

# DART



## Dispose Responsibly

This edition of DART we are focusing on Safe Disposal - what a Sharps Bin is, what it looks like, what it's for, and what to do with it once you're finished with it.

### **SHARPS BIN-**

A sharps bin is a rigid walled, puncture resistant container with a tight lid which is used to dispose of used injecting material (fits) and other biological waste (anything with blood on it) and any other injecting materials you want to dispose of (wrappers etc.). Sharps Bins come in all different shapes and sizes, and are available from your nearest friendly needle exchange.

### **WHAT TO DO WITH IT-**

A sharps bin can be used for all dirty equipment, and all injecting 'left overs' (wrappers etc.) which you might not want to leave lying around. After having a shot, carefully put all used equipment in the bin.

### **WHAT DO I DO WHEN THE BIN IS FULL?-**

Once the bin is full, return it to a needle exchange, where you can get another one and fresh injecting equipment if you need it. Make sure you don't overfill the bins (don't pack them in really tightly) as this can cause the bin to be punctured. When handling a used bin, pick it up by the lid.

### **WHAT DO EXCHANGES DO WITH FULL BINS?-**

Exchanges collect the bins, and keep a rough estimate of how many needles are contained in each bin. This is so they can keep statistics of how many needles are returned compared to the number that are given out. The number of needles returned is referred to as the return rate. An exchange's return rate affects its continued funding. The full bins are then stored, and disposed of in bulk. The bins and their contents are incinerated in industrial incinerators.

QuIVAA has a very high return rate, but all of our staff still have horror stories about safe disposal, or lack thereof.

By disposing of needles at an exchange, you can ensure that used injecting equipment does not find its way to the beach, parks, footpaths or anywhere else it shouldn't be.

**Alex Wightman -**

### **Education and Policy Officer**

That a needle exchange that gives out hundreds of syringes every week can still be shut down on the basis of one needle found in the street.

**Julie Zyzniewski -**

### **Administrator**

I don't understand why people foul their own nests - why dispose unsafely near QuIVAA, when it could get us shut down.

**Bubbalue Dagley -**

### **Indigenous Project Officer**

I'm a proud Murri Auntie, and I get sick of having to check the sandpits at parks before letting my nieces and nephews play in them, in case there are dirty needles there.

**James Eggmolesse -**

### **Indigenous Project Officer**

The lack of thought that some people use when they turf their fits into someone's garden or workspace really gets to me. They are putting other people's lives in danger.

**Anna Patterson -**

### **NSEP Officer**

I wonder what the reasons are that people dispose of unsafely, given that exchanges supply all the equipment (and the bottle) to make safe disposal easy. If there are reasons for unsafe disposal to be happening, please let me know so I can try and do something about it. I know that having a bottle in your bag is like having 'junky' written on your forehead, but if everyone disposed safely then users wouldn't have such a bad stereotype.

**Josy Walker -**

### **NSEP Officer (Outreach)**

I suppose the best way to combat unsafe disposal is the old girl guide motto '*Always be prepared*'. The logic to this is I see many syringes which have been fired out of car windows filling gutters in outer suburbs. The only possible reason for this is people using in cars and not having the correct disposal container on them. Fear of being caught with a dirty fit is what motivates this type of unsafe disposal. I think all users should carry a spare sharps bin in the boot or glovebox of their car. Police could also try to be more understanding of users who try to do the right thing and as such are carrying a sharps bin.

**Amy Powell -**

### **Publications Officer**

Every time I go to the beach I take a sharps bin, because I usually find used needles on the beach. I work in two exchanges, so I know the risks and what to do - what about those people who don't?



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QuIVAA Healthy Eating Guide

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



**By Jo Lewis  
SCIVAA**

# **Tattooing**

## **What you need to know**

Generally, if you are over 18 years of age (depending on which state you are in) it's up to you whether to get a tattoo. Some tattoos can be surgically removed (along with half of your wallet!) but they almost always leave a scar. Many people think the most important decision is what design they want where, but there are much more important things to consider.

The most important decisions are How and Who you select to perform the tattoo!

Most tattooing artists should know the potential risks to themselves and their clients of infections such as:

- ◆ Hepatitis C
- ◆ Hepatitis B
- ◆ HIV
- ◆ Bacterial Infections

A professional artist is a good practitioner of hygiene, follows infection control guidelines such as sterilisation of equipment and is happy to discuss with clients their approach to health and safety through infection control. Needles and other sharp instruments that are used to penetrate the skin can become contaminated by infected blood if they are not thoroughly cleaned. Diseases can then be passed on from client to client, or to artists who prick themselves with needles carrying infected blood.

