

A collage of various items related to drug use and harm reduction. The items include a yellow 'SHARPS BIN' with a biohazard symbol, several 'SAFE-SEX' stickers with the slogan 'A HABIT ALL USERS NEED', a box labeled 'HEROIN', a box labeled 'AMPHETAMINES', a pamphlet titled 'HEPATITIS C', a card from 'BRISBANE YOUTH SERVICE', and a card titled 'SAFER USING INJECTING'. There are also various other pamphlets, a small plant, and a metal spoon. The background is a mix of colors and patterns, including a checkered pattern and a red and white striped pattern. The text 'Volume 5 Edition 2' is visible in the top right corner, and 'DECEMBER 1997 NOT FOR GENERAL DISTRIBUTION PRINT POST APPROVED - QAW 424 002/00128' is visible in the bottom right corner.

Well here we are - nearly at the end of 1997, and our big news is that QuIVAA has a new management committee to see us through the 1997-1998 financial year. Some of our committee members have remained with us, and are continuing on in their faithful service at QuIVAA, while we also have a few new members who have come on board to help steer us through the next 12 months. Our new committee members bring with them a wealth of subject knowledge and experience, and many have had a continued interest and involvement with QuIVAA.

Our Management Committee members are-

| | |
|-----------------|---|
| President- | <i>Lea McLaughlan</i> |
| Vice President- | <i>Chris Richardson</i> |
| Secretary- | <i>Peta Keene</i> |
| Treasurer- | <i>Bill Rutkin</i> |
| | <i>Terry McDougall</i> |
| | <i>Stewart Gardner</i> |
| | <i>Max Wilkins</i> |
| | <i>Jeanie Rae</i> |
| | <i>Rob Walsh (Volunteer's Representative)</i> |
| | <i>Rotating QuIVAA staff representative</i> |



QuIVAA Management Committee for 97/98

Back Row- Jeanie Rae, Lea McLaughlan, Stewart Gardner, Max Wilkins

Front Row- Terry McDougall, Chris Richardson, Peta Keene, Bill Rutkin

QuIVAA would like to extend a thank you to everyone who took the time to attend the Annual General Meeting, and to those who served on last year's management committee - your help and support has been beneficial to us all throughout the year.

If you wish to have your say in the way that QuIVAA is run, pick up a membership form at QuIVAA and become a member. Membership is free, and lets you have your say. If you are already a member and have moved, please let us know your new address so we can keep you informed on what's happening at QuIVAA. Also the back cover has details on the upgrade to the DART mailing list, so don't forget to send the coupon back if you want to be on the DART mailing list.

Well here we are - Christmas yet again - and here's Santa's little elf to give you a few tips over the festive season-

Don't over indulge just because you're with your mates - try and stick to your usual regime.

Also remember that alcohol and heroin can be a deadly mix, so if you're going for Christmas drinks, don't forget to take that into account when using other drugs.

For those of you going away this Christmas, remember to stock up on all the things you'll need (presents, clean underwear and of course a supply of new injecting equipment). This saves the embarrassment of trying to find an exchange away from home, besides which some exchanges have shorter hours over the Christmas period, so it avoids being caught short. Also a good idea to take some safe sex equipment, in case you have a very merry Christmas!

If you are going away for an extended period, feel free to contact QuIVAA for a referral to a needle exchange in the area you are visiting.

For those of you planning to take the big step and make *THAT* New Year's resolution, you can contact Richard and Cris at QuIVAA and discuss joining the Wastelands Home Detox Project, or you can discuss other detox options with the staff here at QuIVAA.

Other than that thank you for another year of your continued support. Party hard and play safe.

QuIVAA wishes you and yours a happy New Year Season.

QuIVAA would like to thank all the volunteers & staff who have contributed their time and energy to getting 'Dart' out once again.

Editor in Chief- Amy Powell
Enquires please call QuIVAA on
(07) 3252 5390 or 1800 172 076

Page 2-
QuIVAA's New Management Committee

Page 4-
Wastelands Home Detox Volunteer Story

Page 5-
The New Rave Project & We Need You!

Page 6-
Feel better and smell good too with Aromatherapy

Page 7-
Letter to the Editor & Playgroup

Page 8-
'My enemy' - a poem by Julie Noreen

Pages 9-11-
Methadone, Benzos and HADS

Pages 12&13-
Acupressure for a healthier lifestyle

Pages 14-16-
Safer Injecting, Safer Using

Page 17-
Murri News

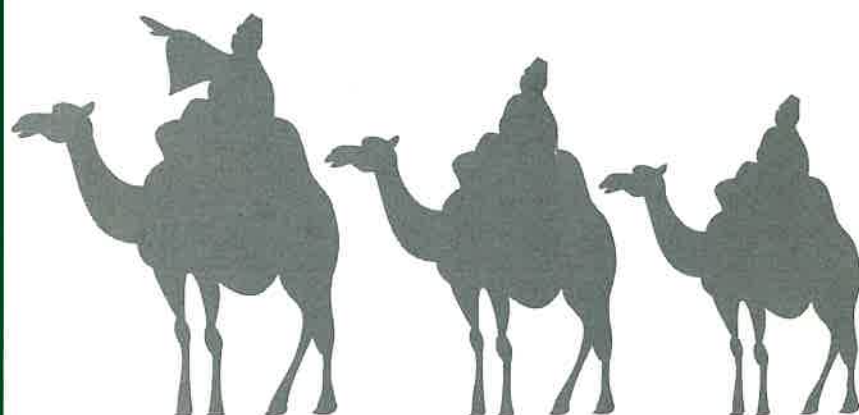
Page 18-
'Fix' - a poem by Michael Dransfield

Pages 19&20-
'Drug Law Reform' - an essay by Cris Beccera

Page 21-
The Hepatitis A Epidemic

Page 22-
QuIVAA Resources & suggested reading guide

Inside Backcover-
Let QuIVAA Tell You Where to Go
(a guide to other services)



The opinions expressed in DART are those of the contributors, and do not necessarily reflect those of the editor or QuIVAA



Wastelands Home Detox

Get free of Drugs at Home

A few weeks back now, I saw a friend of mine detox off heroin. She wasn't a friend before she started her detox, but by the end of it I think we were becoming friends. I didn't know her at all before, but met her because I am a volunteer carer with the Wastelands Home Detox Program. She was my first detox client, so I was really unsure about what to expect - I'd never seen someone attempt to detox from heroin before. However, I am studying in the welfare/mental health field, so thought it would be a good chance to get some real life experience as well as help people to help themselves.

My first step towards becoming a carer for Wastelands Home Detox was talking to Richard, the project supervisor, who told me about the project, and about what I would be doing. I had a think about it, and got back to him and told him I'd give it a go. A few weeks later I started on my volunteer carer training course.

The course was offered one day a week for six weeks or two nights per week for six weeks, and as I had a day spare, I chose the full day option. The course covered topics such as:

- Confidentiality Protocols and Issues
- Introduction to Detoxification
- Detoxification Related Conditions
- The Withdrawal Syndrome
- The Caring Approach to Withdrawal
- Principles of a Caring Relationship
- Observations and Reporting Techniques
- Effective Communication Techniques
- Health Precautions
- Overdose Resuscitation Techniques.

All in all I found the course really interesting and helpful, although at times I felt I had information overload. However, it was reassuring to know that I had all the information to refer to in my course notes should I later need it.

