, Corey, Josie, Alex & Deborah all the writers and people who found articles for us, all the people who contributed artwork and all the other folk who did this and that for the edition.

COMPLAINTS

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Using is a personal choice and also something that each individual deals with in their own way. For some, drug use is a way of coping with or blocking out physical or emotional pain. For others it is simply a recreational activity, an enjoyable way to pass the time. Sometimes using can cause you grief, especially if it is starting to take over your life and empty your pockets and bank account.

Talking to someone can help you through the bad times and the depression that can sometimes spring out of a using lifestyle. And let's face it, the big downer can hit us all at some stage in our substance careers.

Often this is a time where people reassess their lifestyle and consider whether things would improve if they cut down or stopped using.

If you have the funds to talk to a professional counsellor about these things and questions that are ailing you, half your luck. If you only have yourself - don't despair. The following are some verbal and written exercises you may like to try; they just might help you see things in a clearer light and show you where your depression or hard luck stems from.

This is kind of like playing the shrink to your own self, and who better to understand what's going on inside your head?

Psyche stuff is not for everyone, and asking yourself these questions can bring out some emotions or feelings you may have bottled up.

However, if your drug use is getting you down and you think that quitting (even temporarily) may be the answer, try this out. You will be able to see the benefits that you may gain, both emotionally, physically and financially.

Exercise Your Mind

Step one

It is important that you do this exercise alone, somewhere comfortable and preferably quiet, so you have time to think. Be honest with yourself, no one else is going to read your answers (unless you leave it lying around, so don't). Once you have had a good think and written down some answers and thoughts, leave it for a while and then come back to it later. Re-read what you've written and hopefully you will have a clearer picture about some things in your life, especially those which you may be considering changing.

First of all divide a page into two columns. Label one with a + (for positive or good things) and one with a - (for not so good things). Under the +, list all the good things which come out of using e.g. Feeling good, coping with a problem etc. In the other column list all the not so good things about using such as being in debt, getting in legal trouble, poor health. Now read over what you have written and on a separate piece of paper write down all the benefits of cutting back or stopping e.g. Saving money, more leisure time. Try to list as many things as possible.

Now get more specific, ask yourself:

- What is it I like about my drug of choice?
- What bad feelings or behaviour does using help me cope with?
- To what extent does using ease or reduce physical pain?
- What does feeling normal mean to me?
- What would my life be like if I no longer used it?
- How does it help me cope with them?
- How painful would withdrawal be for me?

Read over your thoughts and think about what your answers mean to you.

Once you have done this continue with the next section.

Step two

Here are some more specific questions to ask yourself:

If I stopped or cut back:

- How would my health improve?
- What legal problems would I avoid?
- Would it make me a 'better' (in your eyes) parent, partner, employee etc.?
- How much more control of my emotions would I have?
- Would my sex life improve? How?
- What pleasures could I experience instead of my drug related ones?

You may also like to think about whether you can still achieve these things by your drug use.

Step three

Think about your answers

- What conclusions did you arrive at and how is your quality of life related to your drug use?
- Would things improve if you cut down or stopped using?

Often people are led to believe that their drug use is to blame for all the negative aspects in their life and this is not always the case. You may cease using and find the same old problems are occurring. It is then time to look at other factors which may be of influence on you.

If it does appear that things would change for the better if you modified your using habits, then it may be time to check out the options available around reducing or quitting. Perhaps this is something worth thinking seriously about.

Ultimately, the choice lies with you, and everyone is responsible for their own happiness.

Don't make any rash decisions but do think about things which may have come to light.

Think it over, talk it over and make sure that you are happy with the decision you have made before you go ahead. Don't do anything which you aren't 100% sure about and most importantly, do it for yourself.

Remember, changing your life is more of a process than a single event - it will probably take time, but it may well be worth it in the end.

Thanks to SAVIVE for this article ●

Wastelands Home Detox Service

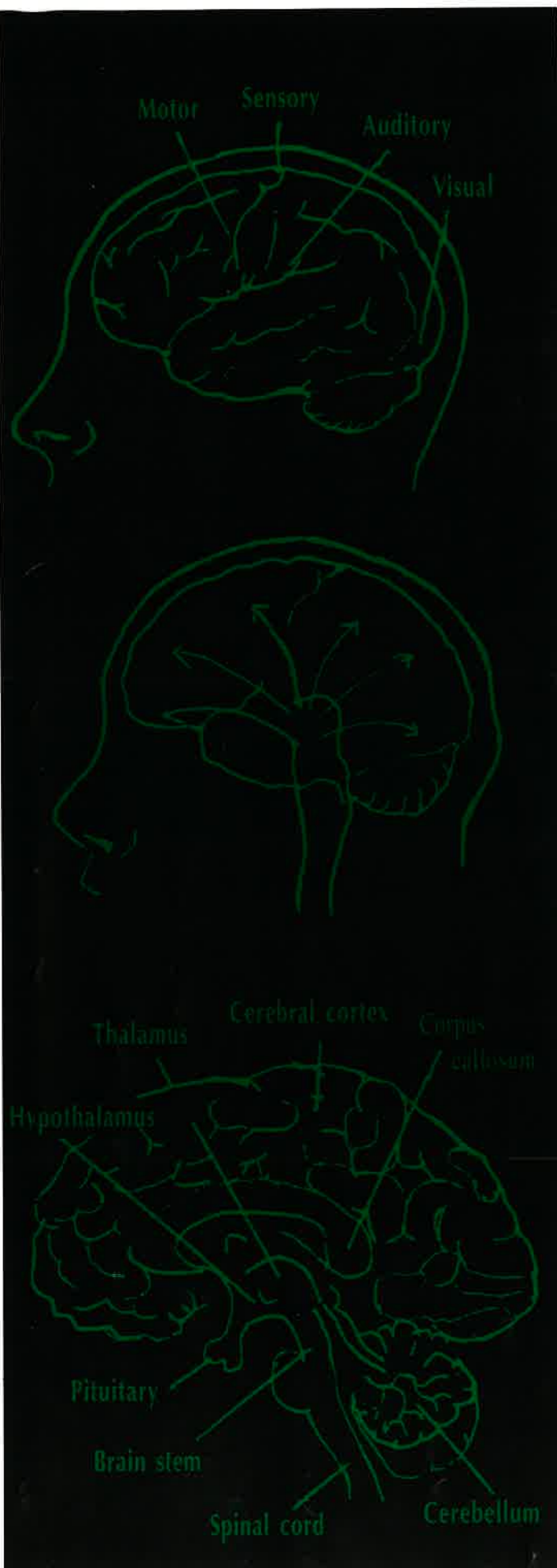
Wastelands is the name of a new and really exciting project that QuIVAA has taken on board. The idea of home detox has been around for quite some time now, unfortunately for injecting drug users home detox was a pretty honest description, as the service usually gave out the medication required, and sent you home to detox... So as we all know getting into a medical detox has the same odds as winning lotto.

QuIVAA met with several services, and thanks to some fine submission writing got a little cash to run a pilot project, with the intention of establishing a home detox programme. What we envisage is a highly motivated team of volunteers, who will be trained in the in & outs of supporting someone through a detox, and will then help users wanting to detox at home. This will entail a medical detox which will be overseen by QuIVAA staff, a medical team, and volunteers.

A injecting drug user will be able to detox for any reason; be it to cut down; clean up your act for court; because maybe there is a shortage of cash; or even just because you want to. But whatever the reason for your desire to detox, it will be entirely up to you. Each person that comes along will be able to plan their own detox and name their needs; be that help with the children, someone to run a bath, read you a book, or just someone around to support you through the hard times. Total abstinence for life is not a requirement, and there are no hidden religious undertones. This is going to be practical help, with lots of support and a strong belief and commitment in the ideal that injecting drug users are capable of honestly stating their own health needs if given the choice.

Users usually have to unfairly prove their desire to detox by committing to other people's expectations; having to commit to life long abstinence to even get a foot in the door. (This may lead to sore toes as well as oncoming withdrawal. Not pretty) So the first time you can rock up and say "I'm not getting stoned any more, so if I detox it will do wonders for my tolerance" without getting booted out, chances are you will be at the Wastelands project. It is an empowering act of self determination, and it means that you can be honest and get a fair hearing rather than being told you lack motivation.

Q will be looking for volunteers to help with this project and training will be provided. It will only be as successful as we as a community make it. So here is one to challenge the books: Is it possible for injecting drug users to work with health professionals, helping each other achieve their personal goals for detox? Me, I KNOW WE CAN. If you have any enquires, suggestions or ideas please give us a phone call and we can tell you how it's going. PLEASE remember that we will be looking for folks to help so if you reckon you know what it's like to hang-out and you think you've got some time to spare... WE NEED YOU !





cannabis and YOU!

The Fitzgerald Commission of Inquiry into Possible Illegal Activities and Associated Police Misconduct recommended that the Criminal Justice Commission review Queensland's law and practice in areas shown by its investigations to be linked with, or likely to be linked with, such problems as organised crime and police corruption.

The Committee also determined that the first priority for the study and the release of a discussion paper would be the cannabis illicit drug group, for the reasons that:

- any document covering all illicit drugs would be extremely complex and unwieldy;
- the pharmacological, law enforcement and social issues arising from the use of different illicit drug groups are sufficiently distinct to justify individual consideration; and
- there are significant differences in the social perception of the issues surrounding the use of different illicit drug groups, i.e. the distinction drawn between so-called 'soft', and so-called 'hard' drugs, or the different health implications of drugs commonly taken intravenously as opposed to other methods of administration.

*Background
Effects
Law*

Background

There is general agreement that the cannabis plant originated and was first exploited for Human use in central and east Asia. Archaeological evidence on the use of the fibre has been claimed to extend back to 10,000 BC; there is more general agreement that by 4,000-2,000 BC. Cannabis was widely known and used for a variety of purposes in the civilizations of China, India, Mesopotamia and Egypt.

Cannabis was one of the earliest known medicines, used as an analgesic and sedative from very ancient times. However, widespread European use of cannabis for medicinal purposes is comparatively recent, a consequence most likely of French scientists taking part in a military expedition to Egypt during the Napoleonic Wars. Preparations of cannabis were still being marketed and promoted for the treatment of asthma, tension and pain until about 1930.

Although there were some restrictions on medicinal cannabis use in Australia prior to 1920, the basic structure of the cannabis laws of the Australian states derives initially from the League of Nations sponsored conventions of 1925 and 1931. Although there is some evidence of minor cannabis use in Australia at that time there was no perceived problem with cannabis use until the 1960s.

Effects

In spite of two decades of scientific inquiry negative effects of cannabis on human populations have not been unequivocally demonstrated.

Although cannabis is widely used, its pharmacology is not well understood, and as noted earlier, it is difficult to draw firm conclusions from the research that has been conducted. Cannabis is not a single drug, but a complex mix; more than 60 cannabinoid compounds have been isolated from cannabis smoke. Measurement of the levels of cannabinoids in body tissues is difficult because of their high potency; low doses are sufficient to cause a 'high'. In addition, cannabis' effects vary widely across species and its long-term human studies.

Cannabis is not a narcotic, although it is often classified as a narcotic here and in the United States for the purposes of control. Cannabis is inadequately described by any one drug category as it possesses properties of a sedative, euphoriant and hallucinogen. The principal psycho-active compounds in cannabis appear to be several tetrahydrocannabinols.

Cannabis does not produce a state of serious drug-dependence and although a psychiatric diagnostic category of cannabis addiction now exists, its use has been limited. Cannabis has been suggested as a cause of medical problems including respiratory ailments, impaired immunity and reproductive disturbances. Often the symptoms of these disorders are subtle and non-specific, and the link with cannabis use is not readily apparent. The limited evidence from long-term studies suggests that most of the noticeable medical effects are reversible with cessation of cannabis use. Conflicting evidence has been reported on the effects of chronic high doses of cannabis on human sexual function. In males, THC may diminish testosterone production and inhibit reproductive function. In women, THC may be responsible for the lack of ovulation during the menstrual cycle. The research in this area is very inconclusive and the results even more equivocal than that produced about other health

risks.

Law

In 1986 the Drugs Misuse Act was enacted and the Health Act 1937 provisions in relation to 'dangerous drugs' and 'prohibited plants' were repealed.

The Drugs Misuse Act 1986, controls the supply and possession of some 146 defined drugs. The penalties provided under the Act vary according to the type and quantity of the drug in question. Four drugs - heroin, cocaine, phen-cyclidine and lysergide - are classified as schedule one drugs and attract more severe penalties. All other drugs, including cannabis are listed in a second schedule under the act, and carry lesser penalties. Under the third schedule of the act an amount of 500 grams or a quantity 100 plants or more of cannabis will increase the maximum penalty.

The applicable provisions are:

Section 5 - Trafficking in Dangerous Drugs

A person who carries on the business of unlawfully trafficking in a dangerous drug is guilty of a crime.

Penalty for cannabis: 20 years

Section 6 - Supplying Dangerous Drugs

A person who unlawfully supplies a dangerous drug to another... is guilty of a crime.

Penalty for cannabis: 15 years, or 20 years if an adult supplies to a child; or a person in a correctional institution; or to a person who does not know he is being supplied with a drug.

Section 8 - Producing Dangerous Drugs

A person who unlawfully produces a dangerous drug is guilty of a crime.

