

Not For General Distribution

Thanks to Terry and Selene who are co-editors of Dart. Thanks to Shane Vincent for his excellent piece of artwork on our cover (thank you to Terumo who supplied the bromide to help create the cover) and his amazing creative centre poster. Fiona for proof reading and BYS's Damien for the loan of his scanner. To all the staff for their contributions to Dart and for continuing their good work. Thanks to all the volunteers and everyone else who has helped in one way or another.

Editorial

Hi all readers. The best news of these few months is that we are being funded for the heroin Home Detox (Wastelands) Project for 6 months. This will mean there will be two new faces at QuIVAA to oversee this project.

Welcome to Joanne and Daniel, who are the Hepatitis C Video Project Officers. Joanne is running workshops on Friday mornings to get the video up and running. If you're interested in being a star or just a behind the scenes flunky, call QuIVAA and leave your details with Corey.

If you haven't been into QuIVAA lately, come in and check out the newly decked-out Drop-in-centre.

Dart needs your contributions (whether it be articles or drawings or new ideas) to keep it alive. So please send in all your creations or drop in and use our space to be creative in. Also if you have any questions for our QuIVAA Question Page, please feel free to write in. If you wish to discuss your ideas with anyone please contact Selene at QuIVAA on Monday and Thursdays.

Remember that long article on Hepatitis C which graced the centre pages of our last issue? The picture is of a liver as doctors saw it in the 19th Century. This shows how far they have come with liver diseases.

This issue has a centre piece of art for you to hang on your wall and a crossword for filling in those sleepless hours. We at QuIVAA hope you enjoy these two new novelties and the rest of the reading. Play safe. Lust for life. See you next issue.

Front cover artwork by Shane Vincent.

Editors: Terry and Selene. Publisher: QuIVAA.

Publication design and layout by Selene Finucane

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The opinions expressed in this magazine are those of the contributors and do not necessarily reflect the views of either the editors or publishers.

Hi

It's excellent to see more Murri's calling into the drop-in-centre since the last edition.

We have put a flyer out regarding outreach work. That has been changed as the information is incorrect. We are doing outreach at Redcliffe every Thursday, but we are still renegotiating with West Morton and Woodridge areas for the near future.

LOOK LOOK LOOK

Aboriginal & Islander IDU Video Project

LOOK LOOK

We are looking for Aboriginal/Torres Strait Islanders who are interested in learning about video techniques, filming, acting, editing and sound engineering. There is no cost so come along and get involved

because here is your opportunity to keep our culture "strong and alive".

We will be developing a community IDU video (Hep C and HIV/AIDS).

If you'd like to find out more information on both our outreach and the IDU video project please contact

(ATSI workers) James or Dodie

at QulVAA on (07) 3252-5390 or 0411-087-031

Re-infection, Co-infection & Hepatitis C

What is re-infection?

Re-infection is when a person who has *already tested positive for hepatitis C* is infected a second time with the same virus - in other words *re-infected with hepatitis C*. This may mean you are infected either by a different 'species' or *genotype* of the hepatitis C virus or the same type you already have. If you place yourself at risk for continued infection, you may be re-infected more than once. Although the scientific 'picture' of the natural history of hepatitis C is still unfolding, we can clearly identify that being re-infected with hepatitis C may result in faster progression to liver disease and reduce the capacity of the immune system to respond to these multiple infections. *In other words, if you have hepatitis C it is best to avoid re-infection to maintain optimal liver functioning and reduced immunity. For injecting drug users with hepatitis C, this is crucial.*

Hepatitis C has six main genotypes (1-6) and numerous sub-

types (e.g. 1a 1b 2c 6a etc.) The complexity of this virus begins here - even two people with the same *genotype* of hepatitis C can have different *quasi-species* of the virus. A *quasi-species* is a form of virus that has mutated inside a person. Another person can then be infected by the same genotype more than once. *Again, this makes prevention of infection or re-infection very important.*

What happens if you get re-infected with hepatitis C?

The more times you are infected with hepatitis C a number of possible things could happen:

1. When you are first infected or re-infected, this is called an acute phase during which the virus multiplies rapidly and may cause initial damage to liver cells. Most individuals do not experience any form of 'classic' acute hepatitis symptoms in this early stage of infection with hepatitis C. After this, the virus settles back into a slower routine (which is why liver complications with hepatitis C may take so long to appear as symptoms and why we say hepatitis C is usually 'silent'). Repeatedly re-infecting is inflicting this acute infection on your liver again and again and is rapidly accelerating the amount of cellular damage.

2. You have a higher chance of getting a more aggressive virus. The virus you were originally infected with may have been a bit weak or defective, but

other genotypes or quasi-species could be more aggressive and thus more damaging to liver cells. This may result in increasing chances of liver disease and cirrhosis (scarring of liver cells).

3. Re-infection with lots of different types may make it harder for any treatments to work on you, because more variations in the virus improves its chances of surviving treatment.

4. You tire out your immune system by constantly throwing new infections at it and this can make you generally unwell and increase the risk of liver cell damage and development of liver disease.

How do I avoid re-infection?

Injecting drug users with hepatitis C need to take the same precautions as those who do not have hepatitis C. Assume that everyone, including your lover, could have a type of the hepatitis C that makes you more unwell, or could be made sicker by the type of hepatitis C you already have. Use new syringes, water, swabs, filters and do not share any device including tourniquets or spoons. Wash hands thoroughly before and after injecting. Remember microscopic amounts of blood may be invisible to the eye and hepatitis C is highly infectious in terms of blood. Never share razors or skin-puncturing devices as they may carry blood.

Sexual transmission is rare but may at least theoretically occur if blood is present during sex. It is advisable to take precautions when women are menstruating or if any form of skin lesion or breakage is present (these may be exacerbated by other STDs like herpes).

Safer Injecting

Avoiding hepatitis C infection/re-infection

Around 80% of all hepatitis C

infections in Australia are as a result of contamination of injecting drug use equipment or blood transfers during drug use. Some studies have suggested that after a year of injecting, you have a 40% chance of being infected with hepatitis C, and after another few years it is closer to 80-90%. So many injectors now have hepatitis C that many people wrongly assume all injectors are infected. It is possible to avoid transmitting or catching hepatitis C when injecting, but it means the way injecting occurs has to change.

The key to avoiding hepatitis C infection/re-infection is about avoiding other people's blood. This includes microscopic amounts of blood that may be found on unwashed hands, in used water ampoules or the blood stained surfaces where drugs are prepared for injection. It is also not just about using a new fit every hit, but it is also about using new equipment (water, filters, swabs), washing hands before and after injecting and avoiding sharing contaminated spoons or tourniquets.

Avoiding Hepatitis C when injecting

- **Wash your hands**
- **Have a new fit, spoon, water, filter, swab and tourniquet ready. It is best not to share any of this equipment so ideally each user should have her/his own 'kit'**
- **Clean the spoon with a swab. Also clean the fingers that you use to tear off the filter with a swab**
- **Inject yourself, or make the person who is injecting you was their hands thoroughly with soap and water beforehand.**
- **If you get any blood on your fingers/hand, wash them immediately before you touch anything. (Don't handle any equipment before you wash your hands)**
- **If you do touch something (like the disposal bin) before you have washed you hands, then no one should touch it and then inject themselves or someone else. Wash hands after touching any surface or item that someone has touched with (possibly) contaminated blood.**

- **Again, wash your hands thoroughly with soap and water.**

What is co-infection ?

Co-infection is when you are infected by more than one type of virus. With hepatitis C, such co-infections include HIV and other hepatitis viruses A and B. Most of these infections can lead to serious consequences or illnesses and may make hepatitis C much more severe, make you more infectious (due to increase in viral load) or treatment difficult.

With HIV ?

The suppression of the immune system by HIV can result in a higher viral load (amount of the virus present in blood) of hepatitis C. This has been reported in some studies suggesting a greater risk of transmission hepatitis C due to 'infectiousness'. Some HIV treatments may (at least temporarily) cause adverse liver functioning or be toxic to the liver. This area is as yet not fully understood and professional advice on treatments should be sought from a HIV specialist physician. Again, may co-factors are specific to the individual - have long they have been infected for, state of liver functioning, immune-response etc.

How do I avoid HIV ?