### **Be aware of backyard operators**

Backyard tattoos can often be much cheaper, but the risks are far greater. The operator will often avoid the notice of professional bodies or local government authorities. Backyard operators may not care about their professional reputation, further business, or the health and safety of their clients.

### **What to look for and what to ask-**

- ◆ Look for clean hygienic premises, such as benches, sinks and other facilities
- ◆ Ask the tattooist is she/he uses clean and new needles each time
- ◆ Ask if you can watch someone else being tattooed (with the clients permission of course)
- ◆ Look for certificate of accreditation from the state Government Health Department and/or local government health department displayed prominently in the studio

### **While watching observe if-**

- ◆ New disposable gloves are worn for each client. Something to watch out for is if the tattooist picks up anything other than clean sterile equipment (e.g. the telephone, a drinking glass etc.) that he/she changes gloves again before continuing your tattoo.
- ◆ The tattooing equipment is presented to clients in a sterile container or bag before use
- ◆ That the tattooist is using new ink containers, and not just dipping into one big container
- ◆ That tattooists open sterile equipment in front of the client

The main thing is that if you don't feel comfortable or happy with the answers, then look for another operator.





# USING?



YOUNG PEOPLE  
25 & UNDER



BRISBANE YOUTH SERVICE (BYS) AND  
QuIVAA INVITE PEOPLE 25 AND UNDER  
TO CONTRIBUTE THEIR FANTASTIC  
THOUGHTS AND TALES FOR THE MAKING  
OF A STORY/INFORMATION BOOK WRITTEN  
BY YOUNG PERSONS FOR YOUNG PERSONS  
ABOUT DRUG USE.

PUT YOUR CONTRIBUTIONS IN WRITING,  
DRAWINGS OR JUST COME IN.

FOR MORE INFORMATION CALL SARAH AT  
BYS ON (07) 3252 3750 OR ANNA AT  
QuIVAA ON (07) 3252 5390

CONTRIBUTIONS WHICH ARE USED WILL BE PAID FOR.



# "The Clinic"

Female Doctor : Mon 1.30-4.30

Male Doctor : Fri 1.30-4.30

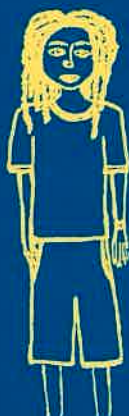
Nurse on duty 12.30 to 4.30

Monday - Friday

**HIV Testing & Counselling**  
**Hep B Immunisation**  
**Free Condoms**  
**STD Tests**

**No Medicare card needed**  
**Health Info/ Checks**  
**Pregnancy tests**  
**Confidential**

Needle Exchange



14 Church Street  
Fortitude Valley (07) 3252 3750

## What is Interferon?

Interferons are proteins produced by the human body in response to viral infections. The Interferon used as a treatment for hepatitis C is a synthetic compound virtually identical to the natural one. Interferon has a number of actions: it inhibits viral growth; has direct anti-viral properties; and it stimulates your immune response.

## How is Interferon taken?

Interferon is self-administered by subcutaneous injection 3 times per week for twelve months. Initial instruction is by a Registered Nurse and follow-up appointments will be made. 50% will respond to Interferon treatment during the first 3 months. If your ALT levels don't normalise after 3 months (non-responder) which accounts for around 50% of people who attempt the treatment, the Interferon ceases to become available free under Section100 and people are usually taken off the treatment.

## Effectiveness of Interferon?

Approximately 50% of patients will respond during the twelve-month course of treatment, however, around 30% will relapse once the treatment has stopped but the treatment may be beneficial in offsetting cirrhosis. 20% of patients experience a long term sustained response to the treatment after it has stopped which means their ALT's remain normal and test PCR negative. Trials now underway include higher dosing with Interferon (loading dose trial or AUSHEP 7), or the combination therapy Interferon with Ribavirin have indicated higher sustained response rates. Trials are conducted at Public Hospital Liver Units. All treatments should be monitored closely by your gastroenterologist and normally are under Section100 and is therefore free.-

If you are considering Interferon treatment your doctor will refer you to a public hospital liver unit/treatment centre. Whatever you do, it is a good idea to find out as much as you can. You may like to write down concerns and queries. Your decision to choose Interferon should be a fully informed one. An important consideration in assessing the suitability of treatment is the level of social support (partners, friends, family). The stronger social support you have, the easier it may be to tolerate any side effects, and so continue with the treatment. *Although there appears to be a lot of negativity surrounding the use of Interferon therapy, a balanced opinion can be gained by talking with a gastroenterologist in one of the public hospital treatment centres, we recommend you seek such professional advice before dismissing the possible benefits of Interferon.* Remember ask as many questions as you can!

