DART

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My Little Rainbow

Turn up all the colour
I'm gonna ride the bright guy purple
Loving the desire and all its
splendour
At peace within the bright guy purple

Turn up all the colour
Wrap me in it all mister red
Loving all the energy without the
anger
At peace in an unemotional bed

Turn up all the colour
Shimmer me lover, shimmer me baby blue
Love the coolness overflowing in glamour
At ease in that coloured gaze
piercing from you

Turn up all the colour
Senses euphorically collide with brother
yellow
Love the trippy brightness and all its
armour
At peace in your arms and, oh so mellow

So lets just turn up all the colour

Dayle

News Flash!

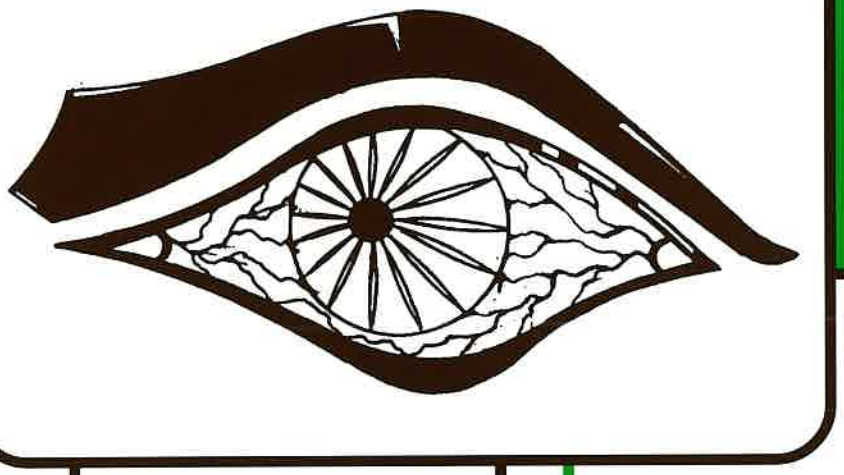
Wastelands Home Detox Project is up and running once again! Volunteers are desperately needed. For more info. on either detoxing or being a volunteer, call Cristian or Corey on (07) 3252 5390

Front cover collage produced with images from QuIVAA and other organisations-
We would like to thank -
AIDS Council of NSW
GAIN - Gold Coast
Alchohol and Drug Service
NSW Users & AIDS Association
QLD AIDS Council
AIDS Trust of Australia
Drug & Alchohol Services Council (SA)
AIDS Council of South Australia
Mike Combe - NSW Police Service

designed & produced by amy powell

cover produced in conjunction with tinka cowlan

Contents



quivaa
69 robertson street
fortitude valley q 4006
(07) 3252 5390 or 1800 172 076

thanks to all the volunteers and staff who once again have helped get dart out on the streets

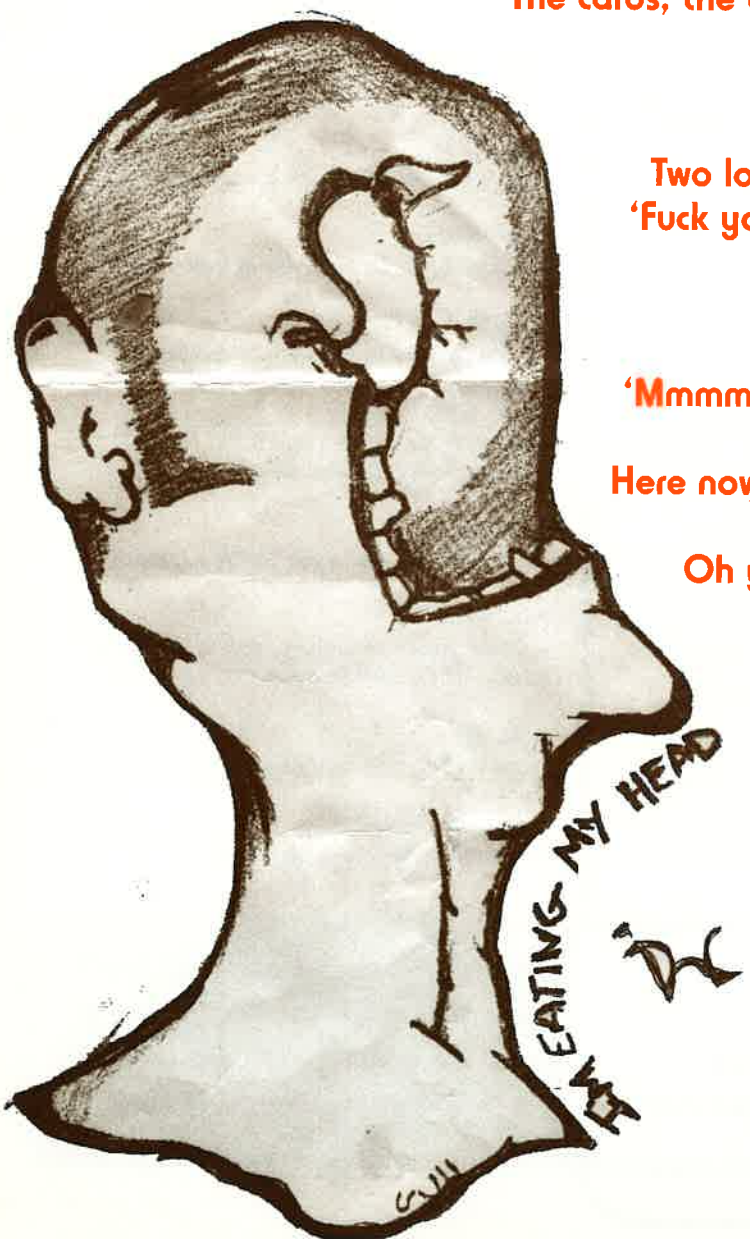
Please, picture a picture of me looking down upon you
Through the Haze, oh what a picture we might see.
Give me the love, ours and mother earth's
Through poppy's chemical haze
Try just to remember I'll always want more

SMACK CRASH

A journey into the possible destructiveness
of the love for a partner, mixed with the shared love of smack
A mutual need to get something more
More hardened sex and more and more and more hardened a hit
But after every attempt, with your body weakening
That extra attention needs to be taken with both drug and orgasm

SMACK CRASH

AH, to that point where pain becomes a necessary part of both
Foreplay and climax, to each reach a magical orgasm in that poppy haze
Until the games include possibly dealing the cards of death, and,
Many a time
The cards, the dice very nearly deal that deadly blow



SMACK CRASH

Two lovers awaken in the velvety haze of morning
'Fuck you're alive and so am I, that last memory was beautiful, please
shall I bring out our other lover
Fuck me kill me fuck kill me again
'Mmmm, a blast, then off for some roadthrill oh baby you can drive my car'
Here now we go, I can sit on your lap as you drive we'll thrill
Oh yes now it's coming, harder, cumin harder - see there's a truck
Cumming, speeding at us
Hold on, hold on, just a little bit more - now deal - death deal

SMACK CRASH

Ultimate - I came too
Our love eternal - just some mortician's mess
Give me love or give me death - give me your love and give me death
Smack crash, smack crash, smack crash, smack crash

Terry

LEGAL STATUS

of the supply, possession and disposal of needles and 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 currently apply-

- Needles and syringes may be supplied without restriction to any person for any *lawful* purpose.
- 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.
- Possession of needles and syringes is no longer an offence for any person.
- Persons may be authorised 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).
- 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.
- Possession of illegal drugs remains unlawful

If you have fits that are not sealed in their original plastic wrapper, then they should be in a sharps bin, or other similar container. These containers should be disposed of at a needle exchange.