Penalty for cannabis: 15 years, or 20 years if quantity equals or exceeds 500 grams or 100 plants.

Section 9 - Possessing Dangerous Drugs

A person who unlawfully has possession of a dangerous drug is guilty of a crime.

Penalty for cannabis: 15 years, or 20 years if quantity equals 500 grams or 100 plants.

The penalties listed above apply only when an offender is convicted before a superior court.

In 1989, the National Crime Authority Parliamentary Committee estimated an Australian market of 1,905 million dollars for cannabis in 1989, giving Queensland a notional share of 337 million dollars. The basis of these estimates were survey results suggesting that nearly 30 per cent of cannabis users used the drug more than once a week, at a street price of 450 dollars\ oz. The amount of data currently collected in Queensland is inadequate for any more precise estimation of the market size. However, any valuations of this magnitude raise the issue of economic impact. Although cannabis production and commerce occurs around Queensland, there are areas where it is concentrated and it is here that economic impact, if any, would be most significant. The caveats related to this are that income from crops grown for interstate consumption is believed to be often mainly earned and retained interstate, that production for personal consumption is an imputed

cont...

value only, and that while it may involve high values commercial cannabis production would necessary involve relatively small numbers of very well remunerated participants.

Who is Apprehended?

Although cannabis possession is regarded as the least serious of the cannabis offences, supplying and production offences include, respectively, any sale and any growing of cannabis. These can also include offences involving cannabis in quantities that would be considered more appropriate to personal rather than commercial purposes. To the extent that a highly inconsistent system of recording drug quantities allowed, this question was explored using data from the court surveys.

In summary, apprehended offenders are overwhelmingly young, single, unemployed or unskilled males. It should be noted that a similar apprehended offender profile appears for most other offences. None of this is to say that police are deliberately victimising certain groups. A discriminatory pattern of apprehensions could conceivably arise through the operation of factors not including intended discrimination. Two such factors in particular were suggested by police members of the Committee:

- some groups are more likely to come to police notice

than others over matters unrelated to drugs; and\ or

- some groups may habitually use or have no option but to use cannabis in more public surroundings or generally less discrete circumstances.

The Committee accepts the view of its police members that discriminatory enforcement outcomes are the product of factors such as the differential visibility of offences and offenders and not the product of any deliberate intent in either law or enforcement practice. However, it must be faced that, for whatever reasons, cannabis law enforcement does have inequitable outcomes. This raises the possibility that the enforcement of the law is widely perceived as being discriminatory, and that this has an adverse influence on respect for the law in general, as well as legislators, the judiciary and the police service.

The notional costing of criminal justice system resources devoted to drug law enforcement. 1991 - 92, QLD.

Queensland Police Service.....	16,000,000 dollars
Magistrates Court.....	1,000,000 dollars
Higher Courts.....	2,000,000 dollars
Corrections.....	7,000,000 dollars
Other.....	1,000,000 dollars
Total.....	27,000,000dollars

Stewart

CLIENT ADVISORY GROUP

The Peel St. Methadone Clinic has started an information service for methadone clients or people thinking of going on the program. The main aspect of the service is that it is run by clients themselves. The only requirement for joining the group is that you be registered on the Peel St. program or are a past Peel St. client. At the moment although small in number the C.A.G. is big on enthusiasm. The first big project on line is a booklet about methadone, the program, how it works, pro's and cons etc. This project needs some people from the talented pool of Peel St. clients to draw up some illustrations and a cover for the booklet. So if your interested please leave your name and contact details in the suggestion box or at the desk in the clinic.

Speaking of the suggestion box, this is an initiative of the C.A.G. to try and hear the views of all clients, good or bad. If you have something to say, drop a note into the box. If you have a more serious concern and would like to speak with someone, other than staff, there are C.A.G. representatives available every first and third Tuesday of the month from 3 p.m. to 5 p.m. The reps can act as go between to clients and staff.

If your interested in joining the Methadone Client Advisory Group, meetings are held at the Peel St. clinic on the first Tuesday of each month from 2 p.m. till 3 p.m.

Hope to see you there. ●





for Tash Cameron

Passed away 8.5.96.

I knew Tash for over ten years. And in that time we became the best of friends. Tash had told me of her HIV status early on in our friendship, at that time she did not seem to be really bothered by it. She simply just would not allow HIV/AIDS to get her down. Tash was a real little rager and everybody who knew her then will remember her flitting around the Valley. Then she moved over to Highgate Hill where she acquired her dog Macca. Tash was then working as a volunteer receptionist for QulVAA and Macca would follow her to work. Even on the

days that Tash did not want Macca to come in. Macca would follow her taxi, often getting to QulVAA before her sitting there wagging his tail as though he had done something really good. Tash was very supportive of her other half, Eddie. Whilst Eddie was a guest of Her Majesty, Tash would try to visit every chance she could. She tried to settle down to so called normality. As Tash got sicker she needed more support and general care and nursing. So Eddie was released to help her. However during one of her stays in hospital she met Penda, a Buddhist monk. She then decided to become a Buddhist herself. This helped Tash enormously in her emotional state and gave her a new network of sympathetic friends. Tash and Eddie were married in a Buddhist ceremony a month before she left us. I know Tash will be missed dearly by many people who knew and loved her. She was a little lady with a huge heart of gold. Tash you will always be in my heart.

Love now and Forever,

Marie-Chantal & all your friends.

for Briony

A little while back, we were most unfortunate that we lost a special person from round here. It's not so much that we lost them, but more that life had other plans, and if there really is a large poppy field up there in the clouds, no doubt our friend is romping merrily amidst them.

I am sure that many readers would remember Briony, if not from her times here in Queensland, surely from the many years that she spent in Sydney. (She herself referred to these as the good old days) .

I was fortunate enough to have known B in both states over many, many years, and she was a very wild spirit in her younger days...I have a strong memory of one Christmas when the vice squad had been up and down the Kings Cross, telling all the workers that we were definitely not to be on the street after midnight, B was one of a large group of us that gathered in La Bastelle (a wild bar in its day), and spent a good slice of Christmas partying on in the bowels of the Cross together.

There was one occasion where B was in hiding due to the fact she had been given a large amount of heroin, and B had given it all away to different folk whom had no money but were sick... The person behind this great business venture was really pissed, needless to say B decided that she just wasn't cut out to be a dealer ! I have strong memories of B in Rehab, she was always concerned, always had a kind word, never dumped on anyone and had almost child-like qualities and was liked by all.

I'm not quite sure how it came to be, but either God found B or B found God, but off she went on another phase, her God days, one could say. She started to pop in at Quivaa, and would sit round talking and just being here, then she got sick, sicker than before, she looked tired the last time I

saw her, but like always we chatted, made a few plans. Then as all things go, the phone rang and we were told that she had passed away. I suppose it has bought home to me, with me grey hair and teeth falling out, just how special everyone is, and how often we take each other for granted.

I miss B. I miss someone who shares little bits of my history. I miss her.



KM.1 Herbal Formula Trial - Brisbane Arm
PO BOX 3142
Sth Brisbane Business Centre, Queensland, 4101
PH: 3844 1990, 3844 9599 FAX. 3844 4206

Dear Dr

Re: Your Patient

Your patient has given consent to participate in the KM1 Herbal Formula Trial. The site for the interviews and distribution of the herbal formula will be at Gladstone Rd Medical Centre.

The KM1 Trial Protocol has received executive approval from E.S.A.H.S. Ethics Committee. A protocol synopsis has been provided for your information.

We are asking you as the patients primary physician to assist us with the KM1 Herbal Formula Trial by providing us with routine pathological tests. A note to state which AIDS defining illness your patient has had, i.e. what your patient was treated for (P.C.P, Herpes, K.S, etc.), as per protocol guidelines.

The trial will run for six (6) months during which time the trial process requires pathology tests to be performed at weeks 0, 16, 30 on all patients participating. These tests would include CD4, CD8, CD4 & CD8 ratios, P24 antigen tests, haematological and biochemical tests, urinalysis and liver function tests every 3 months.

If there are any other of your patients who fulfils the criteria of the Trial (SEE NOTICE ENC.), and wish to join our list would you please get them to phone the trial co-ordinator Steven Meyer on 3844 1990 or Nina Seto on 3844 9599 and leave their name, address, postcode and telephone number.

Enclosed notice is for you to pin onto your notice board if you would be so kind.

Thank you for your support in this matter.

Steven Meyer
Brisbane Arm,
KM.1 Trial Co-ordinator

KM1 Herbal Formula Trial

Free Treatment by Qualified Practitioners



Queensland Positive People, the Australian College of Natural Medicine & the Queensland AIDS Council, in conjunction with the South Sydney Area health Service are proud to offer you the opportunity to participate in a randomised herbal formula trial.

- The trial is a randomised, double blind, placebo trial. (i.e.: Half of the participants (picked randomly) will receive the active mixture the other half will receive a placebo).
- The trial is open for 25 Brisbane participants who meet the eligibility on the back. The trial will be run for a period of six months.

If you are interested in participating in the trial and would like to go through an initial interview for enrolment contact: Nina Seto on 3844 9599 or Steven Meyer on 3844 1990

Nourishing the whole person

As a participant, you will be asked to follow the Protocol Requirements over a 30 week period. These are:

1. Taking of a herbal preparation, in water, with meals.
2. Attending your Doctor at designated times so that blood tests can be taken (3 times over 30 weeks). This can be incorporated into your normal health monitoring and can be organised by arranging the trial co-ordinator access to your blood tests results.
3. Attending Gladstone Rd. Medical centre (or the centre of your choice) once a month for the dispensing of the mixture & to fill out trial progress reports.

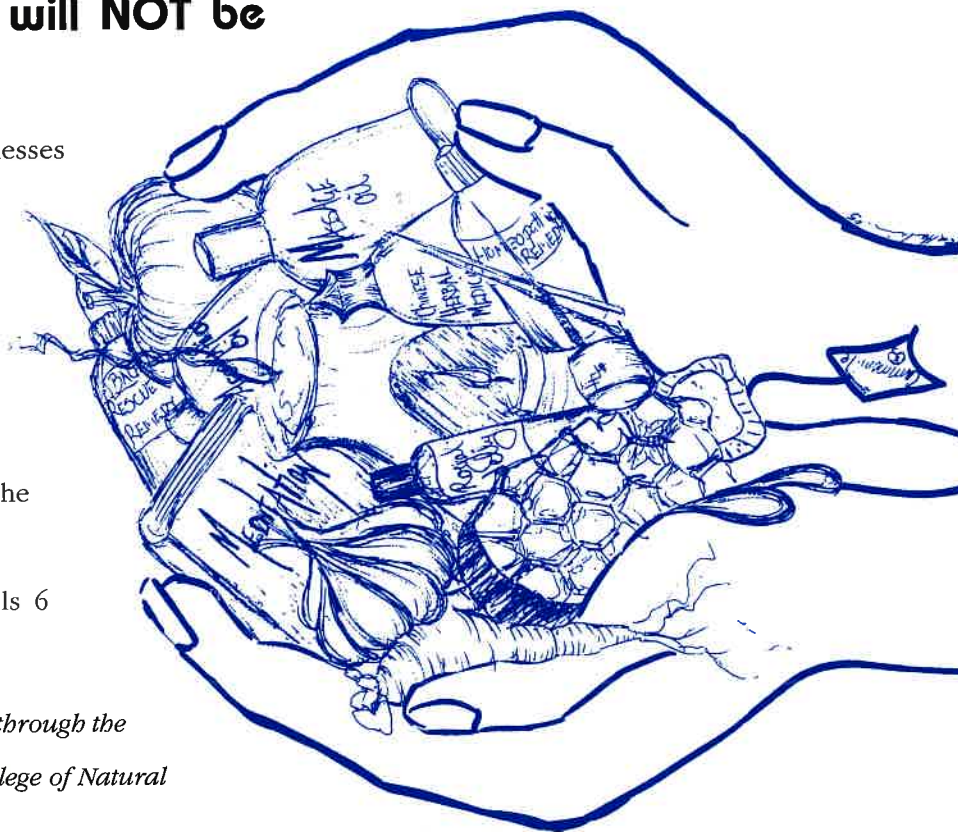


KM1 Herbal Formula Trial cont.

Access to the Trial will NOT be restricted by:

- Concurrent opportunistic illnesses requiring chronic intensive treatment Active use of recreational drugs
- Being on the Methadone Program
- Having withdrawn from Methadone 3 months prior to the study
- Having started Anti-Retrovirols 6 months prior to the Trial

This trial is independently funded through the kind support of the Australian College of Natural Medicine



GET THOSE GREENS

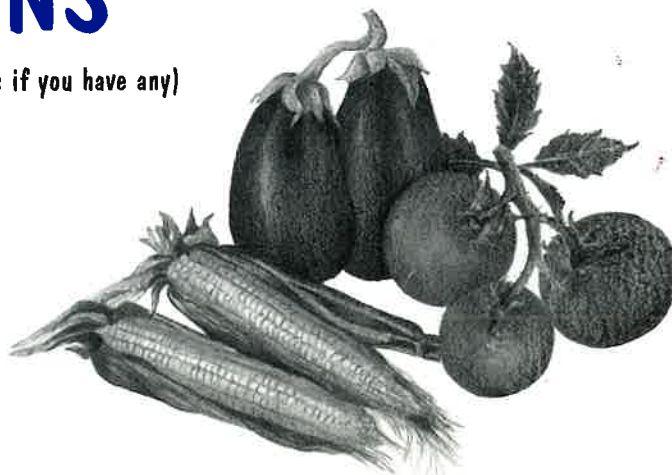
Want a project that you can really get your teeth into . . . (that's if you have any) . . . QulVAA's Fruit and Veggie Collective has started.