Transmitted by the transfer of infected blood, semen, vaginal fluids or breastmilk from one person to another.

Enjoy Safe Sex

Although hepatitis C transmission is rare sexually, any sex that may involve the transfer of blood is a risk for infection or re-infection. Condoms, dams, gloves, lube are still on the

highly recommended list.

With Hepatitis B ?

Liver damage is increased and the risk of developing liver cancer is much higher. The risk of transmission to someone else is also increased during period of infectiousness.

How do I avoid Hepatitis B ?

Hepatitis B is transmitted in the same way as HIV. The best way to avoid hepatitis B is to have a VACCINATION. This is a course of three shots over six months and is available from community-based clinics, like the Injector Health Service that QUIVAA provides. Again, enjoy safe sex and safer injecting practices should be adhered to.

With Hepatitis A ?

Hepatitis A is spread through oral contact with contaminated faeces (shit). This can happen either via contaminated food and water or during sexual contact with an infectious partner. VACCINATION is the best defence against hepatitis A, and even more relevant for those with hepatitis C to avoid any further liver cell damage.

***Written by
Alex Wightman
& Jeff Ward***



Calling All Users

QuIVAA has recently been receiving more than its fair share of complaints about needles and syringes being left on the streets and used equipment being carried by people, not in a safe disposal bin.

This practice is illegal and the Police can charge you for doing this.

Staff at QuIVAA encourage everyone to always dispose of used equipment safely and do not discard used equipment on the street or anywhere it may come to harm or offend others.

Unsafe disposal of needles and syringes is illegal. The Drugs Misuse Act and the Health Act require that needles and syringes be disposed of in a rigid-walled, puncture-resistant, sealed container.

QuIVAA is also investigating the installation of after hours disposal points in the near future.



For further information or discussion on this matter please contact Terry at QuIVAA on (07) 3252-5390.

Legal Status Of The Supply, Possession & Disposal Of Needles & Syringes

Amendments to the Drugs Misuse Act were proclaimed on May 6 1989. These amendments were introduced as part of a strategy to prevent the spread of the AIDS virus (HIV) through the sharing of contaminated needles and syringes. The following points are now relevant:

1. Needles and syringes may be supplied, without restriction, to any person for any lawful purpose.
2. Needles and syringes may also be supplied to any person by medical practitioners, pharmacists and persons approved by the Minister for Health for the purposes of illegal drug use.
3. Possession of needles and syringes is no longer an offence for any person.
4. Persons may be authorized by the Minister for Health to legally accept and dispose of the trace amounts of illegal drugs that may be contained in used needles and syringes (by disposing of the needle and syringe in the prescribed fashion).
5. Unsafe disposal of needles and syringes is illegal. The Drugs Misuse Act and the Health Act require that needles and syringes be disposed of in a rigid-walled, puncture-resistant, sealed container.
6. Possession of illegal drugs remains unlawful.

For further information phone QuIVAA on (07) 3252-5390 or the Alcohol & Drug Dependence Services (07) 3236-2400 or 1800-177-833.





THOMAS DEQUINCEY WAS BORN IN 1785. HIS FAMILY WAS LARGE AND AT THE AGE OF TWENTY HE FIRST TOOK (TINCTURE) FOR RHEUMATIC PAINS AND TOOTHACHE. THIS WAS AROUND 1805, HE PURCHASED THE TINCTURE FROM A DRUG STORE IN OXFORD STREET, LONDON, FOR AT THIS TIME IN HISTORY THERE WAS NO CONTROLS ON THE SALE OR IMPORTATION OF OPIUM. FOR HIM IT WAS LOVE AT FIRST TASTE, NOT IN THE MODERN SENSE OF THE WORD, FOR LAUDANUM WAS AN ORAL ANODYNE. ANODYNE, BEING ANY DRUG FROM THE MOST MINOR, SAY ASPIRIN (WHICH WAS NOT YET SCIENTIFICALLY AVAILABLE) UP TO MORPHINE DILORDIN WHICH HAS THE EFFECT OF EASING PAINS.

MANCHESTER, ENGLAND IN COMFORTABLY MIDDLE CLASS. LAUDANUM (O.T. OR OPIUM

I THINK THAT IF THE SAME CHOICE WAS AVAILABLE TODAY MOST PEOPLE WOULD CHOOSE LAUDANUM JUST BY THE WORD - MASTER DEQUINCEY'S WRITTEN EXPERIENCE OF LAUDANUM USE, WITH AN EVENTUAL DECLINE INTO ADDICTION.

HIS WORDS WROTE ABOUT THAT FIRST DRAUGHT OF LAUDANUM "IN AN HOUR, O HEAVENS! WHAT A REVOLUTION! WHAT A RESURRECTION, FROM ITS LOWEST DEPTHS, OF THIS INNER SPIRIT! THAT MY PAINS HAD VANISHED WAS NOW A TRIFLE IN MY EYES, THIS NEGATIVE EFFECT WAS SWALLOWED UP IN THE IMMENSITY OF THOSE POSITIVE EFFECTS WHICH HAD OPENED BEFORE ME, IN THE ABYSS OF DIVINE ENJOYMENT THUS SUDDENLY REVEALED".

PERHAPS HERE IS THE TIME TO MENTION THAT ALTHOUGH MR DEQUINCEY'S MOST FAMOUS WORKS USE OPIUM AS THE MAIN CHARACTER HE SAYS THAT IN HIS EARLIER WORKS HE DID NOT USE OPIUM AS INSPIRATION FOR HIS WORK. INSTEAD HE USED IT IN MODERATION, ONLY ONCE IN THREE WEEKS OR SO. HE WOULD DRINK A GLASS OF LAUDANUM TO ENHANCE HIS APPRECIATION OF HIS BRIEF PERIODS OF REST FROM STUDY.

THE LITERARY WORKS HE IS MOST REMEMBERED FOR ARE "CONFESSIONS OF AN ENGLISH OPIUM EATER" WHICH CONTAINS A GREAT DEAL THAT HAS NOTHING TO DO WITH THE DRUG, AND SOME ESSAYS ON THE PLEASURES AND PAINS OF ADDICTION OF OPIUM.

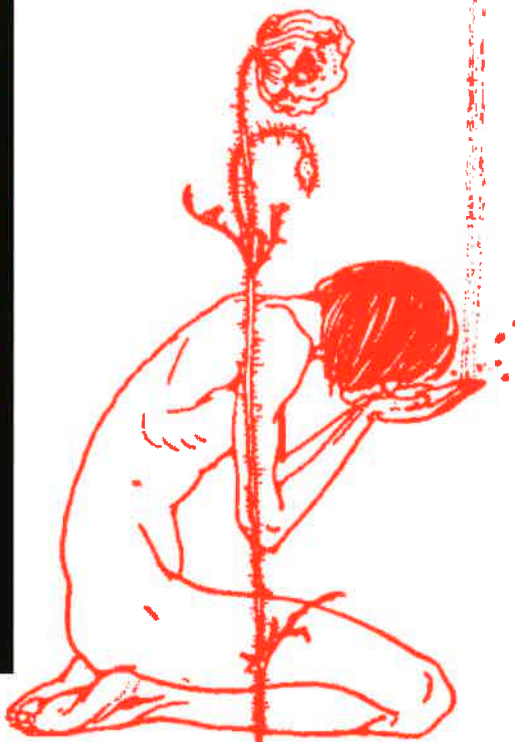
FROM AROUND 1812 ONWARDS HIS DEPENDENCE ON LAUDANUM GREW UNTIL HE WAS USING IT EVERY DAY AND INCREASING THE QUANTITIES USED, UNTIL IN A DREAM WHICH HE WROTE ABOUT AFTERWARDS "...WITH A SIGH SUCH AS THE CAVES OF HELL SIGHED WHEN THE INCESTUOUS MOTHER UTTERED THE ABHORRED NAME OF DEATH, THE SOUND WAS REVERBERATED - EVERLASTING FAREWELLS! AND AGAIN, AND YET AGAIN REVERBERATED EVERLASTING FAREWELLS!" AND AWOKE IN STRUGGLES AND CRIED ALOUD "I WILL SLEEP NO MORE".

FROM THAT TIME BEGAN THE SLOW AGONIZINGLY PAINFUL STRUGGLE TO BE FREE - WITH DREAMS NONE THE LESS CONTINUING.