Dispose safely at QuIVAA

hep B

Hepatitis B can be transmitted by-

- any sex without a condom, dam & gloves
- sharing needles and syringes
- from an infected mother to her child during birth
- by sharing toothbrushes, razors or other personal items that may lead to the exchange of bodily secretions such as blood and saliva
- any form of blood-contaminated sharp injury

Symptoms develop usually within 3 months of infection, and can range from no symptoms at all, through to a mild flu-like illness that may not be noticed through to nausea, vomiting, abdominal pain and jaundice (yellowing of the skin and whites of the eyes).

Most adults who acquire Hepatitis B (around 95%) recover, and develop lifelong immunity, and are no longer infectious. However, between 5% and 10% of people remain infectious for many years and are called carriers.

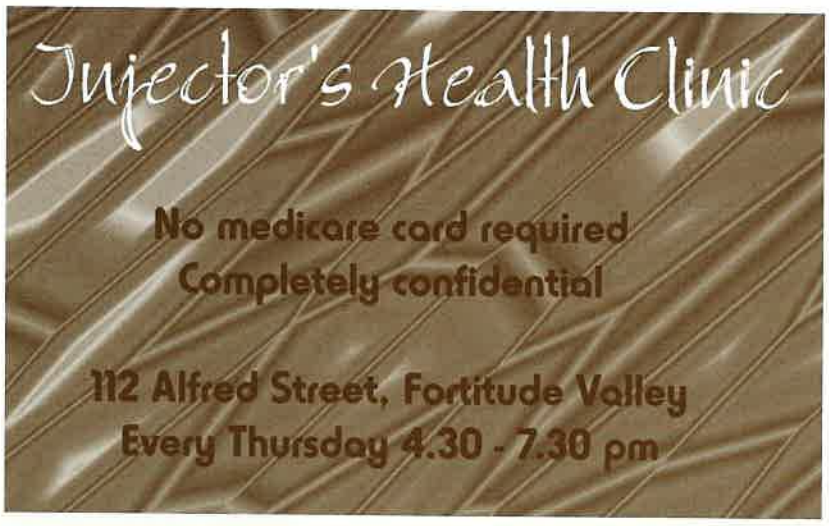
Long term carriers may suffer chronic hepatitis which increases the risk of cirrhosis, liver failure and cancer of the liver.

The best ways to avoid contacting Hepatitis B are

- use a condom when having sex, as well as gloves and dams if appropriate
- don't share needles, syringes & injecting equipment
- don't share tooth brushes, razors or other personal items
- get vaccinated against the Hepatitis B Virus

If you are experiencing the symptoms of Hepatitis B, then it is a good idea to get tested, so that you can best take care of yourself, as well as protect your flatmates, friends or significant others from infection.

Vaccination for Hepatitis B is available from doctors and sexual health clinics, as well as at QuIVAA's Injectors Clinic.



Written by Howard J. Worman, M.D., Departments of Medicine and of Anatomy and Cell Biology, College of Physicians and Surgeons, Columbia University, New York, NY 10032.

"The Hepatitis D Virus"

The hepatitis D virus (also called delta virus) is a small circular RNA virus. The hepatitis D virus is replication defective and therefore cannot propagate in the absence of another virus. In humans, hepatitis D virus infection *only occurs* in the presence of hepatitis B infection.

Hepatitis D virus infection is transmitted by blood and blood products. The risk factors for infection are identical to those for hepatitis B virus infection. The hepatitis D virus most often infects intravenous drug users.

A patient can only acquire hepatitis D virus infection at the same time as he/she is infected with the hepatitis B virus. This is called co-infection. A patient with hepatitis B can be infected with hepatitis D virus at any time after cute hepatitis B virus infection. This is called super-infection.

Hepatitis D virus super-infection should be suspected in a patient with chronic hepatitis B whose condition suddenly worsens. There is usually an obvious history of continued exposure to blood or blood products (eg. an active intravenous drug user). A particularly aggressive acute hepatitis B infection could suggest hepatitis D co-infection. Co-infection or super-infection with hepatitis D virus in a patient with hepatitis B is diagnosed by the presence of antibodies against the hepatitis D virus. IgM antibodies indicate acute infection.

Interferon-alpha is used to treat patients with chronic hepatitis B and hepatitis D infection. Some studies have suggested that a dose higher than that usually used for hepatitis B infection may be beneficial.

Hep D is fairly rare in Australia, although evidence from the USA indicates that it is slowly on the rise there. Because a person can only contract Hep D with Hep B, an immunisation for Hep B will also protect you against Hep D. Hep B immunisations are available at the QuIVAA's Injector's Clinic.

Drug Use in a Multicultural Australia

by Kevin Harris

The term multiculturalism was introduced into Australia by the Whitlam government in 1973 and reaffirmed by the Fraser Government in legislation in 1979. This legislation was replaced by Labor in 1979 and further amended in 1986.

Originally, *multiculturalism* meant racial tolerance and the appreciation of ethnic cuisine. However, the term has developed a more diverse meaning and includes maintenance of community languages, religions and social customs.

Multiculturalism of course, refers to ethnic cultures e.g. Vietnamese, Lebanese, Italian etc., but equally refers to religious cultures which cut across ethnic lines, e.g.. Muslims, whether from Lebanon, Bosnia, India, Indonesia or Fiji. All Muslims share certain cultural values and attitudes, as do Buddhists, Hindus or Christians.

Australia has yet to address religious law, especially that of the Muslims and Jews, in regard to marriage, divorce and other personal status issues as some other countries do.

However, the diversity of multiculturalism can be extended to include such things as the counter culture, the youth culture, the gay culture and of course the drug culture.

The law of course does not recognise or afford toleration to the drug culture, indeed it actively discriminates against it. Anti drug laws in both Australia and the United States (which influence Australian laws) reflect a racial and ethnic bias.

Opium smoking was outlawed in all Australian states by 1908, however other forms of opium and heroin were not outlawed until 1955. This reflects anti Chinese sentiment as mostly Chinese smoked opium whereas Caucasians used opium and heroin in other ways.

Anti marijuana laws were pushed on Australia by the United States where marijuana use was seen as a Mexican vice. Until the late 1960's, cannabis use was restricted to 'inferior' people such as Arabs, Turks, Indians and Mexicans. Counter culture whites who began to use cannabis were seen as turncoats and traitors to their own culture and therefore, moral degenerates.