So look into that cupboard that has those green fuzzies in the corner (and I am not referring to Kiwi Fruit) clean it out and fill it up with yummy fresh fruit and veg, supplied to you at competitive market prices.

We've finally decided to give it a go in an effort to provide good quality fruit and veg. to anyone who would like to join. Just think of the happy state your liver will be in as you throw back another beetroot and celery juice. There will be plenty of tucker for the kids, there will always be that little bit there to throw a good healthy feed together. Because fruit and veg. are seasonal it will mainly depend on what is available as to what we buy, bearing in mind that the idea is to provide good healthy food to low income folks.

Prices shall range from \$5.00 per box and upwards, and if you do have strong objection to any green things you can state this on your membership form and we will do our best to make sure there are no Brussel Sprouts hiding in your box.

Market day is Monday and all orders will be ready to go from QulVAA as soon as they are boxed up, and hopefully by lunch time Monday you will



be able to pick up your order. All orders must be put in on the Friday prior to the Monday.

THE STARTING DATE IS THE 18TH OF JULY . . . If you have not already signed up please feel free to ring us and we will put you on the fast growing list.

We are also looking for volunteers to help with shopping and sorting out orders, so if you want to help out lettuce know.

For more information please ring Josy or Corey on 3252 5390



So get to know the shape and size of your partner's vagina, and remember that it changes shape depending on where she is in her menstrual cycle, and how excited she gets. Find out and respect your partner's limits and keep a watchful eye.

Toys

When you were growing up, your mother probably told you to share your toys. Well, forget it. Anything that goes into a person's arse or cunt can transmit the virus if it's shared. As well, any toy that draws blood can be a risk.

If you're a bottom, you should own your own toys and get the top to use them on you.

If you're a top, you should ask the bottom what toys he or she owns. Or, if having sex with various bottoms, you should assign them toys and mark their names on their toys.

ADVICE ON AIDS PREVENTION



YOUR ARSE

The arse is more delicate than many parts of the body and it should be taken care of. Sticking things up your arse - whether it's a finger, cock, dildo, fist or anything else - can tear the rectal lining. Even extremely tiny tears can open up the body and be possible places where the virus that causes AIDS can get in.

It's obvious that fucking without precaution is a high-risk activity, since a cock shoots cum. Use a condom, and use it properly. ALWAYS USE LATEX CONDOMS. Make sure the cock is erect. If it's uncircumcised, pull back the foreskin before putting on the condom. Squeeze the air out of the tip. If the condom is round ended and does not have a tip, squeeze the air out and leave half an inch free.

Lube it up REALLY well with a water based lube. Never use oil based lube which can damage condoms. Pull out soon after cumming, grabbing the base to make sure the condom does not slip off. To be extra careful, pull out before cumming.

If you're fingering arses, you should wear a finger cot, which is sort of like a surgical glove for just one finger. You can get finger cots at medical supply stores. It's very important that you not put your finger into your mouth or your partner's mouth with the finger cot still on.

As for dildos, make sure they have been cleaned before they go up your arse.

YOUR VAGINA

Your cunt can be bruised, cut or torn just as easily as your arse can, and you should take the same care to protect it whenever anything goes into it.

It can be damaged in other ways too - you can bruise or scrape the cervix, tear the skin between the arsehole and the cunt, bruise the tissue between the pubic bones, or cut and scrape around the peehole. All of these open up your body to the virus.

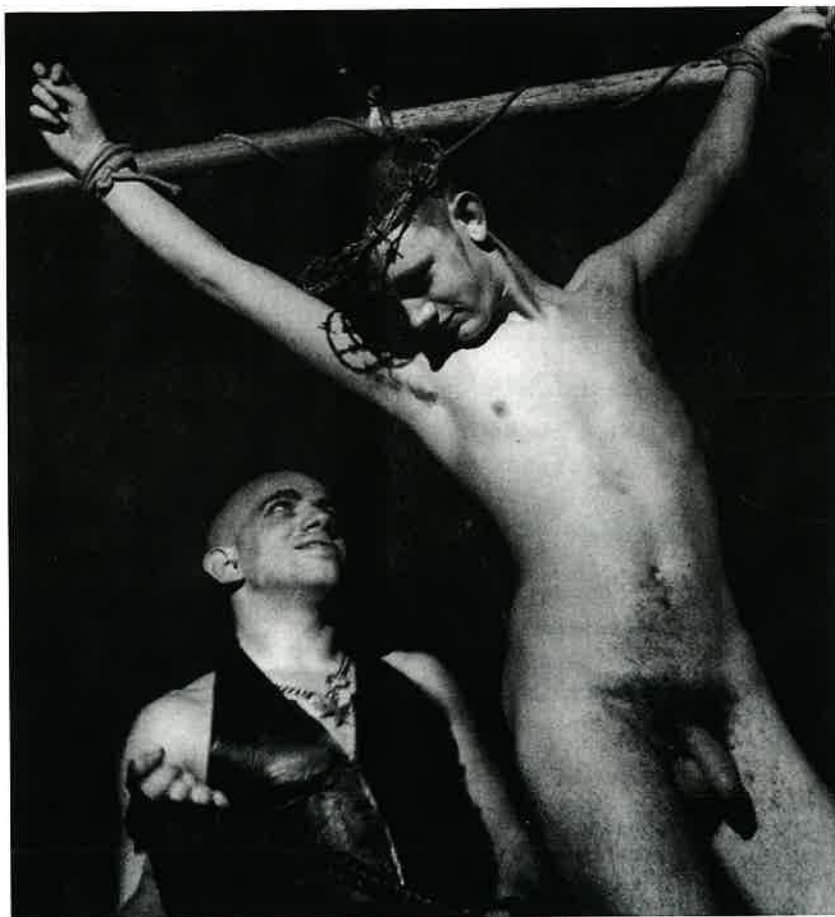
For example, if you're going to spank someone with a sturdy wire brush, you're going to draw blood. So, tape the bottom's name onto the brush. Do not use it on anyone else. If you're going to get fucked by a dildo, make sure that it's only ever been up YOUR arse or cunt... or you can clean your toys.

CLEANING YOUR TOYS

All of these things can help you clean your toys:

- soap and hot water
- rubbing alcohol
- one part household bleach to nine parts water
- hydrogen peroxide





▶ What if you use a dildo on someone and you draw blood. You do not have to throw the dildo away. Wash it in soap and water, and then let it soak for 20 minutes in rubbing alcohol or in one part bleach and nine parts water. Then rinse it in hot water. You can also wash your toys in a dish washing machine. Remember that not all forms of rubber or latex can tolerate the high temperatures of a dishwasher.

If you need to clean a leather toy, you should first wipe it with a clean rag, soaked in hot, soapy water. Then wipe it down completely with another rag soaked in rubbing alcohol. Then, wipe it down with a third rag soaked in hot water. Finally, put the toy aside and do not use it for 24 hours. Later, because alcohol can dry out leather, you could rub the toy with mink oil.

If you put a condom on a dildo, it will be a lot easier to clean the dildo. If you are a top, you can probably think of lots of ways to make the bottom put the condom on.

IF SEXUALLY EXPLICIT INFORMATION ABOUT SADO-MASOCHISM MIGHT OFFEND, THEN THIS BROCHURE IS NOT FOR YOU.

It may sound complicated, but it isn't. Just make sure you clean anything with cum, blood or shit on it, or anything that's been in someone's arse or cunt, and make sure you get any bleach or alcohol off the toy before using it again.

FISTING

Fists are big things. They can create more serious tears in the arse or cunt than most sexual activities. If you get fisted, you're going to have to treat your arse or cunt like a shrine.

That means you have to be extra careful, and never let anything else fuck you that might be carrying the virus.

If you are going to fist, wear latex gloves. This protects both the top and bottom. Surgical gloves are the best. These usually go part way up the arm and are good for most activities. If you are going to be deep fisted, use a calving glove. You can buy these at a vet supply store

Don't fist if your fingernails are long. Cut them and smooth them down with an emery board, as they can tear the fisting glove or the bottoms arse or cunt. If you have an open wound on your hand, don't fist with that hand, even with the precaution of a glove.

Be sure the glove is lubed. When pulling out, like condoms, make sure you grab the glove at the end so that it does not slip off.

LUBES

If you're going to insert something into someone, you should only use a water based lube. Never use oil based lubes such as Vaseline or Crisco. They can catch germs and be harder to completely wash off. They also weaken condoms or gloves.

DOUCHING AND ENEMAS

If fisting, fucking, or dildos are part of your scene, then it is very important to have a clean arse or cunt, but douching and enemas before getting fucked could leave you more open to infection. They can wash away surface mucous that's there to protect you.

Never share your douche bag. Clean your douche bag each time you use it. Also, don't share the nozzles of metal shower douches. Get a separate nozzle for friends, and clean it between uses. If you are douching after sex this can be dangerous. Cum, blood, or shit can be pushed further into the rectum or lower intestine.

WATERSPORTS AND SCAT

Both piss and shit are fine on the outside of the body. Piss in your mouth is a low risk activity, but to be extra safe you shouldn't let anyone piss up your arse. Shit can carry blood, so you shouldn't take it in the mouth.

If there are any cuts on the skin, don't piss or shit near the cut.

RIMMING

Rimming a clean arse is low risk for the ▶



S & M

▶ virus, but high risk for the transmission of other diseases including syphilis and hepatitis. If you are going to rim use a dental dam.

SHAVING, PIERCING, BRANDING

If you want to have permanent piercings done, make sure the rings or bars are sterile. You might be able to find a doctor or nurse to do the piercing in a sterile way. If you can't, make sure the bars are soaked in alcohol before they are inserted.

If temporary piercing is part of a scene, make sure you use sterile disposable needles. Use them once then dispose of them properly.

As for branding, it is safe because heat kills the virus.

Knife branding should be done with totally sterile equipment. Better yet is a scalpel with a disposable blade. Clean the blade, use it once.

For piercing, branding or shaving, any drops of blood should be wiped away with sterile cotton balls. Soak the cotton in rubbing alcohol. Flush the cotton down the toilet, or throw it away in a plastic garbage bag.

When starting a piercing, branding, or shaving scene, the area should be rubbed with alcohol first.

ELECTRIC TORTURE

Again, you have to keep your equipment clean. Electrical equipment probably won't break the skin, so there's not much risk. If a higher charge is used, and there is a break in the skin, wipe up any blood and clean the terminals.

Do not use electric charges below the heart level - you don't want the charge to affect the heart's own electric system.

WHIPPING

If there's no break in the skin during whipping, then there is no problem. Depending on the material the whip, quirt, or cat o' nine tails is made of, and the way it is used, it can draw blood. During a flogging scene, if the skin is broken, wipe up the blood and clean the whip.

DRUGS AND ALCOHOL

If you're into S&M, you have to keep your wits about you. Don't use mind altering drugs if you are likely to make mistakes. Otherwise, know your own limits with the drug you are

using. Try experimenting with the drug out of an S & M setting at first, to see how it effects you.

Remember, alcohol is also a drug, and is likely to have a disabling effect which could result in mistakes.

As for poppers, they make the blood vessels dilate. Some people think that there is a link between the use of poppers and KAPOSI'S SARCOMA. This has not been proven.

If you use injectable drugs, an easy way to pass on the virus is sharing your injecting equipment, use your own works and never share.

S AND M ETIQUETTE

Agree on safety words and scenes beforehand.

Maintain your health. Eat well, sleep well, reduce stress in your life and cut down your chance of infections by not exposing yourself.

By being interested in your health and practising safer sex, you are doing a lot to help stop AIDS transmission.

REMEMBER, HIV Positive or Negative, your health is an asset and should be kept in a safe.

ADVICE ON AIDS PREVENTION



Do you remember
the days
when we were friends,
when our ways
went in the same direction.

Do you remember
the days
when we were friends,
when our ways
went in the same direction.
These were the days
when love was our companion
and you my heroin.

Today,
loneliness
has become my partner again,
and it's me
who shares my pain.
These were the days
when love was our companion
and you my heroin.

Today,
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has become my partner again,
and it's me
who shares my pain.
These were the days
when love was our companion
and you my heroin.

Today,
loneliness
has become my partner again,
and it's me
who shares my pain.
But one day, I'll meet you again
on the streets of hate,
my passionate lover,
because it was up to fate,
not up to us.

I'm missing you
my second half,
torn apart
because it was up to fate,
not up to us.
The almighty one
has forsaken us
and you have betrayed me!

But one day, I'll meet you again
on the streets of hate,
my passionate lover,
because it was up to fate,
not up to us.
The almighty one
has forsaken us
and you have betrayed me!

The almighty one
has forsaken us
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Herbs for the

Traditionally, many herbalists use a liver remedy in their formula irrespective of the patient's problem because a wide range of problems can be associated with that organ. The liver performs a variety of essential functions, including storing glycogen, nutrients and blood; converting a number of nutrients to other substances; and disposing of many micro-organisms, toxins and metabolic by-products. I suspect that a number of people have a somewhat under functioning liver which is sub-clinical - that is, they do not have jaundice or a detectable liver disease but have symptoms such as fatigue, irritability, digestive problems, headache, coated tongue, reduced appetite, skin problems and general malaise. In any event, given the quantity of chemicals consumed by the average person, which have to be detoxified by the liver, there are benefits to be gained by using one or more of the 'liver herbs'.