About a month after I finished the course, myself and a few other volunteers helped a client with their detox.

I was really nervous as I was walking to the client's house for the first time. Another carer was there to welcome me and to introduce me to the client. We sat down and had a talk, and I got to know the client a bit, as well as being brought up to date on her progress so far.

My first shift was an overnight shift. The client was having a lot of trouble sleeping, so we sat up most of the night talking and waiting for something decent to come on TV (we were waiting for Ripping Yarns and ended up with Bear Island - TV at three in the morning leaves a lot to be desired!).

I finished my shift at about 7am, and chatted with the next carer and the nurse when they arrived. Depending on the person being detoxed the nurse can come several times a day. I found it really useful to talk to the previous and the next carer before and after my shifts - that way we could keep a track of our client's progress, and were able to let the nurse know how the client had been since her last visit.

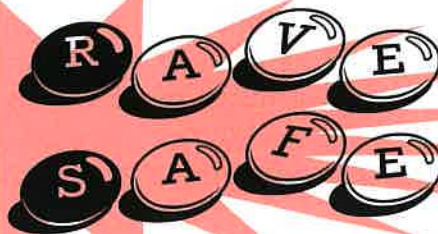
All these discussions took place with the client present - so that way she knew what was being said, and had a chance to say what her impressions were.

As I was leaving my first shift I offered to bring Trivial Pursuit the next day. That helped to pass the time, and we had a really good time (even though I lost!). During my shifts we watched a lot of TV and talked a lot, as most of my shifts were overnight.

One night we visited her partner and got home cooked soup (very yummy) and played trivial pursuit (yes I lost again). It was good for her to get out of the house for a while - although she had been out a few times with the other carers as well.

I didn't see the client at the end of her detox, but she and the other carers went out to dinner to celebrate her first clean week. She had completed her detox! I got to know the client pretty well during the week, and hope to stay in contact with her in the future. I think she has a good chance of staying clean because it was something she really wanted to do for herself.

For anyone out there thinking of becoming a carer I would strongly recommend it as a rewarding experience. For those of you considering detoxing, all I can say is that you will be in good hands.



QuIVAA really values its volunteers - they are essential in keeping the organisation running smoothly.

WE NEED MORE OF YOU!

If you have some spare time on your hands we would greatly appreciate your help. Day to day there is always work to be done in the exchange and around the office, which helps our staff get on with running more projects!

In return we offer training in office skills, a peer-education course which results in you being authorised to distribute needles and syringes, use of our art room and equipment, and the satisfaction of knowing you are having input into your organisation.

We are also doing weekly sweeps of the Valley area picking up and disposing of used fets. These 'sweeps' happen every Tuesday leaving QuIVAA at 2.30 pm.

If you would like to become involved, please phone Fiona or Corey at QuIVAA on (07) 3252 5390.

This summer QuIVAA will be running a Rave Safe Project, targeting 5 major dance party events and 10 venues in the Gold Coast and Brisbane dance scene.

This project is funded through a Queensland Health Alcohol, Tobacco and Other Drugs (ATOD) initiative which aims to heighten health awareness and promote safer practices in the dance party scene.

The project is based on a peer education and 'look after your mates' model - reducing harm through education.

The project will employ ten volunteers to attend dance parties over the summer to promote safe raving amongst their peers. Each volunteer will need to attend the six week, one day per week (Thursday) QuIVAA Peer Education Course starting in late November.

Once trained the authorised peer educators will help operate an information stall (at the dance parties) which will display health messages in an art gallery style.

Volunteers will also be wandering around the rave handing out pamphlets and speaking to people about the project and safe raving.

Each volunteer will receive: free entry, \$20 per party and workshop attended, cab-voucher home and help develop a Queensland Rave Safe or Recover Safe Resource Pamphlet.

If you are interested in becoming a peer educator in the dance party scene, or for more info about the project please contact Chris Miller, Dance Parties Project Officer at QuIVAA on (07) 3252 5390 or leave a contact number and message.

Remember - the safer you are, the longer you last



HISTORY

The oils and techniques of aromatherapy have been known about since BC 3500, and were used in ancient civilisations, in particular by the Egyptians and the Ancient Chinese. Many types of oils were used by these civilisations for a variety of purposes, from use as perfumes and air fresheners through to ritualistic and healing applications.

The technique of using oils and other fragrances as a healing tool has gained popularity again in the last 50 years, and once again Aromatherpy techniques are proving useful to some people.

There are a number of different oils which can be used for Aromatherapy - in fact the list is as long as your imagination - however we have compiled an aromatherapy "top ten" as a basic guide to help you start off in this interesting and useful field.

These ten oils will give you the ingredients to make preparations for a variety of the most common ailments and conditions.

Chamomile
Cypress
Eucalyptus
Geranium
Juniper
Lavender
Rosemary
Sandalwood
Tea (ti) tree
Ylang Ylang

Most of these oils are fairly cheap, although Chamomile, Juniper Berry and Sandalwood are a little more expensive than the others.

There are a few ways to use Aromatherapy oils, but the easiest ways are to use it in a bath, in an oil burner, or in a vaporiser (bowl of steam works well as a vaporiser).

ANXIETY AND STRESS

If you are suffering from anxiety or stress try adding a blend of three or four of the following to a bath - cypress, rosemary, eucalyptus, peppermint, geranium, lavender, grapefruit or juniper. Another good tip is to get carry the blend in a bottle and inhale a few drops on some cotton wool.

For a strengthener before a stressful event, basil, bergamot and grapefruit (with lavender if you wish) make a good 'rescue remedy' and can be taken on cotton wool as suggested above.

TERMINAL ILLNESS

The terminally ill can gain physical, psychological and spiritual relief through the following technique-

Lavender, patchouli and sandalwood with sweet almond massaged into the skin for a half hour or more period. The technique can give a blissful remission from pain and mental anxiety.

FEEL BETTER AND SMELL GOOD TOO WITH AROMATHERAPY

Dear Editor,

Thankyou so much for your article on Hepatitis A in the September 1997 edition of DARR Magazine.

I recently contracted Hep A, and my Doctor was not very well informed, and so could not tell me much about it.

I first asked my Doctor to test me for Hep A, after I became lethargic and jaundiced. I got some information on various types of Hepatitis from your needle exchange and thought that maybe I could have contracted a type of Hepatitis.

My Hep A test came back positive, so it was really useful having the information on what to expect, as well as how to protect significant others.

My girlfriend had a shot of Immunoglobulin at the doctors as your article suggested. She didn't get sick at all, although I'm not sure how long I had the Hep A for, before she had her shot (your article suggests having the shot within two weeks).

To protect my companions I was very careful to follow the instructions about washing my hands and washing my linen and towels in a washing machine rather than by hand. These tips must have worked, as no-one else ended up with Hep A.

Thanks once again for availability of information - it really helps to have somewhere where I can get anonymous information and advice. I've heard that Hep A is around a lot in Brisbane at the moment, so maybe you could put the information from the last DARR in the next one as well.

Regards

Malcolm

ED's note: Thanks for the letter, we have re-run the Hep A info as you suggested. It is on page 21.

Free Playgroup

QuIVAA is running a free alternative playgroup. We provide lunch, activities for the children, great atmosphere, company and support. A Nurse is on duty from 11am - 1pm to do child health development checks as well as immunisations and to answer questions you may have about your child's or your own health.