The use of cocaine was criminalised in the 1920's and 1930's under American pressure because it was mainly used by prostitutes, underworld figures and bohemian people.

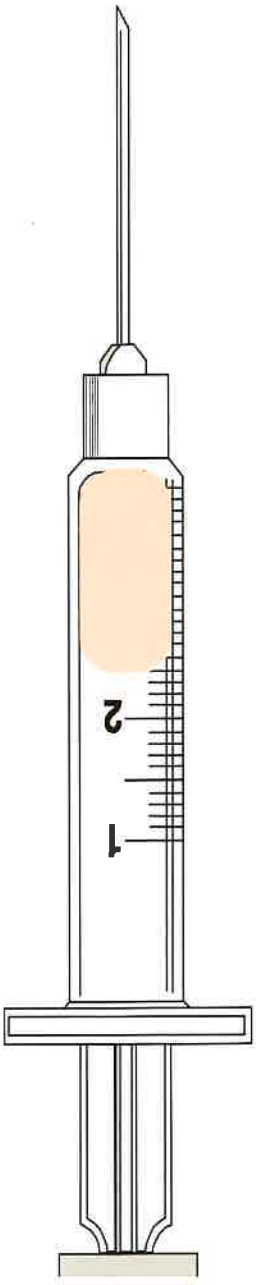
Indeed, some ethnic groups have a long history of using certain drugs; opium in India and neighbouring countries; cocaine in South America and cannabis in a good many countries. Anti drug laws can be seen as reinforcing prejudice against certain ethnic groups and certain ethnic groups are as such blamed for Australia's drug problems.

On the 30th October, 1996, in a Parliamentary statement Prime Minister John Howard "reaffirmed its (Government's) commitment to maintain Australia as a culturally diverse, tolerant and open society". The statement was supported by the Opposition Leader Kim Beazley, and was carried unanimously.
The basic question for both Howard and Beazley and indeed all parliamentarians is are they tolerant and open minded enough to apply this policy to the drug culture equally with other cultural groups in Australia?

The 1989 National Agenda for Multicultural Australia endorsed by the Commonwealth Government includes a "responsibility to accept the rights of others". When will State and Commonwealth Governments accept the rights of the individual to make their own decisions on questions of drug use?

A letter writing campaign to State and Federal Ministers asking for a more tolerant policy in regard to drug use and recognition for the right of the individual to make their own choices will put pressure on them to live up to their own principles.

Multicultural policy has been expanded to include diverse groups in Australian society and can be further expanded to include the "drug culture".



The Big Book

an overview of Anabolic - Androgenic Steroids

This resource has been compiled by Helen Strathis - Health Education Officer, The Exchange Manly (North Sydney Area Health Service)

The books contents:

Introduction to Steroids:

- Anabolic-Androgenic Steroids (AAS)
- What are AAS ?
- How do AAS work ?
- Who takes AAS ?
- Why do people take AAS ?

Before you start taking Steroids:

- A balanced Diet
- Strength Training
- Medical Monitoring

What you need to know about Steroids:

- Working out Milligrams and Millimetres
- Cycling
- Types of AAS
- Safe Injecting
- Adverse reactions
- Other Drugs commonly used
- Nutritional Alternatives
- HIV and Hepatitis
- Case Histories

Also contained in the book is:

- A list of Services
- A list of AAS

This has got to be the Steroid Users bible, it is very comprehensive and has lots of helpful information. The reader also has the chance to give the compiler feedback information so that the publication can continue to grow and improve with the continuing changes. Readers are asked to answer questions like:

- Is the information in the book up to date
- Which section did you find most helpful
- Which sections you did not like and why you didn't like them
- Specify any sections that need expanding or improving, and how

Copies of the resource can be obtained directly from QuIVAA or from the distributors
The Exchange Manly
14 Pittwater Road Manly NSW 2095
and they cost $5.00 per copy.

Victorian AIDS Council/

Gay Men's Health Centre Swap Cards

The days of being teased for collecting swap cards is well and trully over, as the new range of swap cards from the Victorian AIDS Council/Gay Men's Health Centre demonstrates.

The cards feature safe sex, HIV/AIDS and relationship information on the back, and really funky graphics on the front.

Just think - what a perfect opening line - *'Want to swap cards?'*

Artist- Kent Allemby

Artist- Andrew Lehmann

Cards are available direct from Victorian AIDS Council/Gay Men's Health Centre, and are free (as long as you're not ordering heaps and heaps). They can be contacted at 6 Claremont St, SOUTH YARRA VIC 3141

For more information about these resources or other resources at QuIVAA, contact Corey, our Information and Resource Officer

It was with many tears and anguish that we here at QuIVAA said goodbye to our program manager of three years in September 1997.

Tracy Green had been involved with QuIVAA since its inception in 1988, and during her time with us served in a number of capacities, both on Management Committee and later as a staff member.

In her time with us Tracy was responsible for a number of initiatives, and put us on the road to being the professional organisation that we are today.

Tracy will be remembered for her infectious laughter, generous spirit and 'fuck them' attitude. She will be missed by us all.

We would like to take this opportunity to thank Tracy for her many years of devoted service to QuIVAA and our clients, and wish her every happiness in her future endeavours.

Our new Coordinator Dawn Llewellyn joined us in November 1997.

Dawn graduated from University of Queensland in 1989 with a Bachelor of Social Work, and has worked in the Domestic Violence sector since that time.

She brings with her a wealth of experience, having coordinated a community based organisation for the past three years. In addition to this Dawn has served on a number of committees and boards in the community sector.

Dawn completed her Master of Arts in 1995 and has told us she plans never to study again! Dawn has also worked in a maximum security forensic psychiatric facility. This should give her a good point of comparison when working here at QuIVAA!

Despite being a boffin - Dawn has settled into her position well and has implemented a number of changes to continue bringing quality services to our community. We all look forward to a long and fruitful relationship.

Safe Disposal

Did you know that if you put your dirty fits in the rubbish bin, they end up as land-fill?

Aaaaagh!!!!!!!

The thought of people building homes on top of potentially hazardous waste is a bit of a nightmare.

The law states that all used syringes must be disposed of in a sealed rigid-walled puncture proof container that is not glass, but remember that as soon as the syringe is out of its wrapper you can be done for unsafe disposal. So you can't be done for carrying dirties around as long as they are in a container that meets these requirements.

The best place for you to dispose of your dirties is at your nearest needle exchange, as they are then destroyed. We really appreciate you making the effort to bring your used syringes in as it helps us to get continued funding if our needle return rate is high (eg. we get as many needles back as we give out) and also to dispel the myth of the irresponsible 'junkie' drug user who doesn't care who finds their used equipment.

The universal symbol for needle exchange is a red and white arrow pointing towards each other.