Dandelion Root

This is a healthy substitute for coffee but I have to admit that it is not as delicious or as stimulating as a cup of freshly ground coffee. If you must drink coffee, then restrict it to two cups per day and preferably have it mixed 50 per cent with dandelion root.

Dandelion coffee is available as an instant drink or powder. The pure, roasted powder is more therapeutic and needs to be prepared in a similar way to ground coffee beans or you can simply bring it to the boil in a pot, let it simmer for a few minutes and then strain. The residue can be used again although it is not as strong with the second brew. You use 1 teaspoon of powder to 1 cup of water and the therapeutic dose is 3-4 cups per day.

Many people consider that dandelion is merely a troublesome weed but it is a beneficial, non-toxic remedy for liver problems. Herbalists prescribe it specifically for liver congestion, bile duct inflammation, gallstones, jaundice and some types of hepatitis. It has been shown to increase both bile production and bile flow and it has an obvious diuretic effect.

Dandelion is used as an extract or tincture by herbalists but as these contain alcohol they are not prescribed when there is liver damage, and tablets, capsules or powder are used instead. The powder, when made according to the above instructions, has a bitter taste but it is not unpleasant when you become accustomed to it. The bitter components make it a useful remedy for a wide range of digestive problems as there is a reflex stimulation to the stomach and pancreas, as well as the hepatic system. It is more effective if taken black but you could add milk and a little honey.

If you have access to a large, uncontaminated supply of

dandelion (not near a busy road, nor where weedicides or other chemicals are used), you could make your own dandelion coffee as follows:

Dig up the dandelion roots, preferably in early spring or autumn, scrape, wash and cut lengthways (not too finely). Dry in a very low oven for about an hour, then chop into smaller pieces and grind it to a powder. An ordinary coffee grinder will not do the grinding because the root is very tough. After grinding, place the powder back in the oven and roast it until it is a mid-brown colour. When it is cool, store it in an airtight jar. Having done this, you will then appreciate why the pure roasted product is so expensive and you will also be aware of the taste and texture of the pure root so that you can assess commercial products on the market.

An alternative is to have 4-8mL of juice three times daily.

The leaves of dandelion are a good source of nutrients, particularly vitamin A and potassium, which may account for its beneficial effect on fluid retention and for some cases of gout and osteo-arthritis. The leaves also taste bitter but small quantities could be added to soups, salads casseroles or juices.

Most people will be familiar with dandelion as a wart remedy - simply break open the flower stem and apply the white milky sap directly onto the wart. It should be noted that the flower stem and flowerheads are never used therapeutically as this part of the plant is toxic and can cause nausea, diarrhoea and palpitations.

If you are collecting dandelion for yourself, make sure you pick the right plant as many weeds look similar. The flowers of dandelion are on top of a hollow stem, there is one flowerhead per stem, the leaf lobes tend to curl back but leaf texture and shapes are quite variable. The taproot can grow longer than 30cm.

Milk Thistle

(also known as Variegated Thistle) The Latin name of this plant is *Silybum marianum*, formerly *Carduus marianus*, and the seeds contain substances which are effective antioxidants and liver restoratives. These constituents have the capacity to stimulate protein synthesis, thereby allowing new liver cells to be produced but this stimulatory effect does not occur on tumorous liver tissue.

Silymarin is the name given to the isolated flavonolignans and it is used medically in this form in Europe for its liver protective and regenerative capabilities. It is an effective treatment for cirrhosis, hepatitis, fatty liver, subclinical cholestasis of pregnancy (accumulation and retention of bile), toxic metabolic liver damage, inflamed bile duct and chronic liver diseases generally. The effects of certain poisonous substances have been significantly offset by Silymarin - including carbon tetrachloride, galactosamine, praseodymium nitrate, phenylhydrazine, thioacetamide and

Liver

the toadstool mushroom. The therapeutic benefits include reducing liver damage induced by alcohol and inhibiting those prostaglandin's involved in inflammation.

Unfortunately, in Australia, neither Silymarin nor the herb are readily available and it is commonly sold to herbalists as an extract or tincture, which means that it contains alcohol, and therefore is not appropriate where there is liver disease. I obtain the seeds which I grind to a powder as required. The seeds contain fixed oils and if large amounts are powdered in advance of being used there is a possibility that the product will go rancid, so it is better to grind a few days' supply at a time and keep it in the fridge in an airtight jar. Generally, I recommend a teaspoon per day to start, building up the dose to 3-4 teaspoons per day, as I have found that too high an initial dose tends to cause nausea, presumably because of the increased detoxification. My method is to mix the powder into food or juice but European herbalists often get their patients to simmer 10g of powder in 3 glasses of water, let it cool and then take 1 glass of the remedy three times daily.

Silymarin preparations have been used extensively in Europe, at a dose of around 35 mg three times daily, and the product is considered to be of a very low toxicity, although increasing bile flow may cause loose stools. This diarrhoea may be offset by increasing dietary fibre in the form of slippery elm powder, rice bran or linseed meal or reducing the dosage.

Silybum marianum is a weed in Australia and the whole plant is toxic to animals, especially if it is the sole source of their food. It is a tall, strong, spiny, thistle plant and it can grow up to 11/2 metres tall. It has a large purplish flowerhead, up to 8 cm wide. At the base of the flowerhead there are broad, ridged spines which have very sharp points.

Nancy Beckham

This is an extract from the Natural Therapies for Hepatitis C pack available from QuIVAA.

Should you require a copy of the pack please contact Corey at the office or telephone the office on (07) 3252 5390.

SHOOTING CLEAN

Avoiding Hepatitis C

Around 80% of all Hepatitis C infections in Australia (approx. 200 000) are as a result of injecting drug use. Some studies have suggested that after a year of injecting you have about a 40% chance of having caught hepatitis C, and after another few years its closer to 80-90%.

So many injectors have Hepatitis C that you can almost take it for granted that if someone is an injector then they are also hepatitis C positive. This isn't something you should take for granted, because it is possible to avoid transmitting or catching hepatitis C when injecting, but it means that how we inject has to change the way we inject.

Even if you are already Hepatitis C positive, it is important to avoid getting infected again as being HCV positive doesn't provide you with any protection from getting infected again. Every time you come in contact with the virus it is like you have been infected for the first time, and people who have multiple infections of Hepatitis C are often the ones who may become sicker. Multiple infections also have a higher chance of leading to cirrhosis or liver cancer.

The key to avoiding Hepatitis C is about avoiding other peoples blood. Not just great pools of the stuff, which is fairly obvious, but also the microscopic amounts of blood that can get on your hands, on the water ampoule, even on the sides of the disposal bin.

It's not just about using a new fit every hit, but it is also about using new, clean equipment (water, filters, swabs) and making sure you, or any one else washes their hands before and after their hit and before touching anything or anyone else.

Avoiding Hepatitis C when injecting.

Have a new fit, spoon, water, filter, swab and tourniquet.

Clean the spoon with a swab and the fingers that you'll use to tear off the filter with a swab.

Inject yourself, or make the person who is injecting you wash their hands with soap and water.

If you get any blood on your fingers, go and wash your hands before you touch anything on the table (i.e. Don't pass someone the water or the spoon with the fingers you just had blood on.)

If you do touch something (like the disposal bin) then no one should touch it and then inject themselves or someone else. Wash hands after touching any surface or item that someone who had just injected has touched.

Wash your hands with soap and water.

OUT OF YOUR MIND

& INTO YOUR LIVER

It may be best not to use any drugs at all during an acute attack of Hepatitis. But when you are using, liver care is important. Since the liver is an organ which clears drugs from the body some drugs can affect it more than others. Here is a short list of drugs from 3 star bad*** or most harmful, 2 star bad** medium, 1 star* some harm to no star and no affect.

*****ALCOHOL** - Any use with liver damage is a problem. Even with a healthy liver four standard glasses can cause problems, So with Hep. C, nearly all doctors will say avoid alcohol.

****SPEED** - Although the drug itself makes the ** rating, what you do while speeding can push it into the worst category. Things like staying up 3 nights in a row, not eating, not getting enough fluids all contribute to a detrimental assault on the liver. So be aware of this to reduce or rectify any damage.

* to *****COFFEE, TEA & NICOTINE** - Can all be bad depending on how much and how often you consume them.

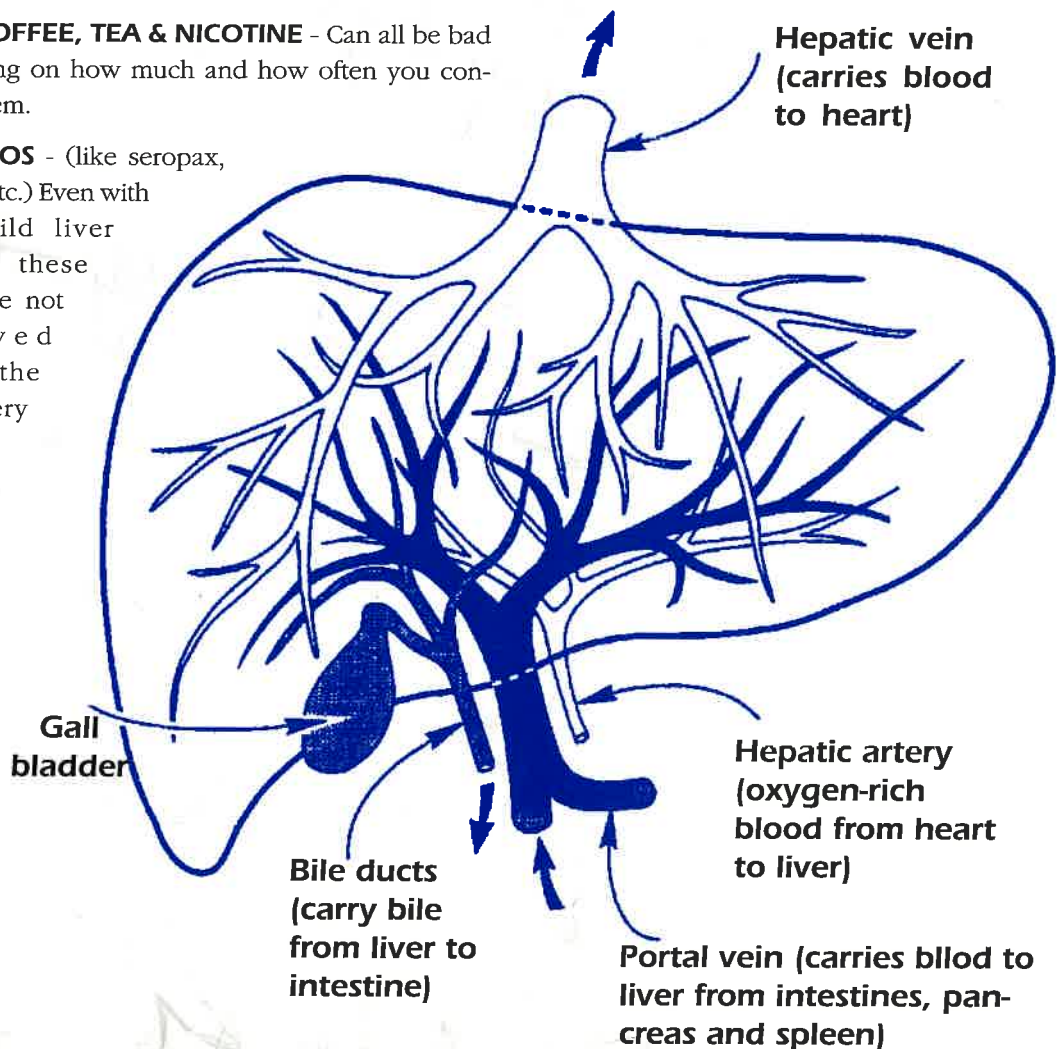
**** BENZOS** - (like seropax, valium, etc.) Even with only mild liver damage these drugs are not removed from the body very