At the Newfarm Neighbourhood Centre
every Friday from 10 am - 2 pm
967 Brunswick Street, NEW FARM
opposite New Farm Park, on bus lines 177, 178, 167 & 168
Call Fiona on 3252 5390 for more information,
or just come along!



My Enemy

She climbs the stairs with mug in tow
He called her up about a week ago
Sweat beads line her forehead and face
She'd had to move out of her place

So many people had seen her come and go
She was always dressed full of woe
Torn jeans, lace tops and big boots she was cursed
Her heroin addiction had got to be worse

Another hit did the trick with spoon
Before long came the tip and then the room
That night an ambulance was called in
A passer-by found her dead and living in sin

I've seen so many like her, it's hard to define
For life and death seem such a fine line
Hark

Hark

Hark

Heroin is a game for the larks

I am my own worst enemy
I am my own worst enemy

By Julie Noreen

Hello, my name is Tim.

I had a bad benzo addiction (Normison), popping them, and then inevitably hitting them up. By 25/8/97 Monday morning, after a weekend binge, I had come to the end of the road. Burnt out.

I am also on the Methadone program. Benzos and Methadone are a potentially dangerous mixture - it was only a matter of time before I came to grief. Anyway, Monday morning I thought I've got to do something about this, and it's now or never. So I rang Biala and asked my case manager Lyn to see if she could get me into HADS (Hospital Drug and Alcohol Services), so I could detox. Lyn switched me over to the first floor at Biala, where they talked to me on the phone about my problem, and booked a bed in HADS for Tuesday 26/8/97. The next day, Biala asked me to come over to them straightaway to be assessed. So I made my way to Biala that Monday, where they asked me about a dozen questions related to my problem. After that was done they told me to report to the Royal Brisbane Hospital Triage before 9am on Tuesday.

The next day I made my way to the R.B.H. Triage, where a nurse took down my particulars. She put the information into a computer terminal, which printed out a sheet of my vitals. The nurse handed me the computer printout, and directed me down the hallway, with the instruction to turn left at the end into the mental health department. At this point I was a bit edgy at reading the mental health department sign. I proceeded to walk in, and saw a nurse in a cluttered office. I identified myself and stated my problem. She took my vitals sheet and told me to take a seat while she rang HADS to confirm my booking. 5 minutes later the nurse came back, handed me the sheet and told me to make my way to HADS.

I entered HADS on 70 mgs of Methadone and a hell of a benzo habit, with the intention of kicking the benzos and reducing my Methadone. The key to achieving this is to remember the staff are there to help you, if you want it, but you have to put some effort into it as well. You don't go to HADS for fun and games!

FIRST DAY OF HADS-

I walked into HADS and approached the nurses' station, where I was greeted by a male nurse. He took down my details and explained to me what the daily procedure was going to be. When you book into HADS you are asked to sign an agreement of understanding pertaining to acknowledgement of the rules and conditions. After that was taken care of, the nurse went on to explain that the staff fill in an observation sheet which runs on a scale of 1 to 10, all depending on your biological signs. This observation sheet is an indicator which covers your pulse rate, blood pressure, body temperature and perception (e.g. do you know where you are and what day it is?) as well as temperament (How do you feel right now?). They take the observations three times a day.

When they detox you, depending on your observation sheet, the Doctors won't take you off your drug of dependence completely (no cold turkey served at HADS, I can assure you of that!). The Doctors and nursing staff want you to be as comfortable as possible while you are detoxing. It's a gradual process of detox, making sure that the body does not go into shock or seizure.

The staff are very understanding and attentive, but remember that the staff are under a lot of stress and strain - they are humans as well, with no doubt all the usual personal problems that life can bring. Also there are other patients to be taken care of with drug related problems as bad, if not worse, than your own!

Remember also, the contract of agreement that you signed when you booked into HADS. These are rules that are put in place for your protection and well being. The rules are simple:

No illicit drugs are to be taken onto the premises
No alcohol
No violent or abusive behaviour towards the staff or other patients
No visitors
You can not receive phonecalls from the outside - the staff will let you know if someone rang, but will not pass on any special messages. This is because you are in HADS to detox, not to worry about any problems which may hamper that. No stress.

Any breach of the rules concerning conduct or the possession of drugs will result in the termination of your stay at HADS, and you will be escorted off the premises immediately, no ifs or buts about it. If someone rings HADS to confirm that you are there the staff will neither confirm or deny that you are there - it is completely confidential. You are allowed to make two phonecalls a day. You apply to the program nurse for two phone receipts before you make your calls. That is it for the day. The reason for the phone receipts is to keep an eye on phone activity - they don't want people ringing their dealer so he or she can drop drugs to the patient. You are allowed to have a cigarette 15 minutes past the hour for 15 minutes. You can't go for a cigarette anytime you want as that is a breach, so adhere to the time limit allowed for that particular activity. Check with the staff before you go outside the ward for a smoke. You will find the staff quite reasonable if you don't abuse the rules - after all the staff are there to keep an eye on us, and help us with our recovery.

The patients program at HADS is a detox regime that offers you a choice when you leave. It is not a rehab centre, it is a detox unit which has been modified to give people a chance at choosing what they want in life with a clear head to think with. This program at HADS invites people from other rehab units to come in and give lectures on what their rehab units have to offer. Professors, Doctors, social workers and Nutritionists also come in to give lectures on the physical and mental ramifications which are relevant to the drug user and the relatives and friends of the drug user. When you sit in on these lectures you eventually realise that you have the ability to make an informed decision on which way you want to go. The answers are there, but that's the easy part. The rough end is sticking to what you have decided, through the good and the bad days. In short it is about getting your life in order and back on track.

The "New Pathways" program is a five day course, Monday to Friday with Saturdays and Sundays off. The weekend is time to look back on the lectures of the week, and to do some washing (if you are motivated enough, which by this time you should be). A typical day is as follows-

- 6.15 am - Morning smoke
- 6.30 am - Tea trolley comes around
- 7.15 am - Smoke time
- 7.30 am - Breakfast, consisting of toast, cereal, cuppa tea and a quick smoke afterwards
- 8.15 am - Community meeting, orientation, discuss rules and regulations with everybody who isn't aware of them, and to discuss any issues of problems which may have arisen.
- 8.30 am - Ward rounds - doctors come around to talk to patients about appropriate treatment, so make sure you are next to or on your bed (Doctors don't like to run around looking for a patient)
- 9.30 am - Tea trolley comes around
- 9.45 am - First lecture. By the way, if you can put one foot in front of the other then you have to attend all lectures and activities. In the first lecture you talk about mental and physical effects of drug abuse, recovery and stress management. After every lecture you are allowed to have a quick smoke.
- 11.00 am - Lecture on how to deal with feelings or other situations (risky business) - the risk you take when using and abusing drugs.
- 12 noon - Lunch. The food is good and there is a choice. There is no reason to complain, and it would have to be better than what you were most likely living on ! The important thing is that you are getting a regular and more than adequate dietary intake. It may be a bit bland at times, but it is wholesome. The staff encourage you to eat as much fruit as you can.
- 1.00 pm - Activities - A daily walk around the hospital grounds, so you can buy smokes, toiletries and the like. This walk is compulsory.
- 2.00 pm - Tea trolley in the ward, and a quick smoke.
- 2.30 pm - Relaxation or well being group session. Relaxation is done by tape - everybody is urged to lay down on foam mats while the staff play a tape which takes you through deep breathing

exercises. The tapes run for about 35 minutes. At first my initial reaction was '*What am I doing here?!?*' But really, give it a go, as it does work, and you can attain a level of relaxation from it (and I'm no space cadet!).