## How do I get Interferon?

Your G.P will need to refer you to a Gastroenterologist in a Public Hospital. A detailed assessment by a Gastroenterologist is necessary to confirm the diagnosis of hepatitis C and to assess the severity of disease. If you don't have a serious bleeding disorder you will need to have a liver biopsy to determine if you have fibrosis or cirrhosis occurring in your liver cells; whether there are any other liver diseases apart from hepatitis C; and the amount of inflammation present. This will help in determining both the suitability of the treatment and your eligibility to receive Interferon free under Section 100. S100 is a list of expensive drugs subsidised by the Government through the Pharmaceutical Benefits Scheme (PBS). Interferon is an expensive drug and can cost around \$7000.00 for a twelve month course if you do not meet the S100 criteria. The criteria used to determine free eligibility for Interferon through the PBS is quite rigid. Current guidelines for specialists prescribing Interferon for HCV include:

- ◆ having a liver biopsy that shows you have active hepatitis but not cirrhosis,
- ◆ positive antibody test, repeated 4 to 6 months later,
- ◆ having an elevated (above normal range) ALT on three different tests over a 6-month period,
- ◆ controlled drinking pattern of no more than seven standard drinks over a 7-day period,
- ◆ not pregnant or likely to become pregnant during treatment,
- ◆ injecting drug use and/or methadone recipients are now eligible for S100 Interferon,



- ◆ people coinfectd with HIV are now eligible for S100 Interferon,
- ◆ people with cirrhosis are not eligible for S100 Interferon,
- ◆ no history of auto-immune liver disease,
- ◆ no history of major psychological problems - eg. schizophrenia, severe &/or endogenous depression.

Although people who have cirrhosis cannot gain free access to government supplied Interferon, they may be treated at a hospital if there are humanitarian grounds. People with cirrhosis could also seek to recover treatment costs from their health fund, or could seek further treatment within current Interferon trials. These trials are being conducted to fine-tune treatment strategies and some trials assess if people with cirrhosis may respond.

## Side effects of Interferon?

The side effects of Interferon vary from one individual to the next. Around 25 % of people report no side effects of Interferon. Most side effects mentioned here cease once Interferon treatment is stopped. Side effects are usually the result of either your body adjusting to or reacting to the introduction of extra Interferons and they may include:

- ◆ Flu-like syndrome: fever, chills, fatigue, muscle pains and headache (these symptoms are usually experienced within the first six weeks of treatment and are treated with non-prescription drugs like paracetamol. Your treatment centre will make the appropriate recommendations),
- ◆ Psychological side effects ranging from severe depression (uncommon) to mood swings that are non specific and unrelated to but often exacerbated by environmental factors,
- ◆ Anaemia, hair loss, local skin reactions, hypothyroidism,
- ◆ Potential development of diseases that are already present (eg. psoriasis, rheumatoid arthritis)
- ◆ Auto-immune disease (this may continue after treatment stops)

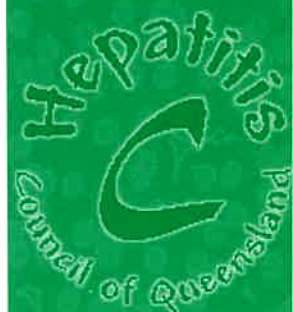
*Please note that potential side effects of Interferon should be discussed with your treatment centre so as to make an informed decision about your treatment, once again, ask lots of questions.*

**REMEMBER:** your choice to take Interferon should be fully informed and not reactionary. Whilst the S100 criteria and possible side effects of Interferon may appear to outweigh the possible benefit of the treatment, it does not hurt to make the time to speak to a liver unit specialist about the facts before you make a choice about Interferon. Speaking to people who have tried Interferon will provide you with the best facts. People who have been successful in testing antibody negative after the treatment will say the process is worthwhile. People who relapse after treatment or don't respond at all, will obviously have a more negative frame of views. However, there have been some non responders and relapsers who have responded to special treatment trials briefly mentioned above. This is why it's recommended to speak with a liver unit specialist. Perhaps the most difficult issue about Interferon treatment is not knowing whether or not you will respond, but if you aren't prepared to consider treatment at all, your setting yourself up to fail from the start. Furthermore and for a variety of reasons, dealing with medical specialists may not always be as pleasant or rewarding as you first imagined – this is why we recommend you don't stop asking questions until you've got the answers. Sometimes medical professionals can be stigmatising and even patronising but being reactionary in this situation is not recommended. If you find it difficult liaising with a medico try to be understanding about their lack of social knowledge, if they stigmatise or stereotype you try to educate their lack of awareness about your feelings. If you just can't get along with a medico, try another one and/or try another treatment centre.