By Terry

Part 5

GREAT JUNKIES IN LITERATURE ~ Thomas DeQuincey



DOLOXENE ~ A PERSONAL PERSPECTIVE

~ Facts & Feelings ~

Doloxene/Dollies

This issue warrants addressing, due to the snowballing amount of Doloxene related deaths and OD's. The following information has been prompted by multiple deaths in my immediate IDU peer group.

Both Australia and USA are experiencing this phenomenon, partly due to the lack of information within the IDU community.

The active chemical in Doloxene is a synthetic called Dextropropoxyphene, (abbreviated to DXP). This drug is also available in conjunction with aspirin and or paracetamol under the brand names Doloxene. Co, Digesic, Capadex. These are only useful for pain, when taken as directed. Paracetamol damages the liver and aspirin can cause stomach lining damage. People with renal or hepatic disorders should NOT take ANY amount, unless otherwise advised by a physician.

Dollies are mainly used by two different groups

The first group is the Methadone dependent people wishing to increase Methadone effects, or replace a dose gone astray. The second type of DXP user is the street heroin junkie, taking the drug for kicks, or kicking a habit 'warm turkey'.

This precipitates a potentially life threatening situation where 'done patients may consume up to 25 caps of dollies in one dose. They can tolerate this, ONLY because of their relatively high tolerance, a result of the cross tolerance between the two, ie. heroin and Methadone. As DXP is chemically related to Methadone, the heroin addict then assumes this is an acceptable dosage. Unaware of

their lower tolerance, a life threatening situation can occur.

- **Doloxene is only** to be taken as directed by a Physician.

The Facts

Doloxene is an odourless, white crystal, with a bitter taste. It is only slightly soluble in water making it impossible to inject, hence oral administration only. The chemical name is -1- Benzyl -3- Dimethylamino - 2 Menthyl -1- Phenyl-Propionate, Napthalien - 2 Sulphate Mon-Hydrate, +65mg of Hydro-Chloride salt = 100mg of DXP Napsylate.

Doloxene is a mild analgesic, structurally related to Methadone, and the properties are similar to narcotics as a group. The peak effect of dollies is not reached for up to two and a half hours after administration. This can lead to accidental OD's as more dollies are taken before the first dose has taken effect. Doloxene is metabolised in the liver, and has a half life of six to eight hours. Repeated doses of DXP within six to eight hour intervals will lead to increasing 'Plasma levels'.

DXP Don'ts

Doloxene should not be used by patients with renal or hepatic disease. Dollies shouldn't be used by pregnant women or concussed individuals. Adverse reactions involve sedation, dizziness, nausea and vomiting. These reactions may be alleviated if you lie down. Other adverse reactions include, abdominal pain, skin rashes, light headiness weakness, headaches, euphoria or disphora hallucinations and visual disturbance.

Dosage

Doses exceeding 800mgs in 24

hours, have led to toxic psychosis and convulsions. OD symptoms are similar to any narcotic OD. The patients are usually sleepy and sluggish. They may be stupefied leading to convulsions and coma. Twelve dollies (1200 mgs) can cause convulsions. The pupils though originally pinpointed may dilate as there is less oxygen in the blood. Heart performance deteriorates, which ultimately leads to pulmonary oedema (fluid retention in the lungs), and circulatory collapse. The first visual signs of OD's are blue finger nails and lips.

An emetic (nausea inducing agent) e.g. syrup of ipecac, glass of strong saline solution, (very salty water) should be used immediately to empty contents of the stomach.

CPR and/or mouth to mouth should be administered if an OD occurs. Narcan if available should be administered, 2 to 4 mgs IV if possible. This should be repeated as necessary. In addition an anticonvulsant may be necessary.

Doloxene is relatively easy to procure from a G.P. as they are still a schedule 4 drug. However, as they are an S8 in Tasmania, and the health departments attitudes lean towards re-scheduling in QLD, it will directly reflect the availability here. They are not on QLD's N.H.S. and doctors are generally black and white about prescribing on request.

Another aspect of Doloxene abuse is the cocktail of benzos and dollies. This combination is extremely dangerous, increasing the affects of dollies and benzos as well as increasing adverse side affects, potentially an OD situation.

Feelings

If a person wishes to obtain/procure a Doloxene prescription, they will obtain one, be it from the first or last doctor they see.

PRESCRIPTION ONLY MEDICINE
KEEP OUT OF REACH OF CHILDREN



50 PULVULES

No.365

DOLOXENE

DEXTROPROPOXYPHENE
NAPSYLATE B.P. CAPSULES

each capsule contains

100 mg

DEXTROPROPOXYPHENE NAPSYLATE

EQUIVALENT TO
60 mg DEXTROPROPOXYPHENE

AUST. R 14630

DOLOXENE ~ A PERSONAL PERSPECTIVE

~ Facts & Feelings ~

Marlene was married with two beautiful boys. Due to marital, legal and some of life's pressing problems she found dolbies to be a relatively cheap stone, or a way to get out of it. I was walking through the City Mall one day, when their youngest son clutched at me, crying. "What's wrong with Mummy and Daddy?" On approaching the ambulance, I saw both parents were suffering Doloxene induced convulsions. It was only luck that I was there to take the kids home. Despite the shameful melee, they continued to abuse dolbies in conjunction with Valium.

Marlene finally succumbed to an end her kids will never understand.

In the USA, with heroin becoming more readily available at reduced prices, addicts are seeking treatment that is extremely expensive. Doloxene, "Darvon" the USA generic name is being used extensively on the black market as a drug of abuse and in some cases in the treatment of opioid addiction. The problems are not that different over there, in fact, probably worse.

SUMMARY

In conclusion, the bottom line (for anyone using Doloxene on a regular

basis) is, they have an option. The fact that the Methadone programme is accessible in this country, renders it the less of the three evils. Both physically, mentally and economically. If Doloxene is to be used/abused I do hope the information provided in this article persuades people to be extremely cautious.

Harm reduction being foremost, please peers, be careful when administering Doloxene.

References: M.I.M.S.

Lilly information sheet
Anecdotal Experience

Written by Mat

The i 2 i Project

(QuilVAA's Initiates to Injecting Drug Use: Education Needs Assessment & Resource Design/Production Project)

Project Officer: Megan Thomson

Well, you may or may not have heard that the Initiates to Injecting (I2I) project has been given additional funding by Queensland Health to be extended for another six months.

So I (Megan Thomson) will be around QuilVAA until late September. Since there's another six months, I'm going to arrange for more data collection and I'll also have much more time to put together a hopefully useful and comprehensive report on stuff about beginning to inject and also how to prevent Hep C among people under 25.

The Hep C prevention workshop and resource development part of the project has been under way for a little while now and there are people working on some things to get printed and distributed particularly around venues. (A big thank you and Kissy kiss to those people).

Also HOW WOULD YOU LIKE TO BE PAID (quite well too) to be an INTERVIEWER? What you need to do is be able to easily find and contact people under 25 who have been injecting for a short time (a maximum of 18 months), to get them to fill out a questionnaire and be interviewed.

If you fit into this "target group", It would be brilliant if you could also fill out a questionnaire and be interviewed (and paid \$10).

Please, please, please be part of this if you can. Thanks to those who've already given their very much appreciated thoughts, comments and experiences.