- 3.15 pm - Time for a smoke
- 3.30 pm - Women's and Men's group meetings, or a life skills - well being lecture. The women's and men's groups are times when the men and women meet separately to talk about issues that are relative to each gender group. Life skills and well being lectures are sessions where you talk about ways of handling a drug free lifestyle and not slipping back into the old habits when you hit a rough patch, which life so often brings! Also covered is how to ride out traumas and how to resolve these traumas.
- 4.30 pm - Is the end of the day.
- 5.00 pm - Dinner
- 7.00 pm - Tea trolley comes around. At night you can sit around, watch TV, read a book or whatever.
- 10.15pm - Last smoko for the night.

Try to get to bed as early as possible to start a regular sleep pattern. There are 2 TV's, a pool table, books, games and puzzles. There is also a washing machine and dryer and a very large bath (which is excellent to soak in if you are cramping up). Well that's about it. The day is quite busy - by the time the day is over you are worn out. By the end of the week you have talked about a wide range of topics concerning the current situation that you have found yourself in (drug addiction).

There is a lot to think about before you leave HADS, and when it is time to leave your case manager that was allocated to you upon entering HADS will talk over a pathway plan with you. This is a method of the pathways program which gives you a short term forecast of the next couple of weeks upon leaving the HADS unit. They don't just spit you back out onto the streets to pick up where you left off. It gives you a picture of what you can do to keep the ball rolling, so to speak. One option upon leaving may be to sign up with a long-term rehab or something along those lines.

The lectures are very good and they do what they are intended to do. You start to think about where you want to be and what you want to be and what you want to get out of life. Thinking with a clear head for the first time in ages has a profound effect on your self esteem. After a while you start to think about what you can do to achieve these new-found but essential aims - a normal lifestyle.

I met some good people in HADS with problems just as bad as mine. After a couple of days in HADS I noticed a considerable change in everybody's attitude. Things looked more positive, which had an effect on me. In a lot of ways they gave me the courage to go on, and the inspiration to write this article. I would like to thank Dr. Pullen and the nursing staff at HADS, also Michelle who is one of the lecturers. I don't think I could have got through the ten days at HADS without their assistance and caring understanding. I hope that all the other patients that were there at HADS when I was are looking at the future as positive as I am right now. We all treated each other as equals. I will always remember them with kind regard, in particular one person who made me realise that I had buried emotions that I never thought that I would never again experience - I thought I had lost them forever - thank you Vicki!

I strongly advise anybody who has a drug problem, or if they know someone who does, to give HADS and the pathway program a go. HADS could be the answer that you have been looking for. I know it was for me, it answered a lot of my problems.

The end result for me is that I have stopped using benzos and I'm not looking back. I have reduced my methadone down from 70 mgs to 50 mgs. I have another 10 mgs of methadone to drop so that when I readmit myself to HADS I will be detoxing off 40 mgs of methadone. I know in myself that with the assistance of the staff of HADS I will succeed in doing so. I am quite sure of that.

I have complete confidence and trust in the doctors and nursing staff at HADS. I know they won't let me down. By the time this article goes to press I should be methadone and drug free. I once again thank the staff of HADS in their tireless effort in trying to salvage the lost souls of drug addiction - you are gems!



The *fei-shu* point lies two finger widths on each side of the third dorsal vertebra.

Kung-sun lies four to five finger widths below the ankle on the inside of the foot, where the skin changes from pink to white

LIVER PROBLEMS

Signs to watch out for in relation to liver problems are pale coloured bowel motions and brown coloured urine. If you experience these symptoms there is a possibility that your liver may be inflamed, in which case you should consult your doctor immediately. If you do indeed have an inflamed liver you can use the following techniques in conjunction with traditional medicine to get you back on track again.

The first acupressure point in relation to the liver is the *t'ai-chung* point, which is two to three finger widths above the crease between the second and big toes, slightly towards the big toe. This can be massaged in an upwards direction. Another point, the *tchong-tu*, is located one finger width below and behind the halfway mark on an imaginary line between the centre of the kneecap and the inner anklebone. This point should also be massaged in an upwards direction.

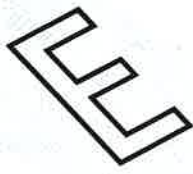
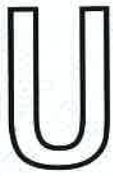
There is another point approximately three finger widths below the top of the outer legbone below the kneecap on the lower leg which should be massaged strongly in a downwards direction. Also the *ion-trang* and the *tan-chung* which are located halfway up the breastbone and two finger widths further down respectively. These points should be massaged in an upwards direction.

DIARRHOEA

Diarrhoea is another condition which can be assisted by the use of acupressure. As diarrhoea can be a symptom of a number of complaints it is best to consult your Doctor, however acupressure can be used in conjunction with more traditional treatments to relieve the discomfort of having diarrhoea.

The Chinese points *hsing-chien* and *t'ai-ch'ung* should be massaged in an upwards direction, towards the ankle.

Another major point is the *kung-sun* which is four to five finger widths below the ankle on the inside of the foot, where the skin changes from pink to white. This should be massaged towards the ankle bone. Another point is the *kuan-yuan* which lies one hand width (one and a half hand widths on solidly built people) above the public bone over the bladder. The *kuan-yuan* should be massaged upwards. The *ho-ku* is another point which relates to the large intestine and this lies on the back of the hand, two finger widths below the knuckle of the forefinger and half a finger width towards the thumb. Massage this point towards the elbow.



For a healthier lifestyle

CONSTIPATION

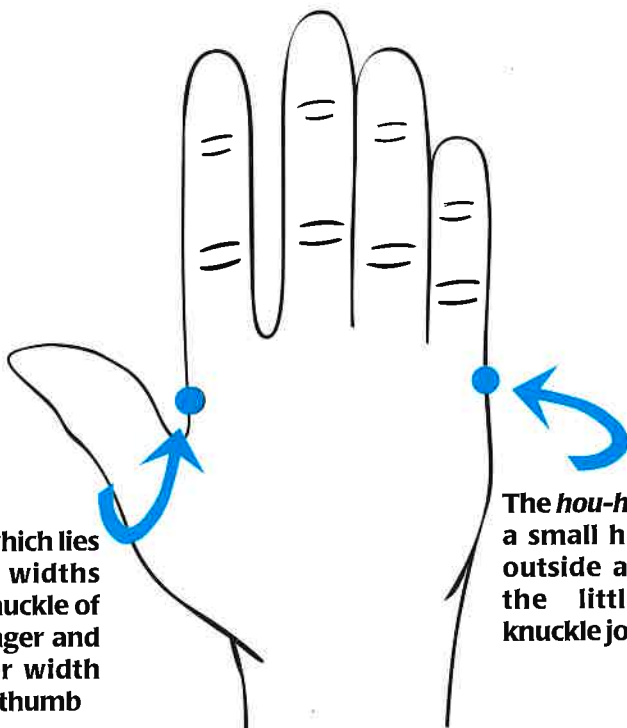
There are a number of acupressure points which relate to constipation. The principal point is the *ho-ku* which lies two finger widths below the knuckle of the index finger and half a finger width towards the thumb. This should be massaged towards the elbow. The *hou-hsi* point, in a small hollow just outside and below the little finger knuckle joint, should also be massaged towards the elbow.