## Where to go for testing, treatment, counselling?

Contact the HEPATITIS C COUNCIL of QLD for a referral to your nearest GP, treatment centre, testing site or counselling service. There are also support groups operating throughout Queensland. For more information contact us on: (07) 3229 37 67 or 1800 648 491.

*Max Wilkins Administration & Education Officer  
Hepatitis C Council of Queensland*



# Tiddas News

## Indigenous Women's Information

As part of the Indigenous Project here at QuIVAA, James and myself visit a lot of Indigenous communities both within Brisbane and around the state. One of the biggest issues that comes up again and again is the issue of safe disposal.

Lots of times people are really scared that if their family find out they are using drugs that they will be in big trouble, so they throw away the needles in a normal rubbish bin, or throw them down drains or whatever. This is really silly, because those needles often find there way out into the waterways and pollute our beautiful land.

In fact, dirty needles in waterways, on beaches, in parks and generally left around our communities is dangerous for our people. Little kids can pick up dirty needles and prick themselves on them. People can also stand on them.

If someone steps on, or gets pricked by a used needle, there is a chance that they can be infected with the Hepatitis C virus, and even possibly the HIV virus. By leaving dirty needles around, Murri users are putting their own families and communities at risk.

Murri users can protect their people by always getting rid of their used needles, syringes and other injecting equipment properly. The way to do this is to put it all in a Sharps Bin, which is provided at your needle exchange. If you don't have a Sharps Bin, any rigid walled, sealable, puncture resistant container will do. Return the dirty needles to a needle exchange when you next go to get needles.

By doing this you will ensure not only that the needles are not left lying around where they might hurt people in your community, you will also ensure that no-one is going to find them at your house!

Another way Murri users can protect their community is by insisting on using safely. Just because someone is your relative or friend, doesn't mean it's safe to share a needle, syringe, tourniquet or any other injecting equipment with them. Have your own equipment that you and you only use - don't share it for any reason whatsoever. Once you're finished put it all away in the Sharps Bin, and get rid of it at an exchange.

Murri people should also insist on safe sex. All exchanges have condoms, dams and gloves available either free of charge, or very very cheaply. By having safe sex, you can ensure that you are not being exposed to any sexually transmitted infections or viruses, as well as being protected against unwanted pregnancy.

We can keep our communities clean and our people healthy by helping ourselves and doing the right thing. If you need any further information you can contact myself or James at QuIVAA on (07) 3252 5390 or if you are outside Brisbane on 1800 172 076, or contact your nearest Murri Health Centre.

### MURRI WOMEN'S GROUPS/SERVICES

GAMMIN ATSI  
Women's Corporation

19 Royal Parade  
KINGSTON Q 4114  
(07) 3209 3115

MURRIGUNNYA  
ATSI Women's Group

2 Burrigun St (Cnr Ewing Road)  
WOODRIDGE Q 4114  
(07) 3290 4254

BAHLOO  
Young Women's Shelter

PO Box 8181  
WOOLLOONGABBA Q 4102  
(07) 3391 2815

Koolyangaara Child Care

Cnr Park Road West &  
Louisa Streets  
WEST END Q 4101  
(07) 3844 7149

QuIVAA Indigneous Unit  
Women's Worker  
(07) 3252 5390 or 1800 172 076



# Sharing

Over the years, an increasing number of our people have started using illicit (illegal) drugs. Sharing amongst our people plays an important role in the survival and well-being of our community. The biggest problem arising from this is the sharing of injecting equipment. Injecting equipment includes fits, water, spoons, filters and tourniquets.

This is particularly dangerous with viruses such as Hepatitis c and the HIV virus. If you are using drugs intravenously, remember to swab your spoon and fingers before you use, and the injecting site before hitting up. Once you've hit up, don't touch anyone or anything with your bloody fingers.

Always recap your own fit, then put it in a sharps bin, or other hard-walled, puncture resistant sealable container, and return the bin to your local needle exchange.