Feel free to give me a call to find out more!
- Megan 3252-5390 or 0418154490

"The Clinic"

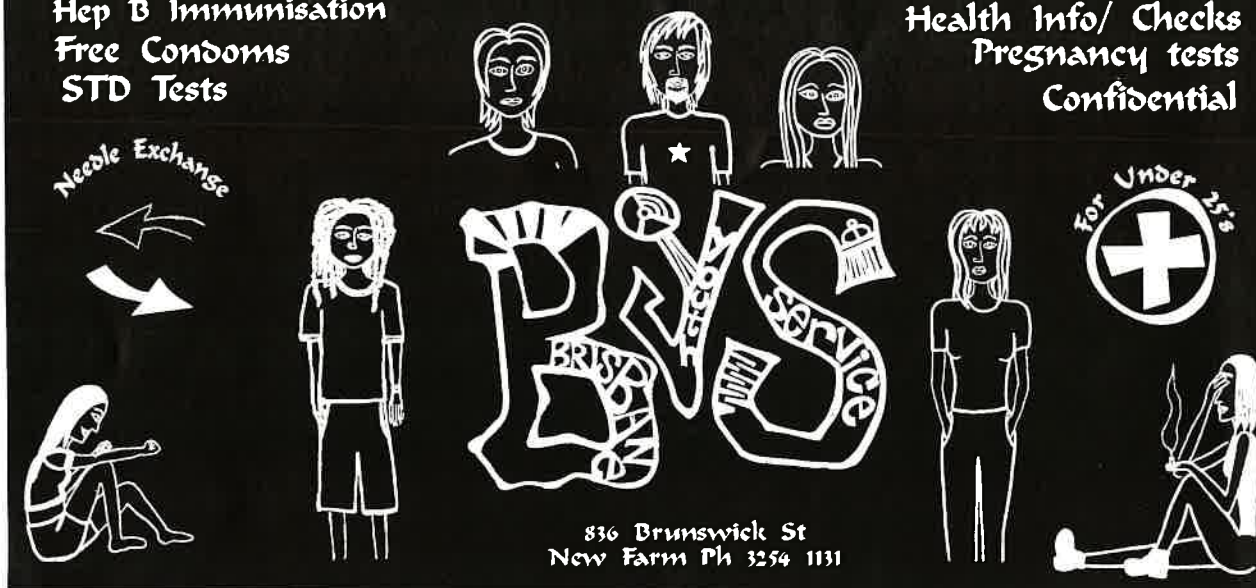
Female Doctor : Mon 1.30-4.30

Male Doctor : Fri 1.30-4.30

Nurse: Mon -Fri 9-5

HIV Testing & Counselling
Hep B Immunisation
Free Condoms
STD Tests

No Medicare card needed
Health Info/ Checks
Pregnancy tests
Confidential



Brisbane Youth Service

is a mob with a job of helping homeless young people

Some ways we might be able to help out include:

- Accommodation referral
- Needle exchange
- Art workshops
- Health Education
- Counselling
- Our "Clinic"
- Info on HIV/AIDS, STD's & HEP C
- A Young Parents group

We try to do all this in a respectful non-judgemental way.

Please feel free to give us a visit or catch up with one of our workers on the street.

BYS has an Artist and Youth Worker who work on projects such as cards, games and T-Shirts to get info on STD's, HIV/AIDS and other nasties that are around. We often recruit people (under 25) to draw for us and offer some small payment for their efforts.

If you're into art, please come and show us your stuff. Check out the next page, some of our latest work from the "Deadly Deck"



THE DEADLY DECK

On the 11th of April we are launching a set of playing cards with a difference. We have included drawings in the cards about all those tedious issues that interrupt our games of poker:

Sex
Drugs

Love
Your Mind

If you are 25 or under and would like to show us some card tricks come along and score yourself a free set of cards.

- Free Food
- Free Massage
- Clinic Open
- Hepatitis C testing available
- Lunch starts 1pm

Brisbane Youth Service

836 Brunswick Street, New Farm • Ph (07) 3254-1131

Working On Those Long Hot Nights

Summer is the perfect time for many users to hit the streets and swing their things following that elusive dollar. At QuIVAA one can stock up on the working necessities for both the male and female worker, lube, condoms etc. But this edition I thought that I might address safety on the streets for the worker. There are plenty of little tricks that can keep us safe out there, and it is most important that we share them with each other 'cos otherwise we don't hear of them.

The first that springs to mind is when working from cars, before entering a car open the door and check that there is a door handle on the side you're getting in, also look at the car to note if it is new and flash. If so, chances are it has central locking therefore you may want to negotiate a little more before piling in. If it is an old car, take note of any unusual bits etc.

It is a really good idea to work in pairs so you can keep an eye on each other. An old trick used to be to carry chalk with you so you could write down rego numbers on the wall, or pavement or anywhere that the chalk would write. Always tell

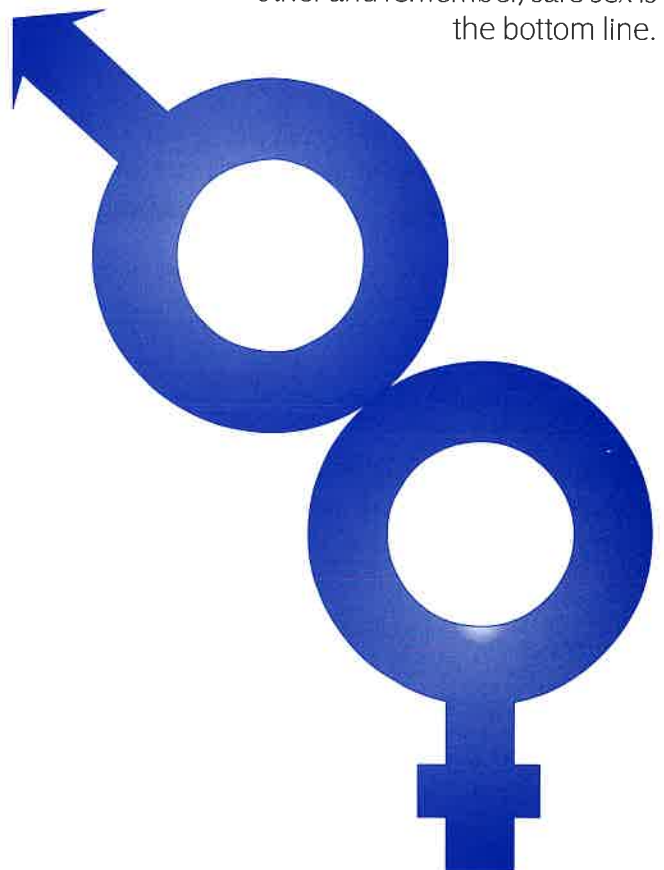
the client that there is someone looking out for you, and that they are expecting you to return. Nothing beats the spray-on deodorant as a deterrent for an agro client, a squirt in the face area usually is enough of a surprise element to give you time to depart. Many a girl swore by a hat pin in the early twenties, I will leave that up to the imagination.

Never carry large amounts of cash, have a system where you can slip it into a safety bank, or have a trusted one take over the role of holding it. Be careful if a client is asking a worker for change because this was one way a client could see how much cash they were carrying at the time.

If you

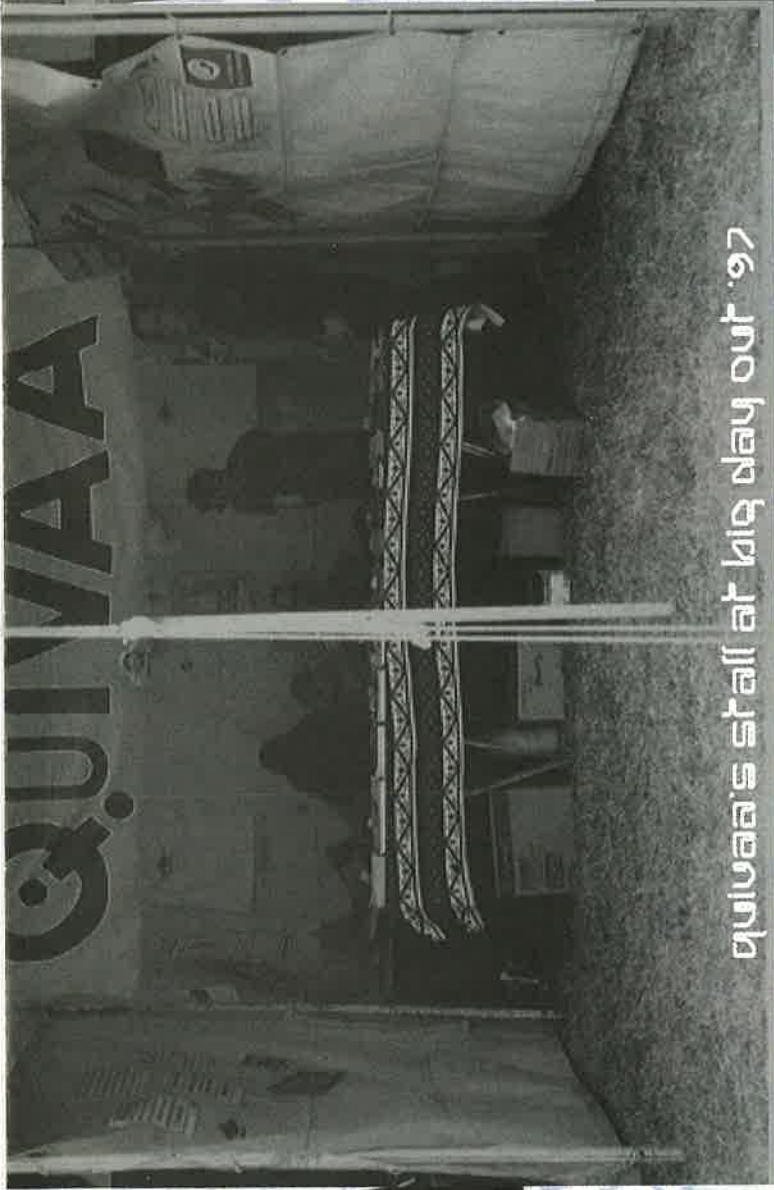
do get into trouble yell FIRE! No one wants to get involved if you call for help but everyone wants to see the fire. Also if in trouble remember eyes, nose, throat, groin, hit 'em where it hurts then run yelling fire.