Universal symbol for needle exchange (with red & white arrows - not to be confused with the general waste recycling symbol which is similar but is green & white)

Wherever you see this symbol, usually on yellow hazardous waste bins or in places where they are, but also on stickers, T-shirts and cloth patches you know you can either safely dispose of your stuff there or be told where you can. We often wear this symbol when we do outreach work so if you see someone wearing it feel free to approach them and get info, free

AN OVERVIEW OF HARM MINIMISATION AND DRUG EDUCATION IN AUSTRALIA

There are a number of different strategies employed in education about drugs and alcohol. QuIVAA operates under a harm minimisation strategy. The following is an outline of the different approaches to drug education, and their various merits and downfalls.

Primary Prevention Education

Primary Prevention Education is characterised by its demand for total abstinence to eliminate drug related harm. There are six different models of primary drug education-

Temperance Education

Implementations-
Fear and scare tactics,
Sole focus on negative consequences of drug use

Assumptions-
Fear is effective as a behaviour modifier
That being told how bad drug use is will deter use and experimentation

Information Provision

Application-
Lectures from experts
Scientific presentations and materials
Structured lessons

Assumptions-
Knowledge about drugs and substance abuse and the problems associated with this will lead people to make wise choices and abstain

Intention Development

Application-
Establishing personal responsibility and setting moral climate
Values clarification and value decision making skills

Assumptions-
Similar to Information Provision, but emphasising the relationship between knowledge, attitudes and behaviour

Social Skills Training

Applications-
Esteem Training
Coping strategies for dealing with anxiety
Role playing, stress management etc.

Assumptions-
That people learning overt and covert skills for copying with anxiety and peer pressure will have higher self-esteem and problem solving ability, and will be less likely to engage in deviant behaviour

Social Inoculation

Applications-
Training for coping with peer pressure
Films showing people coping with peer pressure
Assertiveness Training
Role modelling, rehearsals

Assumptions-
That you can replace the need for artificial highs with natural ones
You build positive peer groups based around unhealthy behaviours

Getting High on Life

Applications-
Outdoor courses, rock climbing, white water rafting, survival camps
Group and team building exercises

Assumptions-
That you can replace the need for artificial highs with natural ones
You build positive peer groups based around healthy behaviours

Primary Education Failures-

Inhibit the behaviour through fear
Increases stereotypes & discrimination. People who do use drugs become marginalised
Contradicts observed experiences and therefore leads to a mistrust of drug education
Leads to people not identifying their behaviours with the images presented of drug users and drug use
Glamorizes the behaviour

Lack of knowledge causes drug use
Assumes that drug use is abnormal behaviour 'motivated' by a lack of understanding
Subject fails to connect drug use to harm because personal experience of drugs is functional, providing immediate benefits and pleasures
Knowledge that something is dangerous or bad (physically or morally) does not necessarily mean one doesn't take risks

Peer and social pressures cause drug use
The Australian drug scene is not a predatory hard sell scene - this is an American ghetto experience assumed by uninitiated people to be a factor of drug use in Australia.
Peer groups can often be useful instruments of harm prevention and can provide a positive supportive network, giving the subject the sense - and in many instances the ability - to mange drug use, functionally and beneficially.

Low self esteem predicates drug use
Low self esteem may contribute to chaotic and abusive drug use but is not a given in all instances of drug use
[illegible] with good health knowledge and high self esteem also use drugs

Negative Outcomes of the Primary Prevention Approach

The Primary Prevention approaches often fail to target appropriate information to high risk groups
Initiates develop a mistrust of mainstream services and may fail to identify with drug use education
This approach blames the individual, these people then become socially marginalised

Harm Reduction Approach

Harm reduction is a structured philosophy operating at different levels, usually related to the needs of the individual
Harm reduction is education about drugs aimed at maximising positive health outcomes
Harm reduction is not judgemental - it neither condemns or condones drug use
Respects that individuals will make personal decisions about drug use
Aims to create an open and honest dialogue

Some Principles of Harm Reduction Education

- The majority of young people who experiment with drugs eventually give them up or move to more illicit drug taking behaviours in response to responsibilities of adulthood
- As primary prevention does not appear to be effective in preventing all young people from using drugs, then we can at least keep them healthy and give them the opportunity to make decisions for themselves.

Assumptions for implementing harm reduction programs and policies (particularly for young people)

- Views drug use as a normal adolescent behaviour for the individual concerned
- Acknowledges that drug use occurs within the framework of play, experiencing new sensations, and of deliberately challenging authority
- Bases its analysis on an understanding of risk behaviours and that harm can occur in a number of ways

Programs for Running Harm Minimisation Sessions

- Facts about drugs (positive and negative)
- Personal drug use discussion of risk taking behaviour
- Attitudes - challenging drug use
- Harm Reduction - attention to who you use with, the setting and the context in which use occurs
- The Law and drugs
- Giving and receiving help
- Community Action
- Parents/partners/peer and community support

Detox & Treatme

There are a range of new pharmacotherapies (prescribed drugs) being trialed in Australia to assist with opioid (natural and synthetic opiates) detoxification and maintenance - i.e. programs similar to the existing Methadone Program. The following seeks to clarify some of the more common questions about these therapies, and give an overview of what is on offer. The treatments fall into three basic categories - opioid agonists (like Methadone), opioid antagonists (Naltrexone) and mixed agonist/antagonists (Buprenorphine).

AGONISTS

Agonists work by substituting another drug for heroin/opioids, and in this way eliminate the need for heroin use. Although some agonists being trialed are similar to Methadone, each has particular advantages and disadvantages, and must be viewed as part of a range of options that may be offered in the future to assist people with managing their addiction.

LAAM

LAAM stands for laevo-alpha-acetylmethadol, and is essentially a long acting form of Methadone. LAAM has been used in the US for about 10 years with some degree of success. It is taken as an oral solution which is then broken down in the liver to become an active metabolite of Methadone. Because of its slow release action, LAAM only needs to be taken 3 times a week, as opposed to normal Methadone which needs to be taken daily. The procedure for this treatment would be to first stabilise a client on Methadone, and then transfer the client to LAAM. Although LAAM is broken down in the liver, from the information we have received it may still be an appropriate option for people with liver damage (such as people with active Hepatitis C), however the dose required would probably be less than normal, due to the slower breakdown rate of LAAM to Methadone in the presence of decreased liver function. This treatment is to be trialed by Dr. Robert Ali in Adelaide, along with Turning Point in Melbourne.

Advantages: Clients only have to 'pick-up' their dose 3 times a week, instead of daily.
LAAM is not as effective if it is injected, as it is converted to Methadone in the liver after absorption from the gut - therefore clients are less likely to misuse LAAM, as its effect is reduced by injection.

Disadvantages: Because LAAM stays in a client's system longer than normal Methadone, there is a greater risk of overdose, particularly if a client uses heroin or other drugs of dependence at the same time.

Possible Applications: This type of treatment could be suitable for clients who are committed to staying clean, and their lifestyle does not allow them to visit a Methadone clinic daily for treatment.

Slow Release Oral Morphine

Slow release oral morphine is currently used for people in chronic pain, but is not available for the treatment of opioid dependence. It is available in tablet form, however despite it being 'slow release' it is probable that clients would still have to be dosed twice daily.