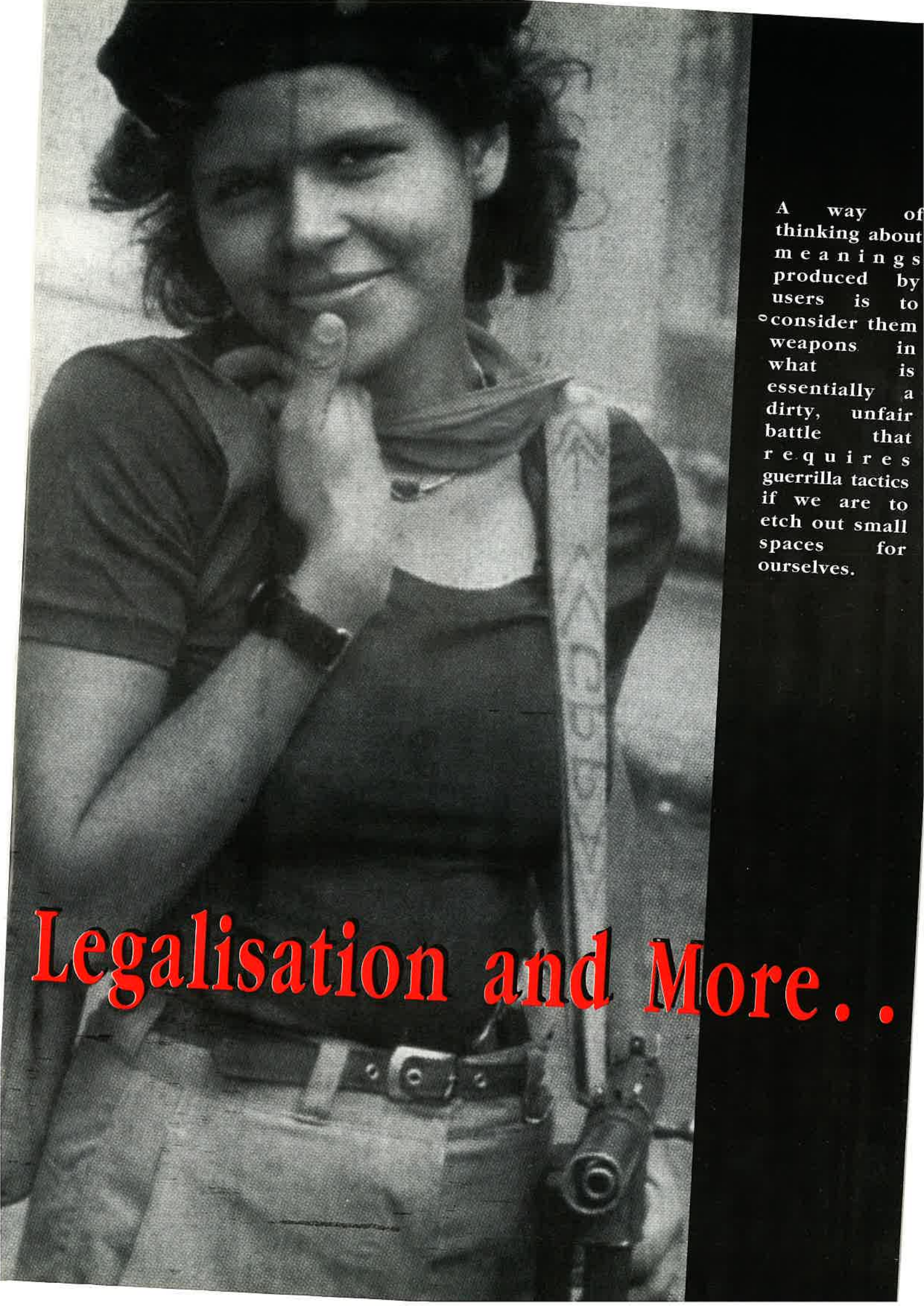
efficiently at all so there can be problems overdosing. The best benzo to use then is seropax because it is removed more efficiently by the liver.

*** HEROIN** - The only reason Heroin gets a one star bad rating is because of the impurities in the street heroin. Heroin users who are Hep.C positive also report nausea after use, especially if you feel a bit sick or tired from Hep.C anyway.

MARIJUANA - Is a no star bad rating. Some naturopaths disagree, though other studies show dope having no affect on the liver. If you usually have a drink to relax, a joint is less harmful if you have Hep.C.

(This is an extract from NUAA News April 1994.)





A way of thinking about meanings produced by users is to consider them weapons in what is essentially a dirty, unfair battle that requires guerrilla tactics if we are to etch out small spaces for ourselves.

Legalisation and More...

The last edition of DART NEWS offered up so much useful and eye opening info on legalisation issues that I don't really need to say much about it here. I agree that the major harm associated with drugs in Australia is a direct result of their illegal status, and that much needs to be done regarding existing legislation if users are to enjoy the quality of life guaranteed other citizens. While I acknowledge the importance of legalisation issues and the thorny ground of the medicalisation of drugs, I want to spend most of this article suggesting that there are vitally important things we can, and must, consider outside (and in conjunction with) legalisation. The way we live our lives and the artifacts we produce as a result of our lives as IDUs such as poetry, art, prose, photos, conversations, posters, films, clothes, music, festivals etc. are incredibly powerful tools in the battle against stereotypical meanings about addicts. I guess I want to remind you that the symbolic level of power - those images and stereotypical images of what it means to be "a junkie" operate through the law and outside it also, so that we must consider more than legalisation. It gives me a sense of hope that we can produce different meanings to those held in the mainstream community about IDUs, and that this political action is necessary if we are ever to speak on our own terms with dignity and pride. I think the production of these different images and meanings are also essential if we are to get the appropriate services and supports so needed by the various using populations.

The illegal nature of various drugs has undoubtedly increased hardships for users in very real terms, but I remain unconvinced that simply legalising and regulating drugs would remove all social problems experienced by users. On one hand, legalisation of currently prohibited substances would seem to lead to the lessening of economic hardships and the real issue of jail sentences and fines for essentially victimless crimes. On the other hand, the increased medicalisation and governmental regulation of substances and their use could lead to even greater regulation of users and their lifestyles. This is a huge and incredibly thorny issue which I don't really want to discuss here except to point to that which lies outside and yet underpins concerns about legalisation and medicalisation of various substances. The social meanings of what it means to consume drugs and especially inject drugs need to be challenged and new meanings produced from within using communities for users. I think these shifts in meanings need to occur hand in hand with changes in legalisation, or might even need to precede for such legal changes to occur. A way of thinking about meanings produced by users is to consider them weapons in what is essentially a dirty, unfair battle that requires guerrilla tactics if we are to etch out small spaces for ourselves. I am not suggesting that we are going to over turn the 'whole system', but we can win small and strategic encounters, while also reinventing or recasting the terms available for positive community and individual images of drug use.

The metaphor of guerrilla warfare seems a little full on I admit, but not that far fetched if one considers the practicalities of living as an IDU in a society where hysteria about drug use has reached the ridiculous. If taken seriously this would entail considering each encounter in a strategic manner and using the most effective images, language or position needed for that specific occurrence. This means a piecemeal approach to located issues one at a time. It also implies that IDUs occupy a marginal position and then strategically go in and undertake specific encounters and then pull out again. Perhaps the combative metaphor isn't for everyone but it might be of some use in terms of visualising political actions at a symbolic level. Giving due importance to the power of meanings and images is vital if we are to speak about drug use in positive terms and empower ourselves so that harm minimisation and HIV strategies are effective within using communities (diverse as they are).

Contradictory meanings about drugs themselves seem to lie at the core of stereotypical and harmful meanings of drug use within mainstream culture as well as drug therapists who create drug addiction knowledge's and recovery programs. At one and the same time drugs are viewed as both cure and poison within western society. Even the same substance can be understood as both cure and poison depending on the mode of consumption. It isn't the drug itself which seems problematic

But the way people imbibe them. Particularly the idea of a self administered injection of substances is viewed as the most offensive and subversive way of using. It seems a bit arbitrary really. Often non users will argue that it is the idea of blood or needles which puts them off or scares them when thinking about bodies and fluids and deviance. Fear regarding self administered injection also is centred around the idea of self sufficiency and self control on the behalf of the user, outside the medical context. The issue of self administration and pleasure seems to lie at the core of the prohibition regarding injecting drug users. The issue of pleasure and pleasuring the self doesn't really come up much within traditional literature on injecting drug use and perhaps it's time we started talking about this and putting pleasure on the agenda as a way of challenging stereotypes which say people inject drugs to avoid feeling of any kind. This might be true some of the time for some of the people depending on a whole lot of variables like drug of choice, mood, gender, economic and social position, ethnicity, or time of the day! But I think self induced and self regulated pleasure as motivation for drug use has been silenced and may be a tool that we need to think about and perhaps reclaim. Pleasure and injecting are complicated even further when it's a woman doing it.

The stakes are changed when it is a woman injecting herself with the connotations of self penetration and self induced pleasure marking her as both subversive and somehow tainted. I guess it is important to remember that within our culture sexed bodies carry different meanings and woman 'junkies' are often portrayed as simultaneously ultra feminine in terms of being heterosexually available and sexually slovenly and (drug) dependent, while also transgressing feminine roles by penetrating the self and finding pleasure and meaning outside usual confines and so being independent. There seems to be this contradiction between women IDUs being ultra feminine (and so ultra deviant) and also outside ideal feminine roles. They are seen as at once ultra dependent and independent and self satisfying. As a result women injectors are marked as dangerous and deviant in ways that male injectors aren't. (And different women are marked as more deviant according to ethnicity, class, sexuality etc.) Coming back to guerrilla warfare here (and tank girl seems to come to mind for some reason) clearly these images of injecting women need to be addressed. I wonder if at some level, some times this image of IDU women can't be embraced or reclaimed much like the term dyke has been reclaimed within queer politics. I am suggesting that we have to work with what we've got. It might be tactically useful to tease out these meanings of self sufficient pleasure and transgression of stereotypical feminine roles to see if some powerful icon or image might be lurking for use by IDU women in their lives. I

for one find the powerful and dangerous woman image a somewhat appealing one in some ways... Other women might not, or only sometimes, and that is what guerrilla war fare is all about. What do other women out there think?

Another common stereotypical image of IDUs is that they are parasitic in relation to their immediate family and society as a whole. We all know the fears about, of the telly being ripped off and the uncontrolled lying of addicts which receive so much currency within mainstream society. It is argued that addicts never produce anything (as normal and good citizens do), but that they feed off the welfare system and those around them. The image of the parasite is such a damning one because the addict is understood as being of no worth in itself and unsustainable on its own. The parasite image also always suggests that addicts only ever take and by their nature are unable to produce or give anything back. Parasites hinder the host and in a sense are often understood to end up killing off the good host for its evil purposes. I guess that there are lots of ways of trying to deal with this recurrent image. I don't know if the parasite is an image that can be reclaimed, but maybe strategically in terms of the vampire for example, it may be useful to some. We can challenge it at a direct level by insisting upon all the creative and productive features of using communities and individuals. I think this includes reminding ourselves of the wealth of productive and beneficial acts and lifestyles we undertake as part of our everyday lives.

This brings me to the point of this whole article. I think that it is vital that we start producing images of our own about our lives and what it means to inject drugs to each of us [and the meanings will be diverse no doubt] if we are to challenge the meanings produced by those outside of using communities. Up to this point what it means to be an addict has largely been defined by medical and therapeutic voices along with sociologists and law makers. As such drug use is understood as a product of the lack of coping skills, or lack of morality, or lack of self esteem etc. The thing that scares me is that the only words and images left for me to use about my experiences of injecting drug use are ones which tell me I am deviant, dirty, irresponsible, parasitic, incompetent, anti social and lacking! In a sense we need to produce a whole new range of images and meanings about drug use and injecting in particular if we are to be able to speak positively about ourselves and our lives. This is a tall order, but I think the products of our everyday lives are the place to start. It is a hopeful project that IDUs in their diversity can produce different meanings and speak on their own terms via well thought out guerrilla warfare.

by Meredith Kayess

STATE

LOSING THE WAR ON DRUGS

Queensland's drug police tactics were futile and bound for disaster, a national report has found.

The report, which will not be made public until a ministerial conference in June, was prepared by Melbourne University criminologists Adam Sutton and Stephen James.

Dr. Sutton said his research found several 'alarming' areas where state-controlled drug policing had run off track.

"I would say that in the long run, law enforcement is setting itself up for failure," Dr. Sutton said.

"That's why the report hasn't been made public yet . . . the changes suggested are a big commitment for the ministers to make."

Police Minister Russell Cooper was unavailable for comment last night and Queensland police spokesman Ian Hatcher said he would make no comment until the report was made public and available for perusal.

Dr. Sutton said "at best police are holding their own" in the battle to stop illegal drug trafficking and abuse.

"In a country like Australia you can't stop cannabis being produced," he said.

"We argue in the report that there's always going to be a need for drug enforcement - why not do it intelligently?"

Federal Health Minister Michael Wooldridge recently called on the states to decriminalise marijuana, but Queensland Health Minister Mike Horan said such moves would be "just silly".

Dr. Sutton said he personally supported moves for decriminalisation, but the report itself found a need for police and politicians to scrap all approaches to drug policing and start afresh.

"We're saying the policies could be a lot better," he said.

"You're not achieving anything if, for an example of what's currently being done, you drive all of the cannabis users to use illicit drugs, just by targeting them."

Alcohol and Drug Foundation chief executive Bob Aldred said last night he supported calls for harm reduction policies.

There was not enough funding for prevention (as practised by police) or the "mopping up after" practised by health professionals, he said.

"The problem we've got goes right across the boards . . . we wonder when the politicians are going to get really serious about this."

Dr. Sutton said Queensland police needed to follow the standards set by New South Wales police where undercover drug squad officers actually buy illegal drugs on the street to see whether - according to supply and demand rates - policing had been successful.

"One of the problems is police can't see where they're having successes," he said.

(Report by Sean Parnell Courier Mail 1996)



DRUG LAWS, HEALTH AND FARCE

❖ The distribution of drugs occurs through many networks. Unfortunately, American media reports have created an image where drug lords and gun-toting addicts rule the streets, both desperate and hardened. This represents a characterisation of the American ghetto drug scene, and the efforts of an aggressive US media on the "war against drugs". In contrast, both police and health intelligence indicate that the vast majority of Australian drug supply occurs amongst informal networks of peers.