Fashion is one thing but if you are working on the streets, wear something that you can move in, run jump and all those things that the worker sometimes needs to do. So stay safe, try to look out for each other and remember, safe sex is the bottom line.





YUM. YUM.
Kiwi fruit



quivers staff at big day out '97



WE'RE all hugs 'n' smiles



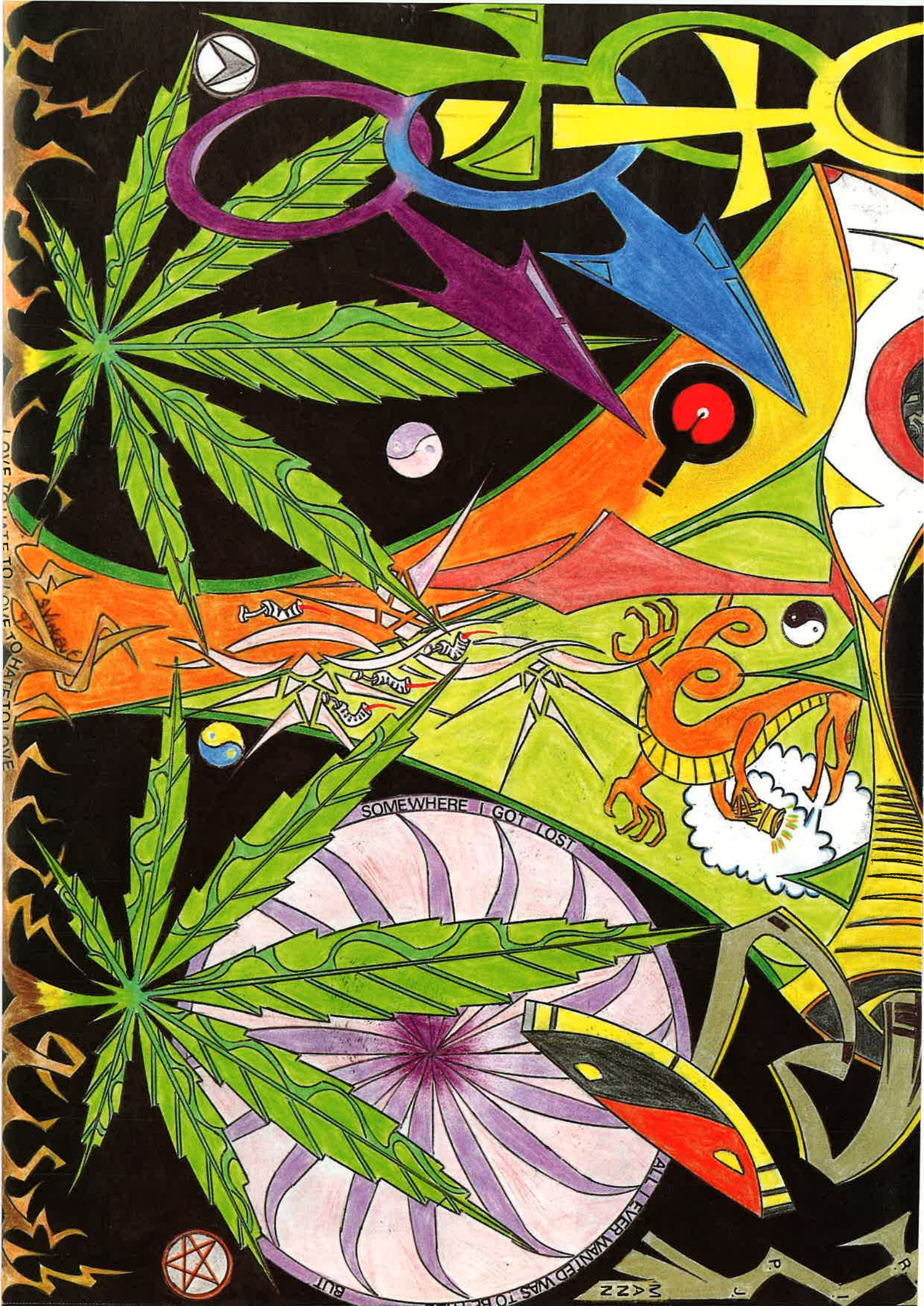
holiday breakfast
'96



ilhamel s'ja



the kiwi and atsi breakfast



I LOVE TO HATE TO LOVE TO HATE TO LOVE

SOMEWHERE I GOT LOST

ALL EVER WANTED WAS TO BE
BUT

M A Z Z





holiday dinner



caught up aerry



wasn't a day to see a day



time with the band



Information/Resource Officer

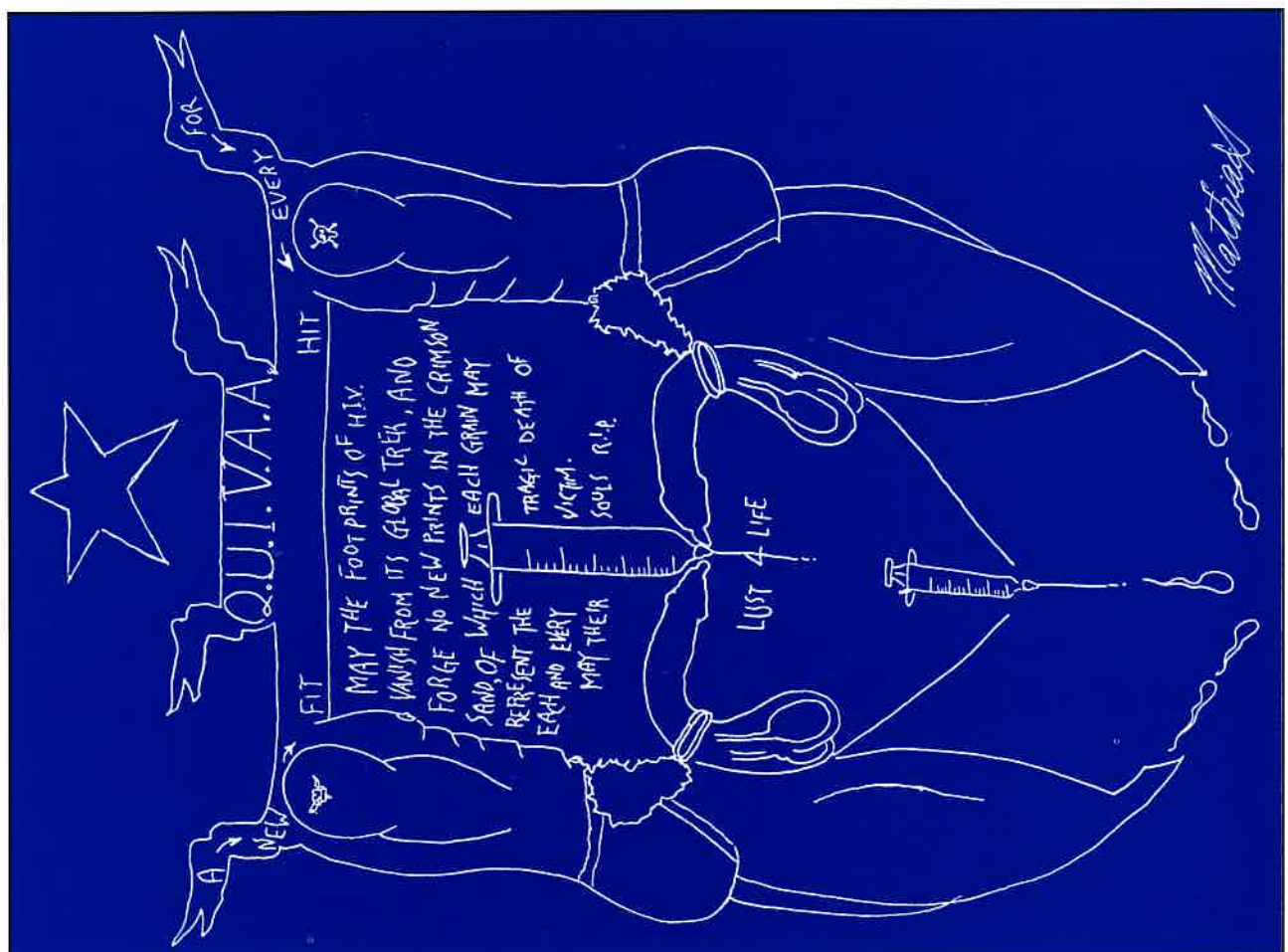
~ Corey Harvey ~

Well they just could not get rid of me. I am now the Information/Resource Officer, which means I am responsible for any information and resources given out and available from QulVAA. My job also includes looking after the library and front reception area of the building. I am also responsible for liaison with volunteers and co-ordinating jobs for volunteers at QulVAA.

I will be assisting Michelle (the volunteer representative) and other volunteers start a volunteers gazette in the not so distant future. Anyone who has any contributions please let me or Michelle know. We're also in the process of re-organising the Library and thanks to Jenny and Chalky, that seems to be going very well and has saved an extremely large headache.

I am also interested in any information that people may have at home that we may be able to get a copy of that may be of some help to people accessing QulVAA for information on specific issues for example HIV/AIDS, Hepatitis C and other blood borne viruses. If you have some information that you wish to give to us to distribute, please contact me and I will make a copy of it to give out to people that may find it of some help.

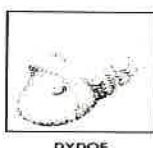
*Anyway enough babble. . . Happy hunting, play safe, have fun
and don't get caught. Regards, Corey*



Body Piercing



AMPALLANG



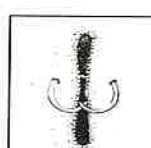
DYDOE



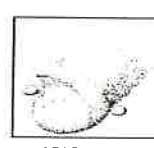
FORESKIN



CLITORIS



LABIA



APADRAVYA



FRENUM

Piercing of the body, for a variety of reasons is an ancient, if not always venerable art. The lure of piercing is primarily a sexual one, especially for the men and women who are into bondage and discipline and S&M scenes, there is a tremendous psychological turn-on.

Navel piercing is becoming increasingly popular especially with young swingers of the "in" set, male and female. The navel is usually pierced through the little flap of skin above the opening and retained with a ring during healing, usually 4-6 weeks. While not a sexually functional piercing, the visual effect is sensual and directs the viewers attention to the pelvic area.

The use of dydoes returned much of the sensation lost with foreskin, their emergence corresponds with the widespread practice of circumcision. Nor does the man alone benefit. During intercourse his dydoes provide delightful vaginal stimulation for his consort. Piercing is done through both sides of the upper edge of the glans. As proper placement is important, piercing should be done professionally.

The Prince Albert was originally used to firmly secure the male genitalia in either the left or right pant leg during that era's craze for extremely tight, crotch-binding trousers, thus minimizing a man's natural endowment. Today its function is strictly erotic, providing the ultimate in sexual pleasure to men of both persuasions. Piercing is through the urethra at the base of the penis head.

The ampallang is sometimes done in childhood, usually done as part of a puberty rite. This is a sexual device that

greatly enhances the sensual pleasures of both partners.

The apadravya is any one of a number of devices (antique "French Ticklers") used during intercourse to excite the women. The piercing is generally vertical through the penis shaft behind the head, but sometimes in the head itself.

Piercing of the frenum, is the piercing of the loose piece of flesh beneath the penis head. A padlock through the frenum will prevent copulation. A special chastity device called a 'Franey Cage' secured at one end through the frenum and at the other through a second piercing at the base of the penis, this even prevents masturbation. By contrast, a ring which passes through the piercing and encircles the head, fitting snugly but comfortably in the groove around the glans when the penis is flaccid, can be extremely erotic, acting to increase erection.