As with the other treatments mentioned here the *hsing-chien* and the *t'ai-chung* can both be massaged firmly towards the ankle. Another major point for relief is the *tsu-san-li* which lies directly beneath the tip of the ring finger when the palm of the hand is placed on the kneecap. Massage this point downwards.

SKIN IRRITATION

The first point is the *ho-ku*, which is two finger widths below the knuckle of the index finger and half a finger width towards the thumb. Massage this point towards the elbow. You will also find the *ch'uh-ch'ih*, which is on the outside of the arm at the base of the crease at the elbow when the arm is fully bent. Massage it upwards.

Another great point is the *fei-shu* point, which is two finger widths on each side of the third dorsal vertebra. This point should be massaged downwards. The best way to find this point is to place your hand over your shoulder near the nape of your neck. When you do this the point will lie directly below the tip of your middle finger.



The *ho-ku* which lies two finger widths below the knuckle of the index finger and half a finger width towards the thumb

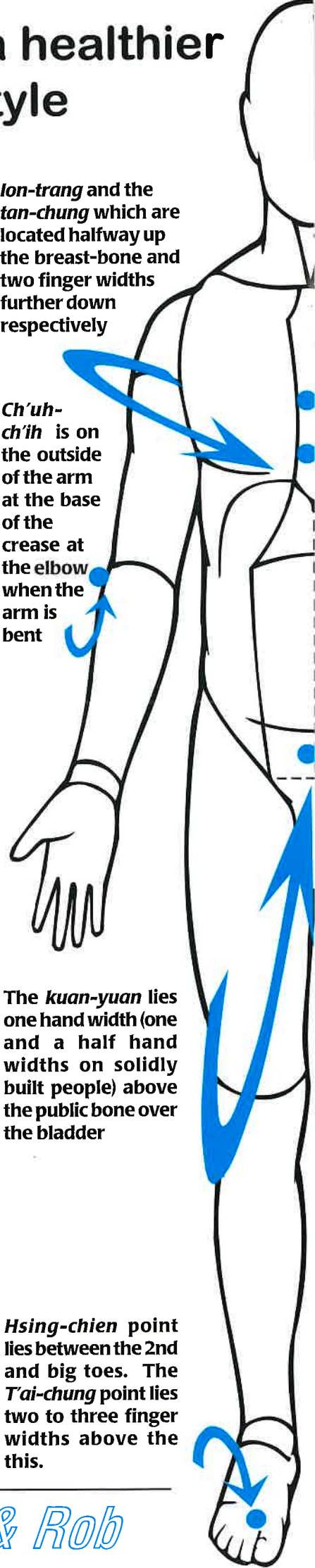
The *hou-hsi* point, in a small hollow just outside and below the little finger knuckle joint

lon-trang and the *tan-chung* which are located halfway up the breast-bone and two finger widths further down respectively

Ch'uh-ch'ih is on the outside of the arm at the base of the crease at the elbow when the arm is bent

The *kuan-yuan* lies one hand width (one and a half hand widths on solidly built people) above the pubic bone over the bladder

Hsing-chien point lies between the 2nd and big toes. The *T'ai-chung* point lies two to three finger widths above the this.



Safer Injecting Safer Using

Injecting is the most complicated and risky way in which you can administer a drug. Snorting, smoking, swallowing or inserting the gear into your rectum are all ways in which you can take drugs that are safer than injecting. This article is for people who choose to inject. It outlines all the things you need to do to take some of the risk out of injecting.

Aseptic Injection

Aseptic injection refers to a way of injecting that significantly reduces your risk of getting an infection from shooting up. It is particularly important if you are going to avoid becoming infected, (or getting re-infected) with Hepatitis C, which affects around 200 000 Australians; most of whom acquired the infection through injecting drug use. Using a clean syringe alone is probably not enough to avoid the virus, as it can be transmitted by very small amounts of blood.

Aseptic injection is the way of dealing with this problem. Its basic principle is that no blood (even microscopic amounts) get transmitted between one person to the next. This means not sharing syringes, water, filter, swabs or tourniquets. The blood that is in the water, on the spoon or a swab or a tourniquet that has been used by someone else is enough to transmit Hepatitis C.

The blood you can get on your hands is also a problem. The blood on your hands will get into everything you touch. The edge of the table, someone else's arm etc. Even though you may not see it, there is enough blood there to infect someone else if they were to get that blood on an open wound. The problem is that when you are injecting with a group of friends, people's hands are going everywhere, helping find veins, holding their arm, passing the water etc. and there are plenty of opportunities for the virus to be passed on. If the blood from your hands on the edge of the table gets on the next person's hands which they then use to feel for the vein, then they could be at risk of catching the virus from you.

The baseline of aseptic injection is;

NEW EQUIPMENT FOR EVERY HIT AND WASH YOUR HANDS BEFORE touching anything or anyone else.

The Equipment

The Syringe

The only safe thing is to use a new syringe for every injection. You should always try to get new syringes if possible, either through a needle exchange, the local hospital or through a chemist. You can ring Alcohol and Drug Information on 234 2414 (24 hours a day) to ask about the nearest exchange in your area. It's always better to stock up on syringes than it is to be caught short, and you cannot be charged for possessing a clean syringe as long as it's sealed in its wrapper.

Cleaning - not 100% safe but better than sharing.

If you can't get a new syringe, you can attempt to clean an old one, but there is no guarantee that any cleaning method will be 100% effective against Hepatitis C. However, some cleaning is better than none at all. The best practise if you are forced to use an old syringe is to use one of your own. You still have to clean it, because bacteria and organisms will have formed in the moisture and blood that has been left in the syringe.

The most important thing about cleaning is to make sure there is no blood left in the syringe. If the syringe wasn't rinsed after the last shot, this could be very difficult. Rinse and keep rinsing with cold water until there is no blood visible in the syringe. Don't use hot water as this can cause the blood to clot more and make the fit impossible to clean. Use new, fresh water for every syringe you are cleaning.

After rinsing, fill the barrel with hospital strength bleach (Domestos, White King), shake for thirty seconds, and rinse out again with clean, cold water. Repeat this procedure at least one more time. It is important to use fresh bleach, so check the expiry by date on the bottle. Also if the bleach has been kept in a hot place it will have lost some strength, so you'll need to get new bleach to clean with.

Remember, cleaning is not 100% safe, only using a new fit is guaranteed safe.

The Spoon

Always clean a spoon before mixing up in. Wipe it with a sterile alcohol swab, then rinse with clean cold water. Do not use silver spoons as they tarnish and it contains silver oxide which dissolves into your taste and the result could be a dirty hit.

Don't let a used syringe go into the mix as this can contaminate it with HIV or Hepatitis C.

The Filter

Always use a new filter, there is no safe way to use a used one. Avoid storing up old filters as fungus can grow in the cotton resulting in dangerous infections. Make sure you wash your hands or if you are on the street use an alcohol swab if available. Cigarette filters contain glass fibres which can damage veins, so use a corner from an alcohol swab, cotton buds or a piece of tampon. Tear off a piece lengthways in a long strand and drop it into the spoon, do not roll into a ball as this can break into smaller fragments which you may inject.