Advantages: A possible treatment for clients allergic to, or intolerant of, all other maintenance opioids registered for drug dependence.

Disadvantages: Clients would most likely have to be dosed twice a day.
Could easily be misused, and as such is unlikely to be approved for opioid maintenance use.

Possible Applications: May be useful for clients who are allergic to other treatment options.
May be useful for clients who are under 24 hour medical supervision (e.g. in hospital)

Tincture Of Opium

Tincture of Opium was available until the 1950's as a treatment for diarrhoea and as a headache cure. It is a solution made from opium, and as such is similar to heroin, however it has a short half-life (period of time in which it works in the body). Due to the short half life of this treatment, it is possible that clients would need to be dosed up to three times per day, therefore reducing its usefulness for opioid maintenance.

Advantages: May be useful in cultures where Methadone is culturally inappropriate - particularly the Vietnamese and other Asian communities. May find a role in countries of South East Asia.
Possibly where clients are allergic or intolerant to all other opioid treatments.

Disadvantages: Clients may require dosing 3 times a day.
Unlikely to gain approval for use in opioid dependence treatment in Australia.

ANTAGONISTS

Antagonists are drugs which block the action of opioids at the brain's opiate receptors. An example of an antagonist is Narcan. Antagonists have received a lot of press recently as a 'cure' for opiate dependency. What antagonists do is put the body into immediate withdrawal. As such, antagonists can be used for both detox and for relapse prevention, as well as to reverse the effects of an overdose.

Naltrexone

Naltrexone has received a lot of press as the new 'wonder drug' to 'cure' addicts. The information so far would suggest that although Naltrexone may have an important place as a detox or relapse prevention tool, it may not be the "golden bullet" for drug dependence that many people, particularly the press, are suggesting. Naltrexone is a pure antagonist, and as such works by blocking the effect of opioids.

There are two ways that Naltrexone can be used, firstly as part of a rapid detox program where the Naltrexone is used to detox a client, and secondly as a relapse prevention tool after detox.

The rapid detox procedure usually involves a client being put under general anaesthetic for a period of hours, and Naltrexone being administered in large quantities to neutralise the opiates in the body. Some advocates of the program claim that this is a painless and peaceful procedure, although there are people who have used Naltrexone for detox who claim that this is not the case. As with any procedure requiring general anaesthetic, there is a certain amount of risk involved. After the detox is completed, much smaller doses of Naltrexone are administered daily in tablet form over a period of months to assist in relapse prevention. This is because Naltrexone is believed to minimise or even completely prevent cravings for heroin, and in the event that a client should 'slip up' and use, the Naltrexone blocks any effect from the heroin, so that there is no euphoric effect, and therefore no reinforcement to continue using.

One of the major risks of using Naltrexone for relapse prevention is that if a client who is detoxed stops taking their Naltrexone for a period of days, and then uses, their tolerance would be a lot lower than it was before they had detoxed, therefore increasing the possibility of accidental overdose. Another associated risk is that if a client uses opiates whilst on Naltrexone, they will not feel an opiate effect, but may accidentally overdose. This can occur because they may feel that the opiates are not working, and then increase the heroin dose to overcome the action of Naltrexone. The overdose occurs because Naltrexone does not stop all effects of opiates on the body, even though it does effectively block the client's ability to feel the euphoric effects.

Furthermore, if a client who has stopped taking Naltrexone starts again, after using, while there is any trace of opiates left in their body, they could go into an immediate acute withdrawal reaction (without the benefit of an anaesthetic and a team of doctors).

Some people working with Naltrexone feel that its best application is in relapse prevention rather than detox, and this option is being looked at with the joint use of Buprenorphine and Naltrexone (detailed next page).

Advantages:

Naltrexone has received some good reviews in terms of relapse prevention - apparently it is of some help in reducing the cravings for both opioids and alcohol - which also effects the brain's opiate receptors.

Disadvantages:

Naltrexone is potentially dangerous if used in conjunction with opiates, or if a client stops and then starts using opiates again at previous tolerance levels, or restarts Naltrexone too soon after opiate use. Clients may find it difficult if they do stop taking Naltrexone and then use opiates to cope with the approximately 72 hours when they would have to have no opiates while waiting for them to clear from their system before starting back on their Naltrexone to reduce opiate cravings.
Naltrexone for detox could be dangerous given that clients are detoxing rapidly, and that they have to be under general anaesthetic (which has risks of its own)

There is a concern that as Naltrexone blocks the opiate receptors in the brain, conventional pain relief drugs (mostly opiate based) would be of little assistance should the client need genuine pain relief.
There is a concern that clients could choose to use another drug which is not affected by the Naltrexone treatment (such as speed or cocaine) to continue enjoying a state of unreality
The cost of the treatment may also be prohibitive to some people

Possible Applications:

Naltrexone could be used as either a detox/relapse prevention tool, or simply as a relapse tool, particularly in cases where clients have a genuine desire to be clean and stay that way.

MIXED AGONIST/ANTAGONISTS

Buprenorphine

Buprenorphine is a mixed agonist and antagonist, which means it works differently from plain agonists or antagonists. Trials so far conducted by NDARC at the University of New South Wales indicate that it is relatively safe and easy to stabilise a person on Buprenorphine in comparison to alternative opioid therapies.

The main difference between Buprenorphine and other opioids is that an antagonistic effect occurs at higher blood levels, with the result being that a client might actually cause an acute withdrawal reaction if they were to accidentally or intentionally misuse Buprenorphine. As with LAAM, there would be no incentive to attempt to misuse Buprenorphine, which is a problem common to other opiod maintenance treatments. The antagonist action of Buprenorphine also reduces the likelihood of respiratory depression occurring in overdose, giving the drug a relatively high safety margin for normal use.

Trials to date also suggest that Buprenorphine is a great 'respite' drug, and can be used when a client is needing a physical or psychological break from opiates. The reason Buprenorphine is so good for this application is because it is easier to stabilise a client on this drug than with other opiate maintenance treatments such as Methadone, and because it is much easier for a client to 'jump off' Buprenorphine if they choose to as compared to jumping off Methadone.

Like Naltrexone, if you use heroin while taking Buprenorphine, it's euphoric effect is blocked by Buprenorphine's antagonistic action, whilst at the same time, Buprenorphine's agonistic action prevents an acute withdrawal reaction from occurring. And like LAAM, Buprenorphine also has a long action and only needs to be taken three times a week, once again removing the need for daily pick-up.

One proposed treatment regime for Buprenorphine is as follows:

G.P.s might be able to prescribe a client Buprenorphine for up to four or five day period, during which time the client can consider what options they wish to pursue in terms of a.) detoxing and 'getting clean,' with or without the use of Naltrexone for relapse prevention, b.) remaining on some form of opioid maintenance using Buprenorphine or switching over to LAAM, Methadone etc. c.) resuming using in a less chaotic manner by simply jumping off Buprenorphine.

If the client decides to detox, then Buprenorphine is said to be a far easier drug to detox from or jump off, than other opioid therapies.