The hafada is the ceremonial piercing in the traditional "rite of passage" which gives visual evidence that a youth is now and forever a man. A stud, ring or clasp would be inserted through the left side of the scrotum between the testicle and the base of the penis. The hafada provides some stimulation when stroked.

The guiche (pronounced "geesh") is usually pierced at puberty, through the raphe perinei, the ridge of skin between the scrotum and the anus, at what would be the inseam. After healing a bangle can be attached which enhances sensation and provides a convenient grip. With light pressure applied to the piercing gently increases arousal and gentle tugging on the bangle at climax prolongs and intensifies orgasm. Anyone desiring this

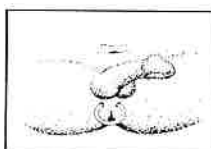
piercing is advised to consult an experienced piercer as placement is of great importance.

While piercing is primarily done for erotic reasons, it has often been used to prohibit sexual indulgence - though to those of bondage and discipline persuasion, even such restraint is doubtless erotic. When used for purposes of chastity it is commonly called infibulation, and both men and women have been its victims. It should be mentioned in passing that piercing of the clitoris, while rarely seen, is also being done by some women who are very much into the scene. Though not particularly functional in a sexual sense, it is an eye catching place to display ornaments. As with most piercings, those considering any such "needlework" are advised to consult an experienced piercer.

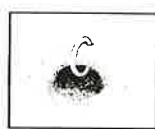
Keeping the piercing clean

No matter where the piercing is carried out, it is important to keep the piercing clean, not allowing it to become infected. Clean the piercing from two to four times daily, whenever you remember. Turn the stud or ring to help create a permanent pierced hole, this also allows the cleaning liquid (hot water and/or warm salt water washes are good) to clean and heal inside the hole.

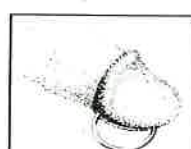
When you get your piercing done it is important to get it done professionally for your personal safety. You usually will be supplied with cleaning and care information when you get your piercing done. If it becomes infected, clean the area a lot and maybe seek medical advice if the infection becomes worse.



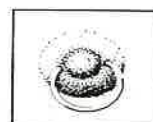
GUICHE



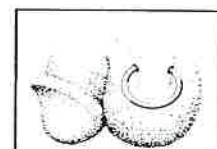
NAVEL



PRINCE ALBERT



NIPPLE



HAFADA



SAFE

Latex

Whether you're fucking or being fucked up the arse or in the vagina, remember to always use a latex condom and lube (never use oil based lubes, as they can damage condoms) and use the condom properly. 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. If You're fingering or fisting wear a latex glove. Surgical gloves are best.

Toys

Don't share your toys with anybody. Anything that goes into a persons' arse or vagina can transmit viruses if it's shared. Any toy that draws blood can be a risk as well.



Always clean your toys. Soap and hot water, rubbing alcohol, hydrogen peroxide or one part household bleach to nine parts water are all good things to clean your toys with.

Cleaning all your toys may be a bother but can become part of your routine. Always remember to clean anything with cum, blood or shit on it, or anything that's been in someone's arse or vagina and make sure you get any bleach or alcohol off the toy before using it again.

S&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.



S&M

Both pages information was taken from the American "Research" series including "Modern Primitives"

« Narcan Can, You Can

- Narcan is an opioid antidote. It is carried by only a few ambulance officers. It will usually bring someone who has overdosed around immediately.

NARCAN

- But the effects of Narcan soon wear off and the person may drop again later, particularly if a long-acting opioid like methadone is involved.

- Narcan has no effect on the alcohol or pills someone may have taken - they will still be drunk or out of it when they come around and will need looking after. Using any more drugs at this time may prove fatal.