The Tourniquet

Elastic tourniquets will stop veins rolling and can be bought from most chemists. Stockings/Pantihose are the best makeshift tourniquets. Do not leave tourniquets on for more than one minute. If you can't find a vein release the tourniquet and wait a moment before trying again. A hot bath or shower may help bring veins to the surface. Remember to release the tourniquet before you start injecting, as you can balloon the vein, causing scarring and bruising.

The blood that can get on a tourniquet is enough to transmit Hepatitis C from one person to the next. It's best to use your own tourniquet when possible.

The Water

If at all possible use sterile water for mixing up your taste. Ampoules can be bought from some chemists and most Needle Exchanges give them out for free.

If sterile water is not available use as an alternative flat mineral water or cooled boiled water. Use freshly boiled water not the stuff that has been sitting in your kettle since breakfast.

Don't use the water that someone has put a used syringe into (e.g.. rinsing out), as Hepatitis C or HIV can be transmitted through the water.

Lemon Juice

It is best not to use lemon juice to dissolve alkaline dope as it contains a fungus which when injected can settle around your eyes and eventually blind you. It is better to use white (not brown) vinegar or a pinch of citric acid.

Caring for your Veins

To keep trackmarks, bruising and vein collapse to a minimum try the following. Use a new fit every hit, keep rotating injection sites, use a tourniquet that is easy to release before shooting the dope, apply pressure to the injection site immediately after your whack until bleeding stops. Wait for ten minutes and then rub the area with Hirudoid, Pergalin or Lasonil. Vitamin E oil is also useful.

Veins & Arteries

Veins carry blood towards the heart and arteries carry it away. Injecting into an artery is potentially very dangerous and can result in a range of injuries from severe bruising to the loss of a limb.

If you do accidentally hit an artery you will notice the blood gush into the syringe and the blood will be a brighter red than usual, and is sometimes frothy. If this happens, pull out immediately, raise the limb slightly and apply pressure to the site for about ten minutes. A rule for identifying the presence of arteries is if you can feel a pulse, an artery lies beneath it. Only inject into surface veins.

Injecting into muscle.

Do not inject speed, cocaine, pills or methadone into the muscles as they can cause abscesses.

Step one: The safest injection site is your upper arm. Some users choose to inject into the upper thigh but a great deal of care needs to be taken not to inject into the sciatic nerve. You can reduce the risk by picking a site six inches below the hips and six inches above the knee.

Step two: Keep the limb straight and as relaxed as possible

Step three: Clean the injection site with an alcohol swab.

Step Four: Holding the barrel push the needle in with one swift jab up to the hilt.

Step Five: Draw back, if you get blood in the syringe you have hit a vein or an artery. Pull the needle back a quarter inch and try again. Provided the syringe remains free of blood inject slowly but continue to keep the limb relaxed.

Equipment: Intramuscular injecting require a longer needle- at least one inch in length 23¼ inch & 21¼ inch gauge are both suitable for intramuscular injection.

Skin Popping

Remember, do not skin pop coke, speed, pills or methadone as they can all lead to abscesses.

Step one: The most commonly used sites for skin popping are the forearms, thighs and stomach.

Step two: Clean the site with an alcohol swab.

Step three: Relax and slide the needle under the skin at a shallow angle.

Step four: Inject a maximum of half a mill (or 50 units on an insulin syringe). This will create a little bubble under the skin. If you have more than half a mill of liquid withdraw and repeat this process at a new site.

Safer injecting

Never inject into the veins below the waist as this will lead to serious circulation problems. Avoid injecting into the veins in your hands and feet as the size of the veins and their proximity to nerves and tendons can lead to damage.

If you must inject somewhere else, the veins in your hands are better than anywhere in your leg. But inject very slowly and only around 15 units of a 1ml syringe at a time. More liquid will cause the thin veins in the hand to swell and possibly burst.

There are various options open to you if you are having trouble getting a hit in your veins. Intramuscular and skin popping (see above).

Abscesses

Abscesses will first appear as a reddish swelling which may feel hot to the touch. Then they develop into a hard pus filled core for which you will need to seek medical advice. Reduce your chances of abscesses by cleaning the site with an alcohol swab.

Dirty Hits

Caused by injection of foreign substances into your blood stream, e.g. dirt off the filter, a loose hair in the mix, old crusties on the spoon etc.

The symptoms are shakes, vomiting, sweating, severe headaches, fever and occasionally kidney pains. They are all best treated with aspirin. The best thing you can do is to rest, and drink lots of fluids, if you are nauseous, anti-nausea tablets like Stemetil or Maxalon may help.

Septicaemia

Blood poisoning caused by bacteria in the blood stream. It is essential to seek medical attention as it is potentially fatal.

Endocarditis.

When you inject non-sterile water you may introduce various bacteria into your bloodstream. They are then carried through your body and gather around the valves of your heart. Although it is treatable in the early stages Endocarditis can be fatal. Symptoms include heart palpitations, chest pain and fever.

Safe Using means:

Not sharing: Never sharing injecting equipment, fits, water, glasses, spoons, filters or tourniquets. This is especially important with Hepatitis C.

Keeping it sterile: Swabbing spoon and fingers beforehand, and the injection site before hitting up.

Cleaning up: When you have finished, flush your fit out, this means getting rid of all blood traces and makes bleaching easier if it becomes necessary.

Safe disposal: Always recap your own fit, then place it in a hard rigid walled container and return to your local exchange.

Women's Indigenous Position

It is with great regret that we here at QuIVAA have said goodbye to Dodie Eggmolesse our Indigenous Women's Officer. She has left us to further her tertiary studies. In her time with us Dodie did a lot towards education in the Murri community around injecting issues. One of the things she will be best remembered for is her collaboration with Indigenous Youth on the Murri Hep C Poster and Postcard campaign, and her hard work towards the successful production of the Murri Hep C video. We would like to wish Dodie all the best in her future endeavours. We would also like to welcome Bab-a-lue who is temporarily seconded to this position, until the new Indigenous women's worker has been appointed. She brings with her a wealth of experience in the Indigenous youth field.

Bahloo Young Women's Shelter

Bahloo is a shelter for indigenous women between the ages of 13 - 18 years. They offer crisis accommodation, counselling and referral in a caring, supportive and holistic indigenous environment.

Bahloo offers accommodation for 3 months, with assistance towards getting you back on your feet and into private accommodation after that. This organisation has a strict no drugs or alcohol policy. Please be aware that Bahloo does not have detox facilities.

Bahloo are open 24 hours a day, and can usually offer immediate help to indigenous or non-indigenous clients. To chat with someone call (07) 3391 2815.

Dundalli House

Dundalli House is a shelter for indigenous men between the ages of 13 - 25 years. They offer crisis accommodation and emergency assistance as well as help in obtaining employment and access to education.

This organisation has a strict no drugs or alcohol policy. Please be aware that Dundalli does not have detox facilities.

Dundalli takes referral from ATSI agencies, non-government agencies, Government agencies, family or individuals themselves. Dundalli Youth Shelter is situated at 43 Nieppe Street, Kedron, and their office is located at 161 Newmarket Road, Wilston. They can be contacted on (07) 3356 1899 during business hours, or on (07) 3359 9630 for emergency care.