Advantages:

It is more difficult to misuse Buprenorphine than other opioids due to the antagonist (withdrawal) effect of higher doses
Clients are not as likely to continue using opiates due to the fact that they will not feel them
It is easier to withdraw from Buprenorphine than from other opioids, such as Methadone
Only needs to be taken three times a week

Disadvantages:

A client could potentially OD on Buprenorphine because they can not feel the effects of heroin - thereby they may take larger and larger doses and overdose.
The cost of the treatment

Possible Applications-

Buprenorphine could be used to give clients 'time out' from using, or as a gateway to either detox or another opioid maintenance program. It could also be used as an opioid maintenance treatment in its own right

Researched from information provided by Dr Lynn Hawken, ATODS

BAIL & YOU

AN OVERVIEW OF BAIL IN QUEENSLAND

FOR SPECIFIC ADVICE PLEASE CONTACT A LEGAL PROFESSIONAL

Bail is the name used to describe an action whereby a charged person can be allowed to be at liberty (e.g. not locked up) pending a court appearance.

Different types of bail have conditions attached - in some cases a person on bail may need to report to a police station at regular intervals, or possibly another agency as prescribed in the conditions of bail.

Other conditions which may apply are not being able to leave the municipality in which bail was granted, and sometimes persons on bail may be asked to surrender their passport as a condition of bail.

In cases where an application for bail is made in a Magistrates' Court, there is a general duty to grant bail.

However, if the Magistrate deems that there is an 'unacceptable risk' that the defendant would fail to appear, commit further offences, interfere with witnesses, obstruct the course of justice or endanger the safety or welfare of other citizens then the Magistrate may refuse an application for bail.

Factors the Court may consider when deeming if there is an unacceptable risk are as follows-

The nature and seriousness of the offence

The length of residence by the defendant at the address, other residents and the defendant's relationship to them.

If the defendant is from interstate, then the length of time that they have lived in Queensland

Family situation, dependants, defendant's own health and health of dependants

The age of the defendant

Employment details. Period of time in current employment

If unemployed the prospects of obtaining a job

Property and financial interests

Previous convictions

The length of time the defendant is likely to spend in custody

Whether the defendant has ever previously failed to honour bail

Whether the defendant is already on bail for another offence

Availability of any surety

The *Bail Act 1980* also precludes Magistrates Court bail in cases of murder or serious drug offences.

The types of bail that a defendant can apply for are as follows-

Supreme Court bail - usually for murder or serious drug offences

Magistrates Court bail - with own undertaking, no cash deposit and no surety

Magistrates Court bail - with own undertaking, together with a surety and/or a cash deposit

Watchouse bail (also known as police bail or cash bail)

An 'undertaking' is a signed promise by the defendant to appear in Court on the appointed date. If the defendant fails to do so, an arrest warrant is issued.

A 'surety' is a guarantor who signs an agreement that if the defendant is not in court on the appointed date, then the surety will forfeit a set sum of money. The amount of money to be forfeited is part of the agreement the surety signs, and it is at the Magistrates' discretion to set an appropriate amount of money before the agreement is signed. Factors the Magistrate or Court may consider when considering bail and cash deposits/surety for bail are the nature of the offence, the personal and financial circumstances of the defendant, and the public interest.

The legislation covering bail and possible conditions of bail is the *Bail Act 1980*, and is available from the Government Printer.

If a defendant on bail appears at Court on the prescribed date, and has in all other ways satisfied the other conditions of bail, then the defendant may apply for an 'enlargement of bail'. An 'enlargement of bail' can be applied for in cases where a defendant has who has already been granted bail on his own undertaking, comes to court on an appointed date and seeks a remand or an adjournment. An enlargement of bail, if granted, will allow the defendant to remain at liberty until the next court appearance.

If the Court believes that there is insufficient evidence to properly consider an application for bail, then the Court may decide to remand the defendant in custody while sufficient information is gathered to consider a bail application. The Court will wait until the needed information has been gathered, and will then consider the bail application. This could be later on the same day, or perhaps the next day.

Sometimes a defendant will be asked to 'show cause' when making a bail application. A show cause bail application is applicable when a defendant has committed an indictable (jailable) offence, while already on bail for another indictable offence, or when an indictable offence is committed which in any way is connected with the actual use or threatening to use a firearm, offensive weapon or explosive.

If a defendant does not appear at a Court date as prescribed under their conditions of bail, a warrant for their arrest may be issued. If there is a possibility that there is a good excuse then a warrant may be issued with an order that the execution of the warrant be delayed. If the defendant then appears in Court before the warrant is executed, and gives an explanation which is to the satisfaction of the Court, then the Court may elect to have the warrant withdrawn.

If someone who has been given 'watchouse bail' but was not required to sign an undertaking does not appear in court, any money that they deposited is automatically forfeited to the Crown (e.g. the Government) and in most cases no conviction is recorded, although the defendant's criminal history is marked as 'forfeited bail', and this may be considered in future bail applications.

You don't have to have fun to get fungus.....

Well, summer is here again and as well as all the fun things we associate with this time of year for many of us the hot steamy days and nights can mean occurrences of thrush.

Thrush is actually a fungal condition - commonly called Candida and can live anywhere on the surface of the body without causing problems. Many women have Candida in the vagina all the time but generally other 'friendly bacteria' keep it in check. An attack of thrush that causes symptoms may occur when something happens to upset this balance.

If you are using intravenous drugs or if you are living with HIV, then your immune system may be a bit run down. This being the case, you may be more susceptible to thrush and other fungal conditions.

Some Symptoms of Thrush

- Itchy vulva or vagina
- A discharge which may be thick and white
- Pain, swelling and redness around the vulva and vagina
- Pain and discomfort during intercourse and
- Soreness on passing urine

For men there are generally no symptoms, but occasionally they may notice an itchy rash on the genitals, particularly if they have not been circumcised.

Common Reasons for an Attack of Thrush

- Following a course of antibiotics
- Pregnancy
- Perfumed soaps or bubble bath
- Being stressed out or run down
- Tight fitting underwear, swimmers, gym wear, or nylon
- Contact with the penis, vagina or mouth of someone with thrush