❖ Statistics tell us 80% of using occurs as recreational and experimental. 20% is dependent and addictive. Through the harm reduction model, peer education has, and is, an effective way of sending health messages to both groups in regard to safe drug taking procedures, safe disposal, and Hepatitis C information. Along with this, user groups have taken on advocacy, policy, welfare and health, and under the Ottawa Charter can work at a community level, therefore being effective to both consumer and health professional.

❖ Consultation with the using community is critical when an epidemic such as Hepatitis C becomes a major concern. Dr. Wodak, who, after researching injecting procedures, advised that non-injecting routes of administration was the way to go. What Dr. Wodak forgot was to inform people that a user who injects drugs is less likely to use as much of the illicit substance than the user who is smoking it, therefore causing major concern from the consumer's angle (a little more consultation may be needed in this instance). The Australian experience of Needle Exchange has been positive, exciting, and we now have become somewhat experienced and ready

to respond to any health problem that may occur, concerning our community.

❖ At the recent International conference in Tasmania, the Australian Police spoke of the directive to target the Mr. Bigs, yet it seems so much easier to hook the little fish, resulting in both courts and jails being overloaded with people who play a very minor role in the overall view of drugs, and one could argue who was the victim, depending on where one stands.

❖ In Queensland, one of the largest service providers are the methadone clinics, and apart from an appalling small number of beds scattered throughout the state there is no medical detox available to users of illicit drugs. Therefore it is often the family doctor or local doctor who becomes first point of contact for individuals seeking help. It is not that there is not a demand for detox, it is just the fact that there is no detox available and if there are children concerned there are no positions available for families under public health. If the individual is privileged enough to private health cover, these problems do not occur. ❖



Sherlock Holmes Took his bottle from the corner of the mantelpiece, and his hypodermic syringe from its neat morocco case. With his long, white, nervous fingers he adjusted the delicate needle, and rolled back his left shirt-cuff. For some little time his eyes rested thoughtfully upon the sinewy forearm and wrist, all dotted and scarred with innumerable puncture marks. Finally, he thrust the sharp point home, pressed down the tiny piston, and sank back into the velvet-lined arm-chair with a long sigh of satisfaction.

Three times a day for many months I had witnessed this performance,

but custom had not reconciled my mind to it. On the contrary, from day to day I had become more irritable at the sight, and my conscience swelled nightly within me at the thought that I had lacked the courage to protest. Again and again I had registered a vow that I should deliver my soul upon the subject; but there was that in the cool, nonchalant air of my companion which I had had of his many extraordinary qualities, all made me diffident and backward in crossing him.

Yet upon that afternoon, whether it was the Beaune which I had taken with my lunch, or the additional exasperation produced by the extreme deliberation of his manner, I suddenly felt that I could hold out no longer.

"Which is it today," I asked, "morphine or cocaine?"

He raised his eyes languidly from the old black-letter volume which he had opened.

"It is cocaine," he said, "a seven percent solution. Would you care to try it?"

"No, indeed," I answered, brusquely. "My constitution has not got over the Afghan campaign yet. I cannot afford to throw any extra strain upon it."

He smiled at my vehemence.. "Perhaps you are right, Watson," he said. "I suppose that its influence is physically a bad one. I find it, however, so transcendently stimulating and clarifying to the mind that its secondary action is a matter of small moment".

"Now consider!" I said, earnestly, "Count the cost! Your brain may, as you say, be roused and excited, but it is a pathological and morbid process, which involves increased tissue-change, and may at last leave a permanent weakness. You know, too, what a black reaction comes upon you. Surely the game is hardly worth the candle. Why should you, for a mere passing pleasure, risk the loss of those great powers with which you have been endowed? Remember that I speak not only as one comrade to another, but as a medical man to one for whose constitution he is to some extent answerable."

He did not seem offended. On the contrary, he put his finger-tips together and leans his elbows on the arms of his chair, like one who has a relish for conversation.

"My mind," he said, "rebels at stagnation. Give me problems, give me work, give me the most abstruse cryptogram, or the most intricate analysis, and I am in my own proper atmosphere. I can dispense then with artificial stimulants. But I abhor the dull routine of existence. I crave for mental exaltation. That is why I have chosen my own particular profession, or rather created it, for I am the only one in the world.

Sir Arthur Conan Doyle,
from *The Celebrated
Cases of Sherlock
Holmes.*

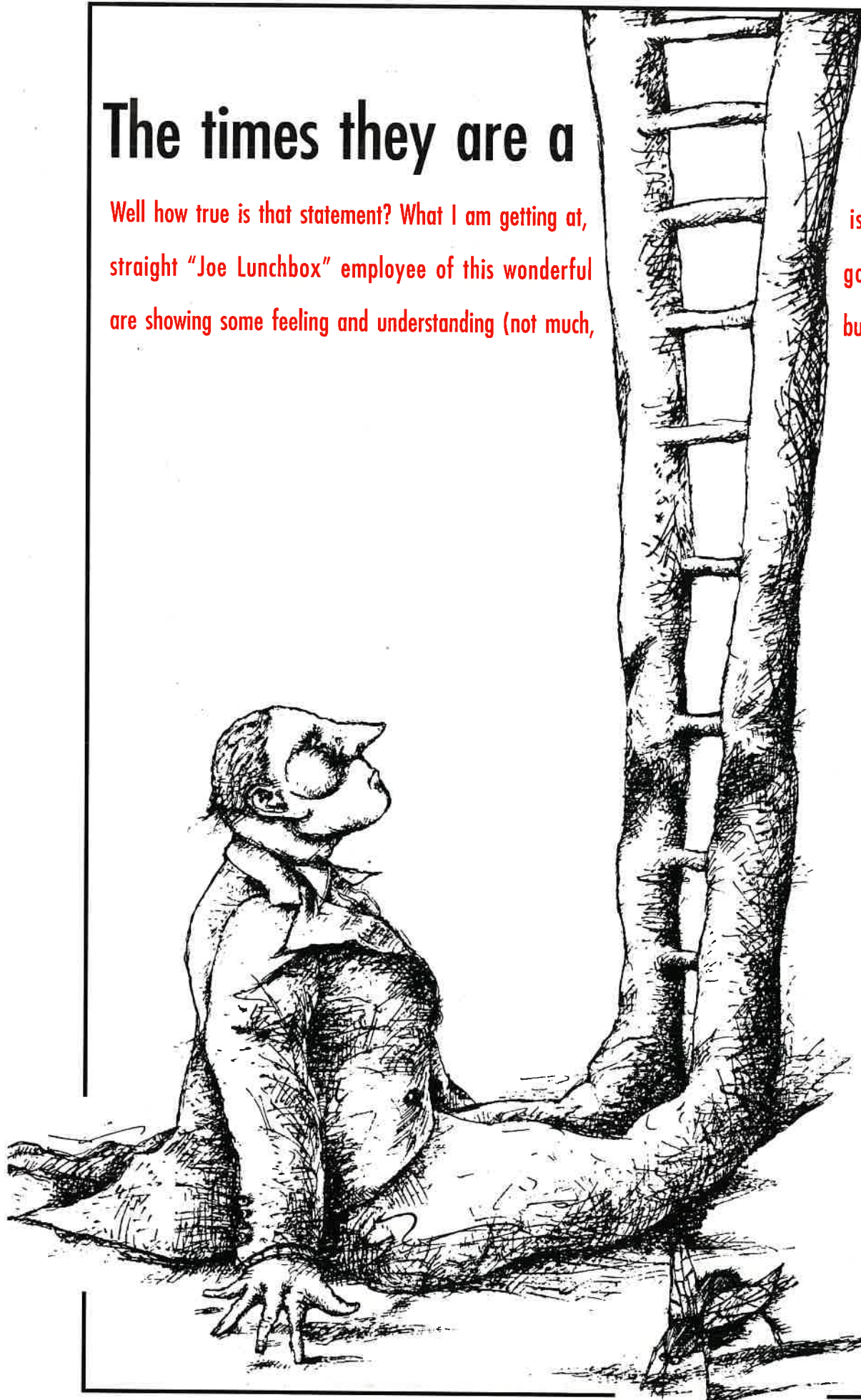
G R E A T J U N K I E S IN LITERATURE

The times they are a

Well how true is that statement? What I am getting at, straight "Joe Lunchbox" employee of this wonderful are showing some feeling and understanding (not much,

chargin'!

is the way that the government we have but more than the past).





Well it was my second time round for registering on the methadone program and becoming a "Done Clone" again. Remember we told ourselves "Phew glad that's over". I will never ever get myself into that position again.

Well it was either crawling in and out of peoples houses at night or sticking a gun up somebody's nose and trying to take their money, but I am totally against both. Firstly it takes too much effort to do B and E's, being as lazy as I am. Secondly I don't like guns and with my luck I would either end up shooting myself in the foot or some 17 year old pimply faced uni student trying to be a hero. Call it gutless, call it lazy, call it what you will but for me that's as good as it gets.

Another big factor in the B and E issue was that I have had unwanted guests 4 times in the last 5 years and the feelings were that of violation and I wouldn't like to be responsible for someone else feeling like that. Also, I'm allergic to penicillin and pain but also to incarceration.

Getting back to the DDCI*. The ritual was the same but now they insist on a blood test and chest x-ray. Well lo and behold, sorry but you can't get the results over the phone so I had to go in.

My defacto of the time was really supportive of me getting some form of control over my life. W' was so straight that she was bent, she had never even smoked pot so all of this was alien to her. So off we go pack the three kids (aged 18 months, four and ten) into the Fairlane and head for town. We didn't want to be seen among "those dirty junkies" (W's words) so she and the kids waited in the car. My counsellor whose name escapes me (worse luck) said 'well Daryl, all of your tests are back and everything is normal except by the way you are hep C positive. Yep that's right, Daryl we used to call it "non A non B" but now we have given it its own letter. The naming ritual was something she had more interest in rather than the information that she just gave me. Excuse me what-ever-your name is but what the fuck does this all mean to me and how long do I have to live? In her own silly way she went prattling on about how there is very little known at this stage so practice safe sex and don't share needles. I said well that's all right for you but I have to now go downstairs and explain this crap to a

very narrow minded straight person so what do I do? What do I do? W' was supportive, but she had had a gut full of all this I.D.U. stuff. I could visualise us all sitting there with me playing with the kids as I normally did and W' looking at me hoping that I don't give them this really bad disease I have got. I needed to know more than just "that's all we know at this stage" for lots of reasons. I mean God we used to share ice-creams, bath together and do all the things that a dad and his kids would do. All of this was about to change though. I feel as though I was dealt with really unfairly and in an absolutely uncaring way. God the anguish and just sheer turmoil that this piss weak post test consultation caused was unbelievable. Obviously W and I are no longer together, this wasn't the sole cause but boy it had a big hand in it.

About ten weeks after registering I went into H.A.D.S. and on the second day W' rang me about 4 pm and was in a total mess. A night out to Brentleighs that had been on for months had just become a problem. Apparently some of her so-called staunch girlfriends had rang and said that if she was going then they won't because with food around they were afraid of catching something. Fuck I was angry and she was confused, who does she believe? Me (with a history of dishonesty) or her friends, who were all professional people (with misinformed narrow minds)? I discharged myself. For the next month or so I went around and gathered as much information as I could, bear in mind that this was the late '80s and there wasn't a lot to learn. I learnt more in two hours there than what I did in three to four months on my own. I must commend Jeff** for the tireless effort that he puts into educating the IDU and the public. Well done Jeff. The only problems that I have these days is a mountain of information which gets updated daily at QuIVAA.

So don't rely on the Joe Lunch Boxes, just call into or ring QuIVAA. Remember the only information you will get is what you ask for and even then you will have to push. So don't hesitate as this is your life and your body. So demand the respect that you deserve. It's hard, but if I can do it so can you. ●

(DDCI - Drug Dependence Clinic1, Biala. Jeff** - Jeff Ward is the Coordinator of the Hep C Council of Qld.)*

What is to make you confused
lonely afraid.
Wanting, but not knowing
what you want.
Is there an answer to this,
some-one must know
life is changing for all,
nothing is the same
the new year, is a shame.
I want to turn back time,
I wish it never happened.
It did though, it did.
I am stuck in time
not going forward.
Everyday I want to scream.
A promise broken;
it is hard to forgive.
Nothing feels right
since new year's eve.
Have I the right to judge
to hold this on her
I felt, she was selfish,
only thinking of herself.
I want to get close,
I want us back
the way we were.
Can it happen?
I want her to make
love to me, but can't;
I'm afraid to let her close
for fear of what will happen.
Please forgive me Shellie!

Tracey S.