FIX

a poem by
Michael Dransfield

It is waking in the night,
after the theatres and before the milkman,
alerted by some signal from the golden drug
tapeworm
that eats yr flesh and drinks yr peace;
you reach for a needle and busy yrself
preparing the utopia substance in a blackened
spoon held in a candle flame
by now yr thumb and finger are leathery
being so often burned this way-
it hurts much less than withdrawal and
the hand
is needed for little else now anyway.
Then cordon off the arm with a belt,
probe for a vein, send the dream
transfusion out
on a voyage among your body
machinery.
Hits you like sleep-
sweet, illusory, fast, with a semblance of
forever.
For a while the fires die down in you,
until you die down in the fires.
Once you have become a drug addict
you will never want to be anything else.

The poem 'Fix' is from a collection of poems called 'Drug Poems' by Michael Dransfield. The book is produced by Sun Books, and contains insightful, sensitive and alarmingly perceptive insights into life and living with drugs. 'Fix' also appears in Michael Dransfield's collected works, published by University of Queensland Press.



DRUG LAW REFORM

the direct
inheritor of the
Permanent
Central Opium
Board of the
League of Nations.

The national interpretation

The history of Australia's drug policy in the early 19th century makes it very clear that problems due directly to drug use and drug pharmacology have been almost irrelevant to the development and implementation of drug policy in Australia. Drug policy, as it related to opium initially, then heroin, cannabis and other drugs used non-medically (socially or recreationally), developed, initially, as a response to white racial prejudice against the Chinese and as the outcome of the power struggle between doctors and pharmacist (on the one hand) and the proprietary medicines industry (on the other). Over the last 70 years Australian drug policy has developed as a response to international influence and pressures; in particular the influence of the United States; a sustained program of misinformation, and the growing momentum of drug policy itself and of drug control institutions. A single strategy, prohibition, has dominated drugs policies this century.


This international system, originating in the US moved to end the opium trade in the Far East, and was partly inspired by the moral puritanism of American missionaries in China and the Philippines. At a political level it was an expressions of the US desire to extend its influence in the Pacific and consolidated US economic relations with China. Since then, the international system has remained a powerful extranational force, from the Geneva Conventions of the 1920's and 1930's to the Vienna Convention of 1988. The International Narcotics Control Board is

of international law can vary, but national policies are locked into international treaties which are ferociously enforced by the US. These legislative frameworks have been the fundamental factor shaping the global economy of drug use and production but have been entirely dictated by international power politics. International political pressure keeps the system of prohibition universal, and controls national policies through binding national governments to a mandatory international system.

One hundred years ago, Australia prohibited its first drug. The South Australian parliament banned opium smoking in 1895, when the Chinese were the only opium smokers in the country. In 1926, the Commonwealth of Australia banned cannabis when it was virtually unknown; it banned heroin outright in 1953. The history of drug prohibition in Australia is shrouded in ignorance, bigotry, racial prejudice, bureaucratic and economic interests and false assumptions. These conditions helped to create prohibition in the early twentieth century. But we were also willingly subservient to more aggressive players on the international stage, committed to establishing a global consensus regarding the control of narcotics.

Commonwealth and State legislatures displayed a willingness to establish drug control policies in response to overwhelming pressure and with scant attention to either the pharmacology of the drugs in question. For example, the Commonwealth was under considerable pressure in the 1950's because Australia consumed relatively large quantities of





heroin per head of population. This resulted in the total prohibition of heroin in 1953. Later laws restricting the use of heroin, morphine and cocaine were built upon the precedent of the opium control laws. These national laws, and the ever increasing international regulations and controls, developed through the 1920's and 1930's, step by step, and were always tightened and never relaxed.

It was a political decision taken to appease international detractors and to accede to the "draconian" prohibitionist policies championed by the US. Like the development of drug policy in general it reflected firstly an obedience to international opinion, and secondly, a growing acceptance of stereotypes about addicts as deviants. Thus, the domestic origins of our drug policy derived from a nineteenth century puritanical moralism and a racist social ethic, adopted by the international community through intense US lobbying.

Through the 1960's, patterns of drug use began to change, shattering the certainties of the past and bringing to light inadequacies and inefficiencies in the law. "Drugs" at last began to matter. Governments' response to these new conditions has since then occurred squarely within the parameters laid down, in ignorance and complacency, by the opium prohibition laws and the Single Convention on Narcotic Drugs of 1961.

In the 1960's drug policy was largely determined by bureaucrats and conducted on a bipartisan basis. As drug use patterns changed and came to be an issue of great public concern, political intervention increased and with it political rhetoric, especially amongst conservative parties, who saw increasing illegal drug use not only as intrinsically undesirable, but as a symbol of declining moral values, disrespect for the law and nonconformity. Illegal drug

use was condemned not because of the health risk involved, but because it became politically unacceptable.

Australian drug policies have been influenced and constrained by many factors. One is the implicit assumption that the only range of policy options lie within the sphere of the criminal law. Policy options outside the criminal range are ignored. Yet this reliance on the criminal law appears as a brief afterthought on the historical time-line of the manner in which the legal system of the English speaking community have responded to drug use: the model was invoked on the back of racial prejudice, preceded by commercially driven regulatory approaches, and influenced by international politics. The politicians, media and economic market that has emerged provides an inertia that amplifies the "drug problem" and due to self-interest is either unable or unwilling to see alternatives in policy or approach to the issues around illicit drug use. The drug problem has become a large scale international industry and in both its licit and illicit manifestations contributes significantly to the global economy. However it is not simply the vested interests of this "drug problem industry" that resists changes in approach or conceptualization. The war on drugs has relied on creating a consensus in the broader community through mobilizing drug users as scapegoats for the problems within society. The vindictive and hysterical nature of *The Daily Telegraph* campaign against the heroin trials in Australia showed how the development of international policy is mirrored in the public domain, with broader ideological issues dominating a discussion that at worst should have been conducted within the narrow restraints of drug treatment and medical research.

DRUG LAW REFORM

THE HEPATITIS A EPIDEMIC

Due to a dramatic increase in the reported cases of Hepatitis A, QuIVAA has been including a Hep A information leaflet in equipment packs provided by the needle exchange. The following is an outline of Hep A, its symptoms and ways to avoid transmission. For more information about Hep A contact QuIVAA or your doctor.

Symptoms-

Early signs and symptoms in someone with Hep A are feeling sick (nausea) and vomiting. Many people will have a fever, muscle and joint pains and maybe some diarrhoea. Most adults with Hep A become jaundiced (the whites of the eyes and sometimes the skin) goes yellow.

The skin may be itchy, the urine may go dark and the bowel motions may be pale in colour. It is very important if you think you have Hep A that you seek medical advice and not just stay in bed and hope to get better quickly. There are two reasons for this-

Firstly you will know for sure if you have Hep A or some other disease. You can then get accurate advice from your doctors and take steps which can make you feel less sick.

Secondly in the two weeks before the jaundice and for one week afterwards you can pass on the infection to your family and friends and other people with whom you have close contact.

If these people are given an injection of Immunoglobulin it can prevent or reduce the chances of them getting Hep A from you. This injection needs to be given to them as soon as possible after you are sure you have Hep A.

To protect family and friends-

If you have Hep A then-

Wash your hands thoroughly in soap and warm running water after going to the toilet

Do not prepare food or drinks for other people

Do not share linen or towels with other people

Eating utensils, linen and towels can be decontaminated by washing in warm soapy water. Linen and towels should be machine and not hand washed. Once eating utensils, linen and towels are decontaminated they can be used by other people. Oral sex can transmit Hep A, condoms or latex barriers (dams) make oral sex safe.