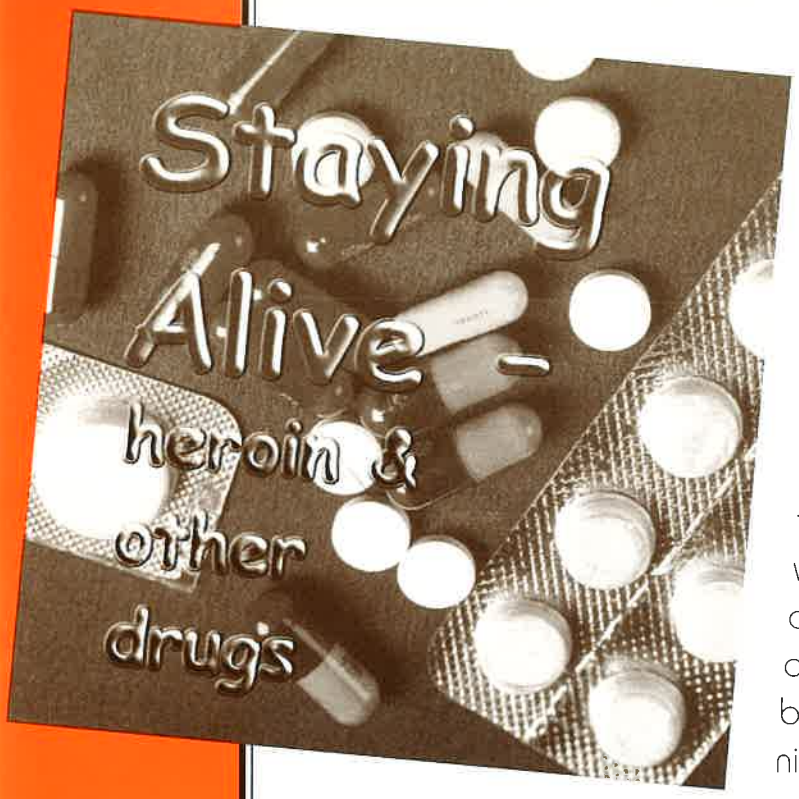
What You Can Do

There are many treatments for thrush such as anti fungal cream or pessaries which you can buy over the counter at the chemist (without a prescription). Some women find that natural acidophilus non-flavoured yoghurt inside the vagina and around the vulva is soothing and cool. This is a natural remedy you may have on hand in the fridge. The yoghurt can also be eaten to deal with the bacterial imbalance that leads to thrush.

How to Prevent Thrush

- Eat a well balanced diet comprising food from all the five food groups
- Wear loose clothing
- Avoid perfumed soaps and douches
- Practice safe sex, and use lots of lube
- Don't stress out

It is important to remember that you do not have to have sex to get thrush, but some sexually transmitted infections (STD's) can have similar symptoms to thrush. So if you are at all worried, go to see Brisbane Sexual Health at 484 Adelaide Street, Brisbane City. They offer a free service which is completely confidential. It is a walk in clinic so an appointment is not necessary. If you need more information on thrush or any sexually transmissible infection you can talk to a nurse by calling (07) 3227 8666.



Most OD's happen when someone injects heroin at the same time as having other downers in their system. Other downers include alcohol, pills (benzos) or barbituates, anti-histamines (cough, cold and allergy remedies) and methadone.

These are all central nervous system (CNS) depressants which act by slowing down the body's functions, including breathing. Many OD's occur when someone has a hit of heroin after consuming alcohol or pills. This consumption of pills, alcohol or other downers does not have to be immediately before the hit, they could have had the pills the night before. Most downers take a while to get out of your system.

Benzodiazepines are a family of minor tranquilisers that include more than 30 specific drugs, all with drug names ending in 'pam'. However, many of these benzodiazepines have specific brand names: these include Rohypnol, Valium, Serepax, Mogadon, Temaze, Normison, Murelax and Rivotril. All of these react with alcohol and other depressants, so be careful.

If someone collapses after they've had a shot keep calm and check their breathing and pulse. If their breathing is normal put them in recovery position and keep checking on them until they regain consciousness. If they aren't breathing call an ambulance (remember to let the operator at the Ambulance dispatch know that it is a suspected overdose, as they may need to send a paramedic) or get someone to do it for you and start resuscitation. So learn your first aid drill and have emergency info. handy, like on your fridge or in your bag.

An estimated 80% of OD's occur when heroin is used in conjunction with another drug, most particularly downers such as benzos or alcohol.

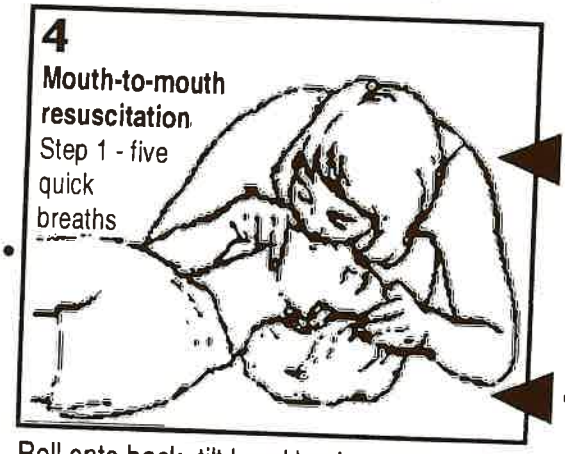
what to do if someone drops

the first three minutes are vital:
1. keep calm
2. check pulse & breathing

Place the unconscious person on their side, lower arm extended. Ti head backwards. lift up jaw from beneath the chin. Check mouth fo blockages with finger.

Quickly sweep out any blockage inside mouth or throat with your finger

Breathing absent



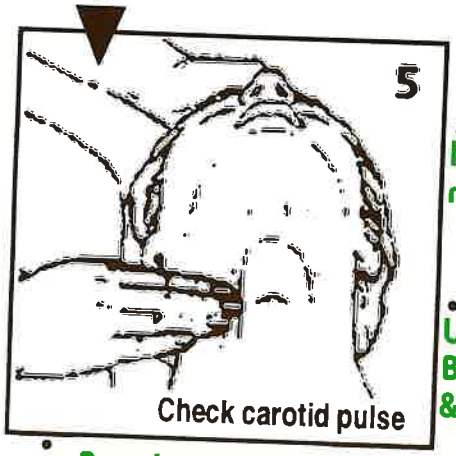
Roll onto back, tilt head backwards and support jaw. Cover mouth with your mouth and breathe into patient, watching for chest to rise. Repeat for five quick breaths.

Breathing & pulse present

If breathing
Keep lying on side
Observe: Airways clear. breathing and pulse

If conscious
Make comfortable.
Observe: Airways clear. breathing and pulse

If at any time breathing stops, go to step 4

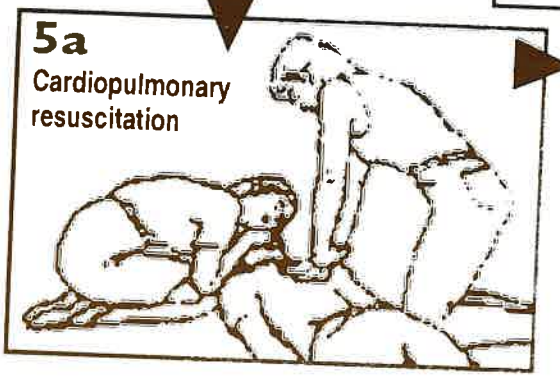


If breathing resumes

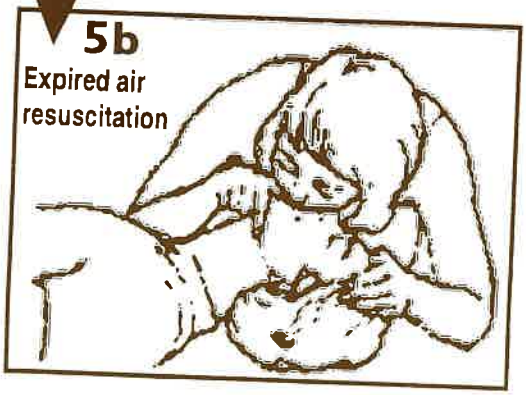
Unconscious
Breathing absent
& pulse absent

Breathing absent & pulse present

Continue mouth to mouth breathing. Check pulse and breathing every two minutes



Lie flat on hard surface. Apply heel of one palm on the centre of the lower half of the breast bone, fingers extended. Brace with your other hand on top at right angles. Keeping your arms stiff with elbows locked, compress the chest two inches (4 cms) and release.
Adults: Minimum of 60 times per minute
Children: Minimum of 100 times per minute
Stop and inflate lungs twice every 15 compressions. Check pulse and breathing every two minutes.