Around Christmas Quivaa set our storeroom up to accommodate screenprinting. So far we have produced a poster and some stickers, but are shifting into high gear down their now. We've put aside every Monday to be an art design and print day, anybody is welcome {encouraged even} to drop in and help out with what's going on. The first item will be a T-shirt with the needle exchange arrow logo on the front. B.Y.S. at Newfarm have a carousel which we can use, so thanks to them for making things a lot easier. Other T-shirt designs are on the drawing board as well as a set of postcards. If you want to come but are put off because you don't screenprint come and we will teach you. This is a good way to get in with all the other goings on at Quivaa. This year we've done a heap of market stalls at places like Big Day Out, Summer Sault, ZZZ's O'weekend and we always need help setting up and running these stalls. For a little work you get into these events for FREE. So if your finding yourself with nothing to do of a Monday drop in downstairs and we'll fill your time in and get a bit of creative energy flowing. Everyone and anybody can come along. Ask for me - **TERRY**

A friend of mine died recently. A good friend whom I've known for around ten years. Like a lot of users they had been living on the edge, not seeming to care which side of that edge they came up on. The last few times I spent with them, they were totally wasted, taking any and every thing that might help in blotting out the world. Blotting out, being my assumption, because that was the result every day. The saddest part is that if blot out was the reason, I don't know what was being blotted. Perhaps they'd just had enough. I think we've all been there. You know the world is fucked and there is no place in it for you, or you sure as hell want no more to be a part of it. I've seen a lot of people go down like that. I'm still pretty unsure as to why I'm still here. On more than one occasion I've tried to pull that plug that keeps us ticking and been totally fucked off, waking up in hospital with mother, family and friends hanging around. Certainly, if I had pulled it off the last thing I would have wanted is a single tear be wasted over my passing away. I knew where I was going, it was what I wanted, be happy for me that I had made it. Sure, now I'm glad, almost everyday, to be here, but it's a struggle. I'm also sure that another day I'll give up again, maybe not give up, just lose it, but no one better worry about it. Their seems quite a dilemma here, if someone had worried more about my old friend before they'd dropped, maybe they would still be around. It takes a lot to be happy, it doesn't really take much to be dead. You call the shots, make sure you know what you want or like my friend, you won't get a second chance.

anonymous

It was about two months ago, when I lost my best friend for good. It was not an argument or an accident that separated us, it was simply the decision between two best friends that went literally through thick and thin. I suppose, I could've considered her as my wife, we were so close. To admit that we were a bad influence on each other was anything but easy, it eventually just became inevitable. We realised something had to be done, or we would've ended up dead! It took us fully ten years to realise this.

Now the only thing that is left in me is a big hole. Incredible sadness over losing my best friend. She was my heroine, she was my wife, without ever having been married to her; she was simply everything to me, and by now the only thing I have left is the emptiness of isolated insanity. It feels like madness that no one is able to understand, because they never had a friend like my little heroin, my friend that descended from heaven or raised from hell and gave my life a purpose, showed me joy and pain, made me feel alive. And although we separated, the last thing I'd like is to forget the gift my little heroin left in my heart. I

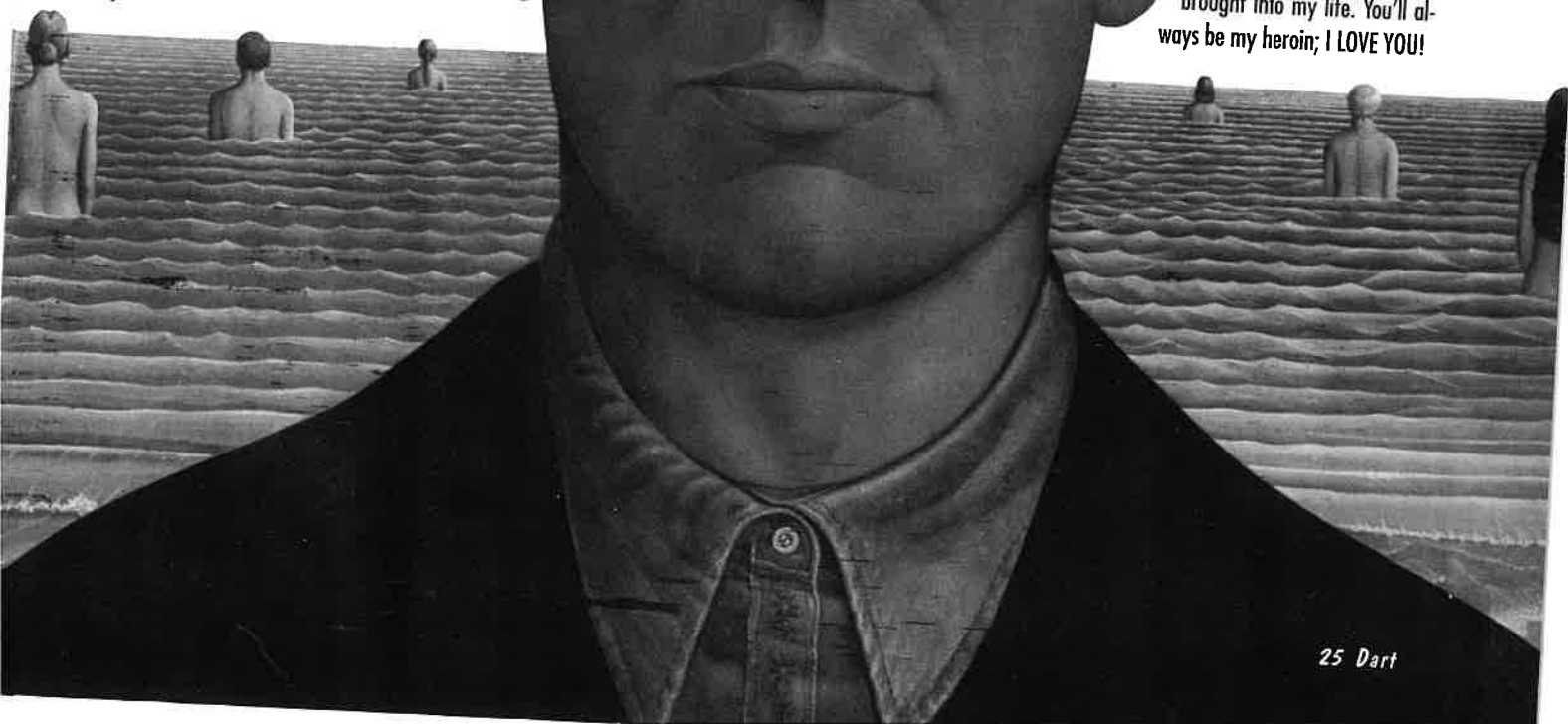
never,
never

want to forget her. She'll always be a part of my life, of my memory and my purpose (if there's one left at all). She simply can't die in my heart. My soul will be hers forever.

Loneliness suddenly isn't just a name anymore, it has become a form, a body, a person that arouses all my fantasies, but leaves me dry in the end. And it is only after dropping my best friend and heroin that I started to doubt, if I did the "right thing". But as much as she has been my friend and Idol, lover and heroin, she has been my downfall. And whenever I spent time with her, I was aware of also playing with death. But the emptiness of my soul now has left me wondering, if I'll ever find such a valuable friend again.

This is a letter to you my friend and heroin. Mother of my happiness, girl of my dreams and lover of hell and heaven for eternity; God of my feelings. I miss you, and I don't know, if I'll ever be able to enjoy life the same again without you. I just wanted to let you know, that no one has been here for me in the last ten years like you have, no one else has ever shown me what love was like you did, and there hasn't been anyone that listened to my problems without giving me the indifferent advice that everyone gives to each other.

You were my best and ultimately only friend I ever had. I'll never forget the passionate orgasms you shared with me. You'll always be the one for me and no one and I mean no one will ever take your place in my heart. You were my heart! But I also know, that I probably won't see, feel and be one with you ever again. Nothing will ever have this sweet and sour taste again. And never shall I forget the rush you brought into my life. You'll always be my heroin; I LOVE YOU!



OD

It all began as your normal Thursday evening. I had just put in a 6 hour shift at QuIVAA in the ex-

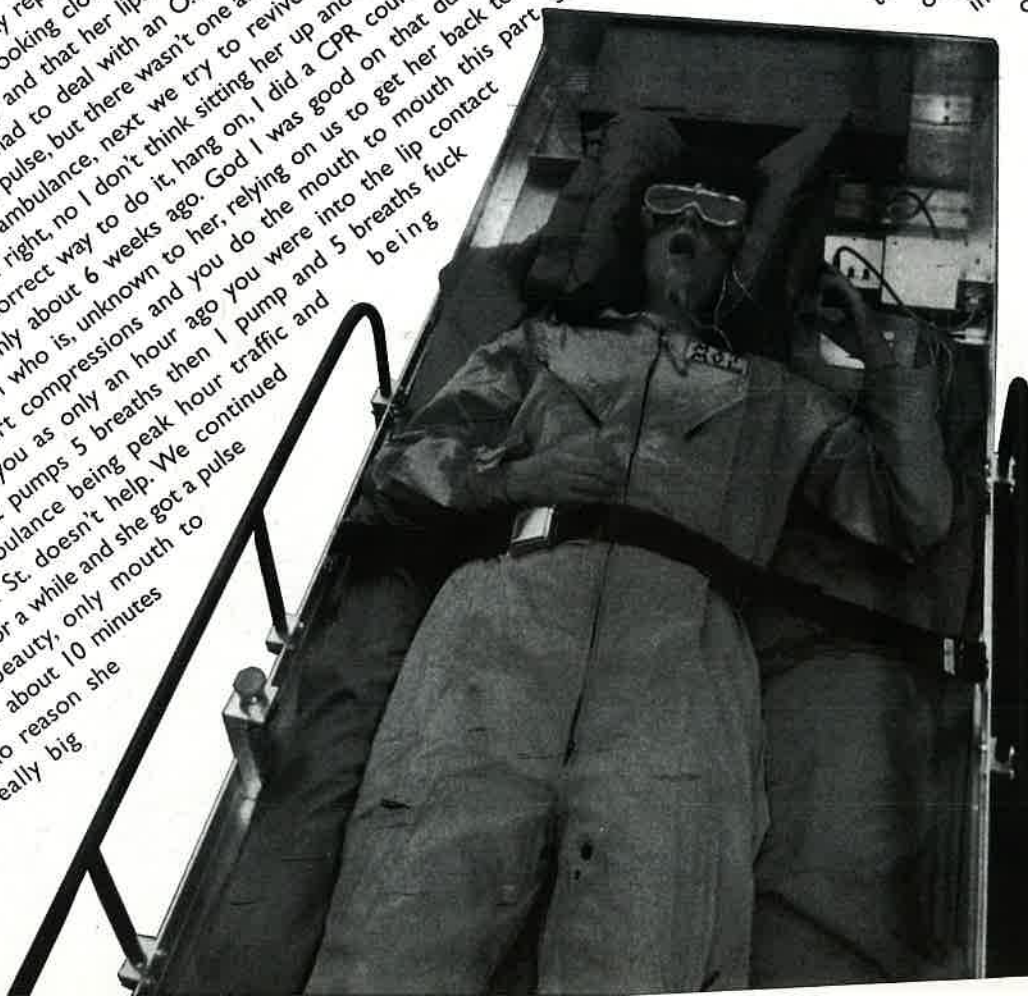
change, and living just up the road I had walked in the door at 5. 10 pm. After hassling the landlord for a light bulb I was returning to my room when the guy across from me called me over and ushered me into his room and on his bed was one very naked female. Having the devious mind that I do, I was mentally going through my reply of no thanks when I noticed the terrified look on his face and looking closer at the lady, I noticed that she was a deathly shade of grey and that her lips were blue. Here he was asking for my help, shit I hadn't had to deal with an O.D. for over ten years. So firstly stay calm, next, feel the pulse, but there wasn't one and also she wasn't breathing. Prioritise: first call an ambulance, next we try to revive her by asking for my help, should be all right, no I don't think sitting her up and splashing all that water in her face is the correct way to do it, hang on, I did a CPR course at QuIVAA in the peer education only about 6 weeks ago. God I was good on that dummy but this is a real dead person who is, unknown to her, relying on us to get her back to life again. O.K., I'll do the heart compressions and you do the mouth to mouth this part should be easier for you as only an hour ago you were into the lip contact way O.K. 2 pumps 5 breaths then I pump and 5 breaths fuck being is this ambulance being peak hour traffic and with this for a while and she got a pulse back so beauty, only mouth to mouth for about 10 minutes and for no reason she took a really big

breath and then nothing, no pulse either. So we got back into the CPR mode and next thing you know the ambulance arrives.

Yahoo! The ambulance guy says she looks bad and she may not make it, so they worked frantically and asked us to call for another ambulance and to tell the operator it's a code red 1. All it would have taken is a shot of Narcan (I may be wrong not being a doctor and all). Even the ambulance dude said how he wished he could use Narcan. (This should all change in the future as some are studying to be paramedics.) They finally stabilised her after another 20 minutes and then we had to carry her to the hospital. The first ambulance left and the second one stayed to get her details. I didn't know who she was, but looking at my watch, I worked it out that before the first ambulance arrived we worked on her for 40 minutes. Then came the reality of the situation, the ambulance guy said if we hadn't persisted with her then she would have died and she wasn't safe yet she was still in a critical condition. Fuck I just saved someone's life. This I can say goes back QuIVAA it was all still fresh in my drug abused brain and this lady can thank the fact that I had just done the Peer Education course at QuIVAA. All I can say is get off your bum and do the Peer Education Course, it really does come in handy. Something the ambulance guy said stuck in my mind that this was the fourth O.D. they have attended in 18 hours. That was only one crew so how many were in the same situation all over Brisbane. So beware of the brown rock that is getting around, it is stronger than what you are used to.

So a little bit at a time, you can always have a bit more but you can't take a little bit back. The thing is that with this gear it keeps on coming on and when / if you drop it usually happens a couple of hours later.

Be careful!