If you think someone has dropped, call an ambulance - dial 000

WHAT TO DO IF SOMEONE DROPS

- Keep Calm
- Check if they are conscious by shaking them and calling their name
- Squeeze earlobe/press on fingernail
- If they respond, try to walk them around
- If no response, check breathing and pulse
- If no breathing, start (EAR) expired air resuscitation; if no pulse start CPR
- If unconscious, place in coma position
- Call an ambulance by dialling 000
- Stay with them

Leaving someone 'to get over it' is the worst thing to do. It only takes a few minutes for someone who has stopped breathing to die.

If you think someone has dropped, call an ambulance - dial 000

ALONE

DON'T

IT

IT'S RARELY JUST THE

- Mixing drugs increases the risk of stopping breathing completely, passing out or
- Vomit can also get stuck in a person's windpipe and cause suffocation.
- In an OD breathing is depressed and fluid may build up in the lungs, making it even more difficult to get enough oxygen and putting an added strain on the heart.
- Someone who has dropped may begin to make gurgling, bubbling or snoring noises as they breathe.

If you see this happening, call an ambulance - dial 000

look after your mates

- Ambulance operators may ask the police to attend if they think the ambos may be hassled; so calling an ambulance does not mean the police will attend automatically.
- When police attend ODs. Their first priority is to save lives and not to investigate minor offences.
- However, if there is evidence of serious offences they are obliged to investigate.
- If the person dies, the police must investigate the death and you should cooperate with them.

Remember: Keeping the person who has dropped alive is the best way of avoiding trouble with the law.

If you think someone has dropped, call an ambulance - dial 000

ODS AND THE POLICE

"It's Not The Priscilla Tour"

~ Toowoomba ~

Well off we trekked into the mountains and at the top of the mountain was this metropolis called Toowoomba. What a fabulous place darling, what a fabulous place, all the men are real men they don't flap their wrists and scream their tits off, but growl deeply and push and shove their trade to the wall. I remember vaguely waking from a dreamy sleep with a simply gorgeous looking rodeo star begging for more. I gave in and gave him much more as I felt it was my duty.

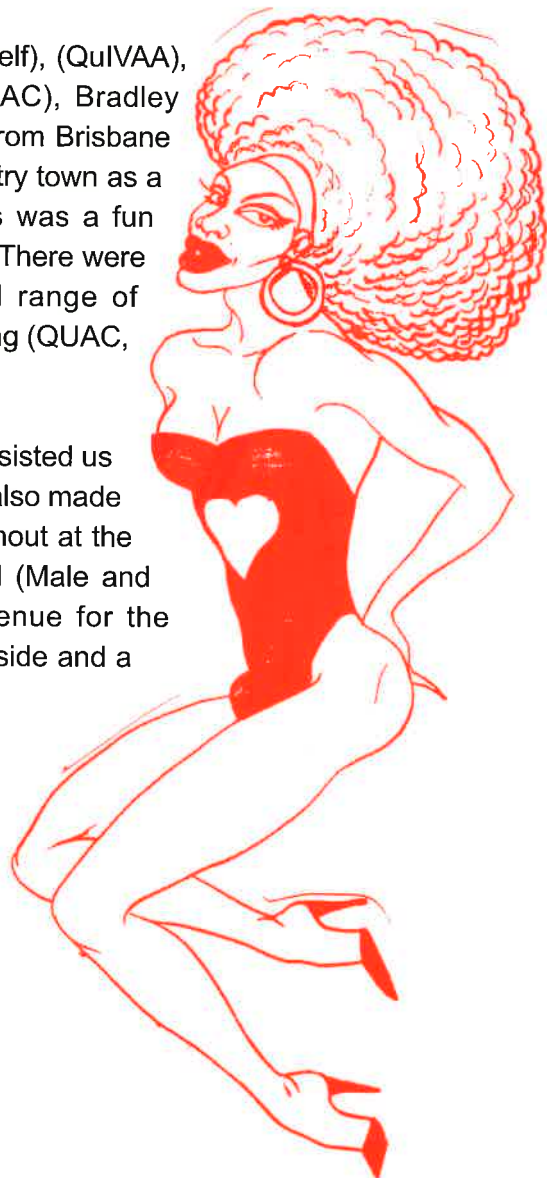
On saturday 1st February 1997, Corey (myself), (QuIVAA), David Wells (QUAC), Steve Lambert (QUAC), Bradley Reuter (SQWISI) and several drag queens from Brisbane ventured to Toowoomba for a night in a country town as a part of the It's Not The Priscilla Tour. This was a fun weekend and was thoroughly enjoyed by all. There were several drag shows and there was a full range of information displayed by the services attending (QUAC, QuIVAA and SQWISI).

Bill Rutkin made us feel very welcome and assisted us where needed. The Toowoomba community also made us feel very welcome. There was a good turnout at the dance and the atmosphere was very mixed (Male and Female). Toowoomba has a very good venue for the dances, the Uni-Link hall. It is a good size inside and a lot of space outside to just relax and mingle.

I will be heading back up to Toowoomba for their Mardi-Gras weekend dance and will let every one know how that goes.

*Till then, Happy Partying
and Play Safe*

Kindest Regards from Corey





Question Page

IMPORTANT

This information is not supplied by a doctor or a qualified medical practitioner. While the information has been checked with a doctor it should not replace actually seeing a doctor if any problems come up. Different people can experience problems in different ways and what may be a serious situation for one person may not be serious for another.

Dear QuIVAA,

Sometimes when I have a shot, I notice that I get these raised white lumps on my arm, sometimes higher or lower than where I injected and I was wondering what this was. I have heard it means that there is codeine in the gear but I'm not sure. They always go away after a while and they don't hurt or anything, so what are they?

Yours Sincerely
White Welts

Dear White Welts,

These white welts are called *histamine weals*, and they represent a localized, "allergic" reaction. You can get them by scratching the surface of your skin with a fine needle.

While it could be that you have this kind of allergic reaction to codeine in the dope, you should look at the way in which you are injecting. Are you swabbing the spoon before mixing up and swabbing your arm before you inject? Dust and dirt could be getting under your skin when you inject could be causing these reactions, and could lead to more serious ones like abscesses or other infections. Also make sure that you are not injecting into tissue rather than the vein. This is easy to do if your angle of entry is too steep or too shallow, and not at 45° to your arm.

Keep the entire injection as clean as possible and you should minimize this reaction.

Dear QuIVAA,

The other day a friend of mine got really pissed and went and had a shot. I don't know what the fuck he did, but you should have seen his arm. His fingers were as white as snow and swollen like sausages, and the palm of his hand was red and hot. He could barely move his fingers. We didn't really know what to do, but the swelling went down and his hand returned to normal, except for a large bruise all down his arm. What happened and how serious could it have been?

Yours in concern
Spun Out

Dear Spun Out,

This sounds like it was, and still could be a very serious situation. It sounds like he either hit the artery or collapsed the vein or both.

Arteries carry blood away from your heart and into the other parts of your body that need the oxygen it carries. Veins carry the blood with the oxygen taken out back away from the extremities towards the heart, have no pulse and are fairly slow moving, so punctures get repaired before much blood is lost. Arteries carry bright red blood under extremely high pressure and usually have a pulse. Hitting an artery is like stabbing a high pressure tyre. Blood can come hissing out of a punctured artery, this can lead to serious complications with the parts of body supplied with oxygen by that particular artery. You can usually tell if someone has hit an artery because the blood in the fit is either bright red and/or frothy, or it blows the plunger out of the syringe. Just nicking it can still be quite serious and extensive bruising can be a sign that this is what you have done. If you have hit an artery it is important to keep the arm raised for about ten minutes and keep applying pressure. If the bruising continues or you notice changes in your limbs (like no feeling, swollen white fingers etc) its best to get to a doctor.

The swelling in his hands is scary because it meant that the whole blood supply to that part of his body shut down for a while and water from his bloodstream leaked into the tissues of his hands, causing the swollen whiteness. What is disturbing is that even though he found it was better the next day, damage might already have been done. The fact that the blood has re-routed and found new ways of circulating around his hand doesn't mean that tissue damage hasn't already been done, and could appear again at any time. Even though the arm seems back to normal, it would be best for him to get his hand checked out by a doctor. He can come to the Injector Health Service on Thursday night between 4.30pm and 7.30pm if he needs a confidential doctor, or can attend The Brisbane Sexual Health Clinic at 484 Adelaide Street during the week.