To avoid contracting Hep A-

If there is a problem with Hep A in your household-

Wash your hands thoroughly in soap and warm running water before preparing food or drinks and after handling objects and items such as nappies and condoms

When Hep A is spread in households it is usually confined to people caring for the infected person and to the sexual partners of the infected person. People who live in the same household as an infected person and the sexual partners of an infected person can have an injection of Immunoglobulin. The injection will not prevent infection but may prevent or reduce illness if given within two weeks of contact with the infected person.

Should people who have Hep A be excluded from work?

People who handle food or drinks must be excluded from work for at least one week after the onset of jaundice. Generally people whose work involves close personal contact such as child carers and health workers should not work while they are infectious. This matter should be discussed with a doctor.

QuIVAA is available in the West Moreton Region

every Wednesday 1pm - 4pm and Friday 10am - 4pm

Confidentiality assured

QuIVAA can supply all injecting equipment along with drug information, referrals and help with detox. We also have information on safe sex, and safe sex equipment is also available. QuIVAA will also collect and dispose of used injecting equipment.

For more info. contact Josy at QuIVAA or on 0411 087 034

New HIV/AIDS Treatments Booklet

The brochure is set up so that so that people who just want a brief overview only have to read sections one and five. Those who want a more detailed outline can read sections two, three and four.

The booklet has been produced in response to recent changes in HIV/AIDS management. Changes include:

An improved understanding of how HIV works inside the body.

The viral load test, which measures the amount of HIV in the blood stream and increases the ability to know when to treat and how to measure whether treatments are working.

A number of new antiviral drugs which increase our ability to treat the HIV disease.

The book explains all of these changes and what they mean for people living with HIV

Section 1 - Talks about what is HIV and explains how some past information has now been proved incorrect and sets us straight about the facts. This section also explains all about viral load and explains how to understand the viral load test results.

Also in section one the new antiviral drugs are explained, and how the new combinations are likely to:

1) Work for a longer time (there is less chance of the virus becoming resistant to them)

2) Be more effective (have greater antiviral activity)

Section 2 - Discusses in detail the HIV virus. It covers specific areas such as HIV and the immune system and stages of HIV as a disease.

Section 3 - Explains viral load testing in more detail as well as the CD4 (T-cell) count. It also explains what using the viral load test and the CD4 count can be used to determine.

Section 4 - Discusses the new antiviral treatments covering the areas:

How HIV replicates inside a cell.

Results of studies so far.

Advantages of drug combinations.

Drug resistance.

Short and long term side effects as well as side effects for women.

Section 5 - Sums up what the changes mean including:

How to use your viral load result.

When to start taking antiviral HIV drugs.

Choosing drugs

How to access the drugs.

How much the drugs cost.

And a conclusion.

This resource also has a great table of antiviral drugs currently available and an Australia wide contact list with the AFAO free call telephone number.

Tit Bits from QUAC

For some time there was a support group for heterosexuals living with HIV/AIDS. Due to different factors this group did not continue. When recently talking to people living with HIV/AIDS, there was a strong interest expressed for having the group reformed.

For this reason, the Queensland AIDS Council has restarted the group. It is basically a social/support group for heterosexuals living with HIV/AIDS, their partners, families and friends. It is an opportunity for people to connect with others who may be facing similar issues and is also a chance for families to get together and have a relaxing day.

Our hope is that the group will meet every second month, but depending on interest, this is flexible. We have had 2 outings so far and are open to suggestions for future times and places. For more information look for flyers at different agencies around Brisbane, otherwise you can contact Sue-Ellen at QUAC on (07) 3844 1990 or 1800 177 434.

Using Steroids Leaflet

An excellent guide for steroid users, topics covered in the leaflet include:

What steroids are used for.

What anabolic steroids are.

Site preparation and procedure.

Site rotation.

Injection sites

Contraindications.

Definition of terms.

An example of a daily meal schedule.

Another steroids booklet has recently been produced, and we hope to have copies of this publication available in the near future. Copies of this new steroids publication will cost \$5.00 each as this is the way the publication is distributed.

The brochures discussed above and a wide selection of others are available free of charge at QuIVAA, or can be posted out to you by ringing Corey at QuIVAA on (07) 3252 5390 or 1800 172 076 during working hours

LET QUILVAA TELL YOU WHERE TO GO

AIDS MEDICAL UNIT


2nd Floor
270 Roma Street, BRIS
(07) 3224 5526

BRISBANE SEXUAL HEALTH

484 Adelaide St, BRIS
(07) 3227 8666 

BIALA Detox.
Assess. Clinic &
Exchange
Ground Floor 270 Roma
St, BRIS
(07) 3238 4040 

BRISBANE YOUTH SERVICE (BYS)

(07) 3252 3750 

SCIVAA
Upstairs at 59 6th Ave,
Cnr Kingsford Smith
Parade
MAROOCHYDORE
(07) 5443 9576 

**BOOVAL DRUG &
ALCOHOL**
140 Brisbane Road,
BOOVAL
(07) 3816 0064

FAIRHAVEN
Rehab.
(Gold Coast)
(07) 5594 7288


**HEPATITIS C
COUNCIL**
(07) 3229 3767
1800 648 491

LOGAN HOUSE
Rehab.
(07) 5546 3900

**QLD POSITIVE
PEOPLE**
(07) 3846 3939

MIRAKI
Rehab. & Detox
(Gold Coast)
(07) 5576 5111

**QLD AIDS
COUNCIL**
32 Peel St,
SOUTH BRISBANE
(07) 3844 1990 

KOBI HOUSE -
Sexual Health Clinic
Toowoomba Base
Hospital
Wilmot St
(076) 316 446 

SQWISI
404 Montague Rd,
WEST END
(07) 3844 4565 

HADS
Hospital Alcohol & Drug
Services
(07) 3253 8704
Royal Brisbane Hosp.

**YOUTH
EMERGENCY
SERVICE**
(07) 3357 7655

MOONYAH
(Drug & Alcohol Rehab
& Detox Centre)
(07) 3369 0922

**GAIN - (GOLD
COAST)**
17 Lavarack Rd
NOBBY'S BEACH
(07) 5575 5144 

Services offering a needle exchange denoted by  symbol

Tell us where you are!

The 'DART' mailing list has become a monster, and is costing us a small fortune every edition to send out. Because of this, we here at QuIVAA have a mailing list overhaul planned. Basically from the March 1998 edition of 'DART' onwards, unless you have let us know you want to continue receiving 'DART', you won't get it. This is because a lot of people have moved and haven't let us know.



Please post the coupon below to us at QuIVAA and we will add you to the mailing list (that goes for organisations too!).

Post your coupon back to us as follows:

Dart Mailing List
QuIVAA
69 Robertson Street
Fortitude Valley QLD 4006

Name (for mail to be addressed to) _____

Postal address _____

Number of Dart Magazines required _____

If you don't wish to have 'Dart' posted, please let us know where you usually pick up a copy, other than at QuIVAA (this helps us distribute Dart most effectively)

This list remains completely confidential, and is released to no other agency or person whatsoever. People are welcome to use nicknames or initials (John H. / J. Howard / Politician)