Always further in ➔ I guess in a way it happened unnoticed. There was just

every stage after that, like the first ecstasy, the little bit of speed was such a gradual

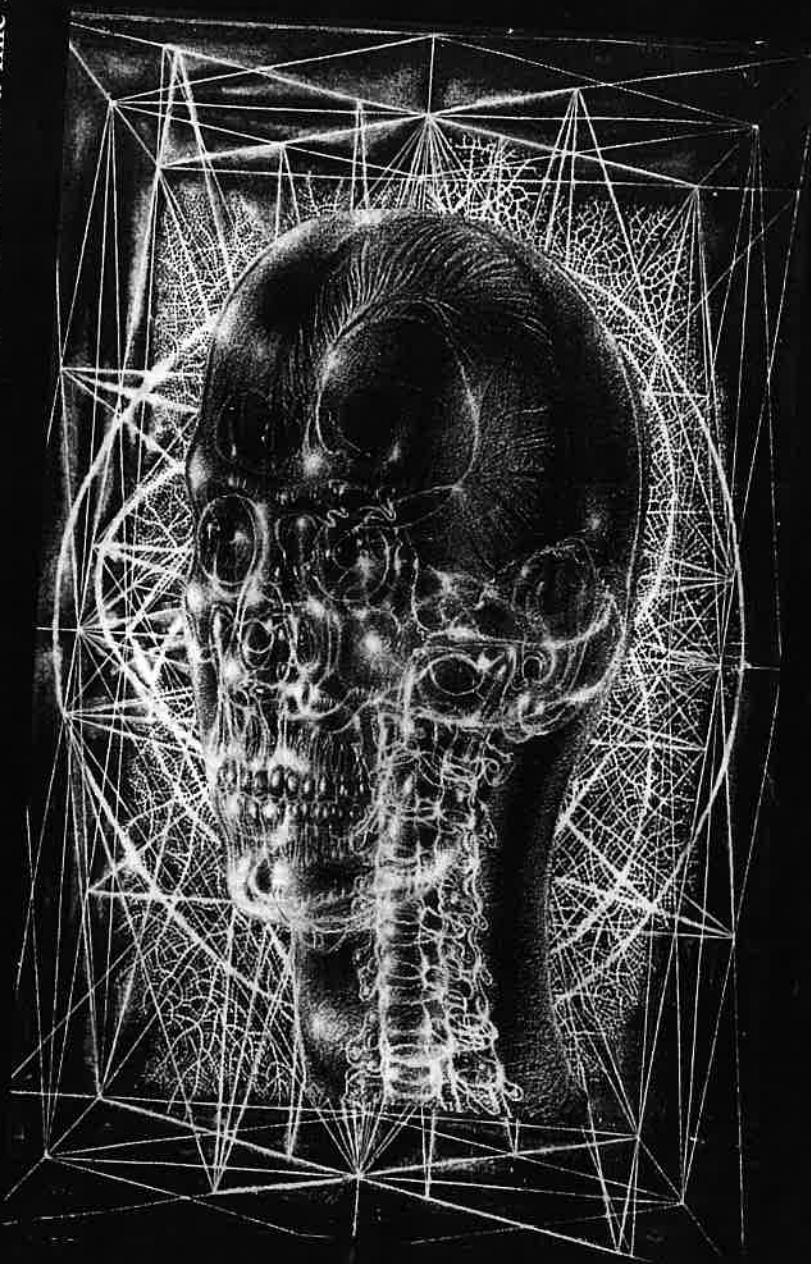
I always want to be in control, she'd say - a victim of media-hype. And

looking for something new. Opium maybe, and Peyote for some-

between exploration and excess, and although I haven't

crossed it yet, I think it's far too easy to walk blind.

➔ Megan



back at the person I was and ask her, is this going too far? Is

a fish to water really. ¶ Now I consider it a kind of quest. With the

the time before. Going just that little bit more didn't seem so bad. ¶ I look

it's just weird. ¶ Mid 1993 I started smoking cones, and dropped my first of many

tabs of acid. It was all very innocent, really. Three giggling schoolgirls on their first year of uni; big adventure. Then

back to that sixteen year old girl that I used to know. I giggle at her protestations that she'd never smoked pot.

coke and smack behind me (and I must admit it left me wondering what the fuss was all about), I'm

this really where I want to be? I think for now, I've done alright, but there's a fine line

where she was actually confronted by a grinning friend holding a bong out to her, well, she went for it like

thing a little bit more cultural. ¶ But I feel that I need some perspective in all this. I have to look

where she was actually confronted by a grinning friend holding a bong out to her, well, she went for it like

step spread over such a long time that I didn't really notice that every time it was just that little bit further in than

a gradual slide that I didn't see coming. I don't think I'm unhappy about where I landed, nor am I particularly bad off, I guess

every stage after that, like the first ecstasy, the little bit of speed was such a gradual

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Horoscope

Capricorn

It is fighting your feelings that causes your suffering. Not your feelings.

Carry some extra condoms. The moon in your sign is making you very horny.

Aquarius

Sometimes it helps to know that you just can't do it all. One step at a time is all that's possible; even when those steps are taken on the run.

Warning you could be booked for speeding but it won't be in your car.

Pisces

To dream of the person you would like to be is a waste of the person you are.

It isn't a good time for that piercing. You will meet someone with a nipple fetish.

Aries

Try to remember that while all things change, everything stays the same.

try to be more creative with your drugs, it's starting to become a habit.

Taurus

Giving out of guilt is like sharing an apple full of worms. You have to care of yourself before you can clearly and cleanly give to others.

It's an ill wind that blows your dope away.

Gemini

Doing the holiday season sanely is part of your healing process. You have that opportunity this season.

Gemini ladies don't accept that excuse, "I got more because I'm bigger".

Sagittarius

Even if you have never done it, the knowledge of how to live your life fully, lies deep within you.

Don't put off tomorrow what you can take today!

Scorpio

What was good for you at one stage of your life may be lethal now. You need to take stock and see where you are with your life.

Your long wait will be rewarded! Your dealer will be very generous.

Libra

Although you have become inured to self-abuse, don't believe that it is right for you. Try to open yourself to what is right for you.

Your love life will pick up after you come down.

Virgo

Life is under no obligation to give you what you expect!

If you notice someone in the house across the road peering at you through binoculars chances are you are being watched.

Leo

If your life resembles a garbage dump, it is up to you to sort it through, turn over the soil and make use of all the fertiliser.

That tall dark and handsome stranger is really an under-cover cop.

Cancer

Your tiredness is yours, you have earned it!

You will drop a cigarette on something special whilst on the nod, but won't really mind as it was such a nice taste.

Forget playschool I'm off to...

Picture this, its Tuesday morning, you've done the breakfast battle, shuffled the oldest child, off to school and are bathing in the sunshine with your two year old wondering "what can I do today".

*Well, we have the perfect solution for you!!!!!!
Noddy's Playgroup*

Do you remember the last time you attended the Catholic Women's playgroup, you noticed the other mothers were a little wary of your artwork, displayed proudly on your biceps and over those old track marks, let alone the ring in your nose or the fact that your hair is purple and your pupils are pinned or that you just didn't fit in.

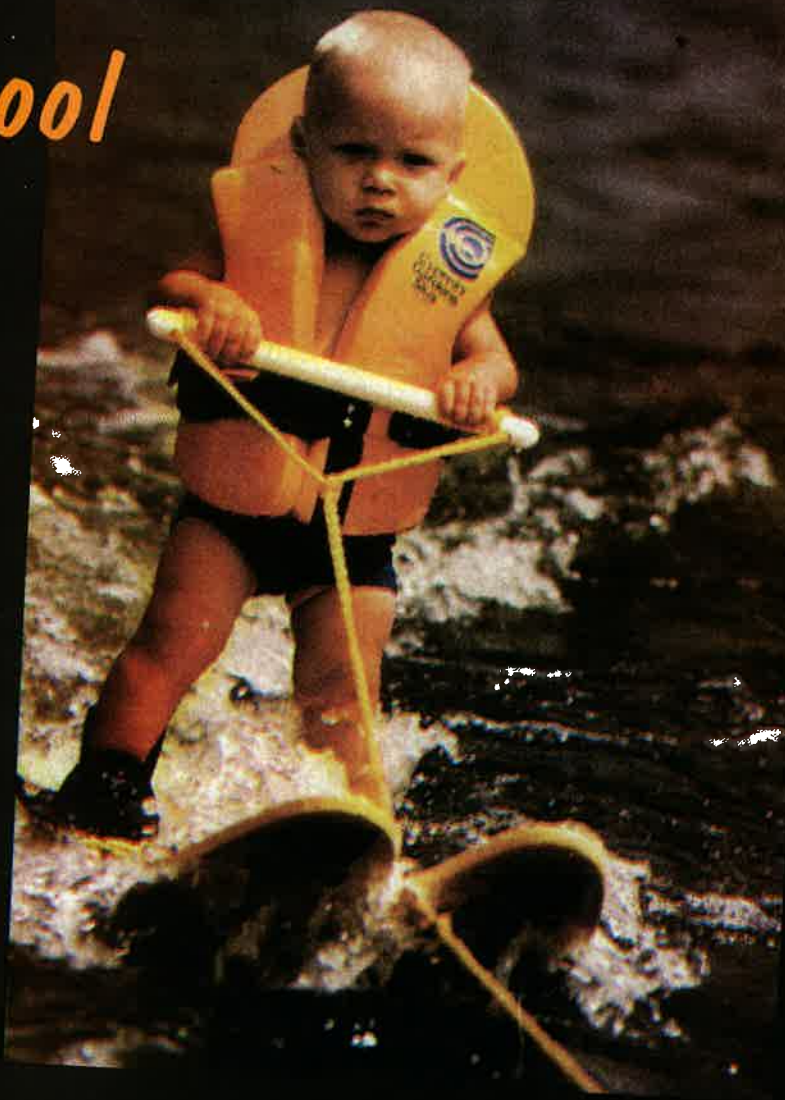
"NEVER AGAIN", you say, as you clean the cat, relive the lounge and wonder if you are really are on a relaxing dose of methadone/self medication. There is now a playgroup where misfits, fit, and kids get to play, have fun while you put your feet up with a coffee and chat with other women sharing all those little survival skills.

Not only can you talk to each other but you can talk to a community nurse or QuIVAA worker, who will be on staff each week. We also acknowledge that often women have concerns, worries that they cannot take to their local community nurse/doctor, therefore, we will provide a community nurse, who will be there for all those questions you always wanted to ask but couldn't.

Noddy's is for Noddy Mums, actually it is for any women with preschool children who do not have the opportunity or are not comfortable with going to traditional playgroups. This group has been put together by a few mums who never got to go to playgroup.

The focus of the group will be the kids, everything they could possibly want in the way of toys, games, crafts, arts etc. will be supplied by QuIVAA. There will be coffee, tea and bikkies for the mums and lunch, fruit and drinks will be provided for all the kids.

By attending you can become part of this group and steer the direction it will take, this



could be anything from outings, to guest speakers, videos, anything the groups little heart desire.

This group is here for women to shape and formulate, to meet theirs and their children's needs, each week for half a day.

Return sanity to your life, come along and plan yours and your children's playgroup in a free and completely confidential space.

The first playgroup will be held at Bedford Playground, Cnr Brook and Love St, Fortitude Valley (the playground with the big steam train in the yard) at 10am until 1.30pm on Thursday 1 August, 1996

If transport is a problem give Josy or Tracy a ring on 3252 5390 and we can come a pick you up in our mini bus.

Yours in chaos

Noddy's Mums

Noddy's ...Playgroup

A unique health service for drug users in Queensland will be opened on the 25th of July at the Brisbane Sexual Health Clinic, 284 Adelaide Street.

Drug users, and especially injectors often find it difficult to get good medical advice, as many health workers and doctors have discriminatory attitudes towards drug users, and users often find they are treated like a pariah if they disclose their drug use. Concerns about how confidential the information is also a big factor, especially as drug use is illegal.

This can lead to lots of difficulties, e.g. a speed user who has missed their vein may notice a lump and some pain, but won't seek treatment until it becomes an abscess. People with Hepatitis C also need to be able to talk straight with their doctor about their drug use, as this can affect the liver function tests and their general health.

The injector health service will provide a space where users can talk to doctors and QuIVAA workers about these issues without having to worry about getting a lecture, a dirty look or dodgy advice. The service is also 100% confidential.

The Injector Health Service will offer

- Free Hepatitis B Vaccination
- Testing and Treatment for Sexually Transmitted Infections
- Hepatitis B/C testing, monitoring and counselling
- Vein Care
- Safer Drug Use Information
- Safe Injection Technique
- Drug use specific dietary advice
- Sexuality Counselling
- Family Planning Counselling
- Pregnancy Testing
- Referral to other services or treatments if requested



Injector Health Service

Thursdays:

at Brisbane Sexual Health Clinic
9am - 5pm
484 Adelaide Street
Brisbane
For appointment telephone:
(07) 3227 7091 (not essential)

Friday nights:

at The Alfred Street Clinic
6pm - 9pm
Alfred Street
Fortitude Valley
For appointment telephone:
(07) 3227 7091 (not essential)

The Official Launch for the clinics was held on Thursday 25th July 1996 at the Brisbane Sexual Health Clinic.

Contact: Alex Wightman, Education and Policy Officer.