His being drunk probably made him clumsy with the syringe and could have lead to a serious injury. Not to mention that if he was shooting downers when he was already pissed then dropping was on the cards as well.

Alternative Treatments To Methadone

Turning Point Alcohol and Drug Centre, Melbourne, in conjunction with the Victorian Government have undertaken a feasibility study in relation to alternatives to Methadone treatment for opioid dependence. A comparative study of Buprenorphine and Methadone in the treatment of opioid dependence has been carried out.

Methadone maintenance is a well accepted intervention for opioid dependence and is widely used in Australia. There are, however, a number of alternatives to Methadone. Of special interest as a maintenance opioid drug is the opiate agonist-antagonist Buprenorphine.

Buprenorphine is a potent opioid analgesic which also has the action of blocking opioid receptor sites. This mixed opioid-action/blocking-action appears to make Buprenorphine safer in overdose and less likely to be diverted. It may also provide a potentially easier

withdrawal phase.

Double blind research has also demonstrated that maintenance Buprenorphine is effective in reducing heroin craving and use, compared to withdrawal. Buprenorphine also appears to possess markedly greater safety in overdose than Methadone since it produces relatively limited respiratory depression and is extremely well tolerated by non-dependent humans.

The safety margin along with its duration of action, means that it also has the potential for alternative day dosing. Utilisation of this capability would provide a significant advantage over Methadone as a maintenance medication in terms of patient convenience, risk of diversion of take-home doses and the economic costs of treatment delivery. Finally, there is evidence that the mixed agonist-antagonist action of Buprenorphine makes withdrawal from this medication less severe than withdrawal from pure agonists, such as Methadone or heroin.

Johnson et al. (1992)

compared sublingual Buprenorphine (8mg/day) with Methadone (20mg/day and 60mg/day) and showed that Buprenorphine was superior to the lower dose of Methadone and at least as effective as the higher dose.

Overall, these results suggested that sublingual Buprenorphine solution in the dose range 6 - 12mg/day represents an effective maintenance therapy for opioid addicts, comparing favourably with Methadone maintenance in the dose range of 30 - 60mg/day.

This study is being closely monitored by the Methadone Programme Unit of Queensland Health. People who are in treatment for opioid dependence or are in need of such treatment and who believe other options should be made available, should start making enquiries at your local clinic or treatment doctor for information about alternative pharmacotherapies. There are a variety of reasons why Methadone is not a healthy option for physical (medical) reasons. This is why there is a need for choice.

Taken from the magazine: Protocol. 10

My Declaration Of Self Esteem

I am me.

In all the world, there is no one else exactly like me. There are persons who have some parts like me, but no one adds up exactly like me. Therefore, everything that comes out of me is authentically mine because I alone chose it.

I own everything about me - my body, including everything it does; my mind, including all its thoughts and ideas; my eyes, including the images of all they behold; my feelings, whatever they may be - anger, joy, frustration, love, disappointment, excitement; my mouth, and all the words that come out of it, polite, sweet, or rough, correct or incorrect; my voice, loud or soft; and all my actions, whether they be to others or to myself.

I own my fantasies, my dreams, my hopes, my fears.

I own all my triumphs and successes, all my failures and mistakes.

Because I own all of me, I can become intimately acquainted with me. By so doing I can love me and be friendly with me in all my parts. I can then make it possible for all of me to work in my best interests.

I know there are aspects about myself that puzzle me, and other aspects that I do not know. But as long as I am friendly and loving to myself, I can courageously and hopefully look for the solutions to the puzzles and for ways to find out more about me.

However I look and sound, whatever I say and do, and whatever I think and feel at a given moment in time is me. This is authentic and represents where I am at that moment in time.

When I review later how I looked and sounded, what I said and did, and how I thought and felt, some parts may turn out to be unfitting. I can discard that which is unfitting, and keep that which proved fitting, and invent something new for that which I discarded.

I can see, hear, feel, think, say, and do. I have the tools to survive, to be close to others, to be productive, and to make sense and order out of the world of people and things outside of me.

I own me, and therefore I can engineer me

I am me and I am O.K.

Dance With the Devil



Am I losing • All sense of perspective?
Will I take just • One more step, and fall?
And who's to tell me • I'm skating on thin ice
When the writing's • Up there on the wall?

"I can control it" • We say at the start
Then, "just one more hit" • And everything's nice
Then, you wake up sick • One morning - the choice gone
You can't control it • You're gone through the ice.

Those who've been there • They can draw a picture
Those who've done that • Can speak the thousandth word
But it won't stop us • The ones who choose to taste it
And only after • Can we say we've heard.

Once you've been to heaven • You keep wanting to go back
When you end up in hell • It's so hard to find the track

Have I lost it • My sense of perspective?
Did I even • Have one to begin?
How many told me • I skated on thin ice
But I just ignored them • And plunged headlong in.

*Fiona F.
January 1997*



Announcing a NEW Clinic for Injectors...

The Injectors Health Service



- *Free clinic* •
- *No Medicare or ID required* • *No appointment required* •

Opens this Thursday and then every Thursday 4.30pm - 7.30pm
~ 112 Alfred Street, Fortitude Valley ~



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.

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 drug use, as this can affect the liver function tests and their general health.

The injector health service provides 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.

Your Health Service Offers:

- 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 required

Don't forget Brisbane Sexual Health also has a clinic
which is open Thursdays:

Brisbane Sexual Health Clinic

9am - 5pm • 484 Adelaide Street, Brisbane

For appointment phone: **(07) 3227-7091** (not essential)



QuIVAA

69 Robertson Street, Fortitude Valley
Mon - Thurs: 9am - 5pm
Fri: 9am - Midnight
Ph: 3252-5390

BIALA

270 Roma Street, City
24 hours a day
Ph: 3236-2400

Brisbane Youth Service (BYS)

836 Brunswick Street, New Farm
Mon - Fri: 9am - 5pm
Ph: 3254-1131

Queensland AIDS Council (QuAC)

32 Peel Street, South Brisbane
Mon - Fri: 9am - 5pm
Ph: 3844-1990

Self Health For Queensland Workers In The Sex Industry (SQWISI)

404 Montague Road, West End
Mon - Fri: 9am - 5pm
Ph: 3844-4565

Bodyline Spa and Sauna

43 Ipswich Road, Woolloongabba
Sun - Thur: 12pm - 3am
Fri - Sat 12pm - 7am
Ph: 3391-4285

Brisbane Sexual Health

484 Adelaide Street, Brisbane
Mon - Fri (except Wed): 9am - 5pm
Wed: 8am - 12 noon
Ph: 3227-8666

Aboriginal and Islander Community Health (AICHS)

12 Hubert Street, Woolloongabba
Mon - Fri: 9am - 5pm
Ph: 3891-6060

Inala Community Health

Wirraway Parade, Inala
Mon - Fri: 8.30am - 5pm
Ph: 3372-4244

Logan Youth Services

2 Rowan Street, Kingston
Mon - Fri: 9am - 5pm
Ph: 3208-8199

University of Queensland Health Service

St Lucia Campus
Mon - Fri: 8am - 5pm
Ph: 3365-6210

Griffith University Health Service

Nathan
Mon - Fri: 8am - 4.30pm
Ph: 3875-7299

Redland Hospital

Accident and Emergency
24 hours a day
Ph: 3286-5700

Wynnum Hospital

Accident and Emergency
24 hours a day
Ph: 3393-3122

QuIVAA
69 Robertson Street, Fortitude Valley, 4006
Ph 3252-5390 Fax 3252-5392

Here is a list of the main needle exchanges around Brisbane. You can also ring ADIS (Alcohol and Drug Information Service) on (07) 3236-2414, 24 hours a day.

If you have any questions about these exchanges, call QuIVAA. If you're a bit suss about using any exchanges (for fear of being busted or discriminated against etc.) call us for a chat and we'll help you find the right exchange service for you. You don't have to exchange fits, you can either pick-up, drop off, or both. You can also get information and referrals to services you need.

• *These services are all free and work hard to help you stay safe* •