QUIVAA

Peer Education

another QuIVAA service

QuIVAA runs a peer-education course aimed at educating users and health workers on the principles of harm minimisation and the various health issues associated with intravenous drug use. This course is run at least once every three months. The course consists of six one day sessions that are held on Thursdays at QuIVAA, and anyone interested in becoming involved with QuIVAA is welcome to participate.

Topics covered include an introduction to QuIVAA and our policies and procedures, Hepatitis C Virus, AIDS/HIV, discrimination, overdose procedures including CPR, the Ottawa Charter and how it relates to drug users, sexually transmitted diseases, aseptic injection technique and vein care, peer-education, outreach principles and maintaining your health while you're using.

On completion of all six days, you will be issued with a peer education certificate and identification badge. You will become an accredited volunteer and be authorised to distribute needles and syringes amongst your peers, to work in our exchange and to help us with outreach projects such as LIVID, ZZZ Market Day and Homebake.

By participating in this program you not only get up to date information for yourself but you can also pass this on to your friends and family which means more people get the message about responsible drug use. So if you want to become involved, please contact one of our Needle and Syringe Project Officers at QuIVAA to find out when the next course starts.

QuIVAA is currently reviewing our list of who has been authorised by Queensland Health to distribute needles and syringes.
This means that even if you have been authorised in the past, you may no longer be.

Please contact QuIVAA on (07) 3252 5390 during business hours to check your authorisation status.

WHEN YOU'RE COMING DOWN

The night after (or week after for that matter) a big night(s) out can be real agony. Party drugs can have a nasty effect on your body, so it's a good idea to get a strategy for coping with the inevitable "Coming Down".

- Remember that scoring again to get more out of it might leave your body too stressed to move and not be a pick me up. Speed and XTC both rely on overstimulating chemicals stored in your brain. Once you've used up your stored up chemicals, no amount of these drugs will make you feel up again.
- Before going to a recovery, think about grabbing a bite to eat, and keep drinking lots of fluids. Fresh fruit is often the easiest to eat if your mouth is a bit sore. *Panadol* and *aspirin* can help with the headache, and keep "lying down soon" on the top of your priorities.
- If you're coming down off acid, vitamin C is really good so eat oranges. The vitamin B group (especially B6 & B12) are also really good if you are feeling emotionally shaky. Bananas and vegemite (not together girlfriend) are great substitutes for a vitamin pill. Eat a meal as soon as possible. Even if you don't feel like it, it will make coming down a hell of a lot smoother.
- Getting some salt into you will help with the muscular aches and pains. Going swimming or taking a walk can also help move the toxins out of your muscles and reduce soreness.
- Make sure you drink fluids. You need to replace the ones you lost and help your kidneys move the leftover shit out of your body. *Staminade* or sports drinks come into their own in this situation. However, it is important that you do not drink more than 500 mls every hour. More than this can lead to serious problems.
- Get some sleep, or at least get yourself into a comfortable space and RELAX.
- The effects of the drug will be reversed. Remember the depression is from the drugs, it won't last forever. Taking more drugs to stop the side- effects doesn't work forever.
- Some people have spoken about smoking this *green stuff* to come down with, but frankly my grocer doesn't know what I'm on about.
- A *Normison* or *Valium* might help you relax and get some sleep, but coming down with pharmies can also be dangerous, especially the really strong ones like *Rohypnol* or *Mogadon*. Its better to let your body sort of thump its own way down than to shoot it out of the sky. After a while, they will actually make you feel depressed. Its very easy to get addicted to the pills and the withdrawal from them can kill you.

  They can also make you feel comfortable about doing things you wouldn't normally do, like unsafe sex or shooting up with dirty equipment or shoplifting. Remember not to pop them like peanuts, they stay active in your body long after you're feeling them and its easy to OD. Don't mix pills with smack or alcohol (page 18 has more info on this).
- Take a break from the drugs, you're not going to go up again straight away. The side benefit of not being a complete drug pig is that your tolerance stays low and you won't need to take twice as much next time you fly.
- Keep your Balance. Do your best.

N.B. Don't get married within 6 weeks after taking your first E.

Urine testing & Cannabis What does it all mean?

In the September 1997 DART Magazine, we we had a story about urine tests, and the length of time different drugs can be detected in urine samples.

Since then, DART has been inundated with queries about how to analyse urine test results.

One reader has kindly provided us with an interpretation of urine test results in relation to cannabis, which we have reproduced here.

The most important thing to be remembered is that the times given are a guide only, and that individual readings can vary hugely from person to person, even if the same amount of drugs was consumed.

Your metabolism, amount of exercise, and even dietary habits can change the way and length of time drugs are stored in your body.

The concentration of cannabis (Delta-9-tetrahydrocannabinoid - THC) may be interpreted as follows -

- 25 µg/l - the limit of detection (eg. they can't detect levels below this limit)
- 25 - 50 µg/l - observed in both active and passive cannabis smokers
- 51 - 100 µg/l - usually only a result of active cannabis smoking. However, in passive cannabis smokers with a very large amount of exposure, this can also be detected.
- above 100 µg/l - this is usually only found in active cannabis smokers

(µg equals a microgram)

THC may be detected in urine up to six weeks after last use (ed's note - we have heard of cases of over three months after last use where cannabis smokers have had positive urine tests for cannabis, so if you need a guide - opt for closer to three months rather than two).

This information was obtained from a pathology laboratory in Queensland. It is apparently not uncommon to see readings in the 1,000's!

Amphetamines, Barbiturates, Benzodiazepams, Cocaine, Metabolite, Methadone and Opiates are all tested as µg/l.

Factors influencing readings include individual metabolism rates as well as quality and quantity of the drugs.

LET QuIVAA 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. Assessment Clinic & Needle Exchange
Ground Floor 270 Roma St, BRIS
(07) 3238 4040

BRISBANE YOUTH SERVICE (BYS)
14 Church Street
Fortitude Valley
(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

BODYLINE
43 Ipswich Rd
Woolloongabba
(07) 3391 4285
(please be aware there is a small charge at this service)

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
(07) 4631 6446

SQWISI
Self Health for Qld Workers in the Sex Industry
404 Montague Rd,
WEST END
(07) 3844 4565

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

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

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 this 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 St
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)