*The concept of sharing in our community is a part of our culture.  
Sharing injecting equipment is not.*

This type of sharing increases the risks of Hep C and HIV/AIDS becoming an epidemic amongst our people through Australia. An outbreak of this kind in any Aboriginal or Islander community would be disastrous.


So if you are aware of family and friends who are practising unsafe injecting techniques, spread the word about safe practices and about the diseases.

*A healthier you makes a healthier community.*

If you need any further information about how to be safe and keep our community safe, call James or Bubba on (07) 3252 5390 or outside Brisbane on 1800 172 076.

Keep our community safe and clean

Use safe  
Dispose safe  
Stay safe



Keep yourself safe and clean

Use safe  
Dispose safe  
Stay safe

# I taught my son all about fits.....

The issue of safe disposal is not only relevant within the using community, it becomes an issue for everyone. Unsafe disposal such as needles being found at car parks, shopping centres, playgrounds and even schoolyards means that everyone is effected by unsafe disposal. Even children. Even my son.

As a using parent, I always saw it as part of my parental responsibility to be aware that although I had strict disposal rules for my own behavior, not everybody I visited or knew felt the same way. So at the very early age of three, I presented my son a situation that could have arisen in our everyday travels around the city.

I placed a clean capped syringe in some grass in our back garden. As the day lead on, I noticed my son heading towards this lovely shiny object. It was then that I said OOUCH! and NO! This training lasted for roughly one year, where I would let my son know that he was not to touch syringes by saying those words.

By four and a half my son and I had migrated to Sydney, and as we were living around the corner from William Street, we regularly came across unsafely disposed of equipment. It was then that I instigated the idea that this paraphernalia not only could hurt him, by way of a jab or prick, but that it was also DIRTY. I said the word DIRTY in the same tone I used for DOG SHIT.

By six we were back in Brisbane, and for some reason some irresponsible loser junkies thought my son's schoolyard was an appropriate venue for a late night hit, as it provided shelter and access to running water.

By this stage he knew that a syringe with a bright orange cap on could do him no immediate danger (JAB or PRICK) other than a sharp reprimand from his Mum. He also knew not to take his eyes off the object, let no other child touch it, and send for an adult to get rid of it. This was very useful information, but led to some speculation about his level of education in regard to drug paraphernalia by anxious teachers. The excuse that grandma was a diabetic was very useful (and socially acceptable) on this first of many occasions.

My child not only developed a healthy aversion to injecting equipment, but also felt that he had to inflict this knowledge on anyone who was within earshot of an unsafely disposed of syringe.

As the years have passed my child has become more aware of my involvement in this large jigsaw, and several times we have openly discussed what causes unsafe disposal. I am at a loss as to why anyone would inject in a child's space, and furthermore leave their equipment in that place.

Now as a young teenager he feels that unsafe disposal is not just an issue of a user being lazy or slack. He knows that there are laws that prevent even him from picking up an unwrapped syringe (regardless of whether it has been used) and taking that to an exchange, unless he puts it straight into a Sharps Bin, or other hard walled, puncture resistant, sealable container.

He understands that users will leave needles rather than run the risk of being busted by the law, which would add further mayhem to what may already be a chaotic lifestyle.

We have discussed the impact that drugs have had on both his and my lifestyle, and all I can do is to be honest and let him know what it is I am doing. As with every other parent out there I am also concerned that my child my experiment with drugs, so I keep accurately informed with current information regarding drugs, be they ecy, speed, heroin or whatever drug is popular at the moment. I feel that this is all any parent can do when drug use is sometimes seen as experimental, fashionable or whatever hat it is given to fit the situation.

What I have instilled in my son is an understanding of what can harm him by way of unsafe disposal, and I know that over the years he has influenced many others not to pick up or play with an unsafely disposed of syringe.







# Safe Disposal the law

## 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 are now relevant:

1. Needles and syringes may be supplied, without restriction, to any person for any lawful purpose
2. Needles and syringes may also be supplied to any person by medical practitioners, pharmacists and persons approved by the Minister for Health for the purposes of illegal drug use.
3. Possession of needles and syringes is not an offence for any person, provided that if they are unwrapped they are in a sharps bin, or other rigid-walled, puncture-resistant, sealed container.
4. 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).
5. Unsafe disposal of needles and syringes is illegal. The Drugs Misuse Act and the Health Act require that needles and syringes be disposed of in a rigid-walled, puncture-resistant, sealed container.
6. Possession of illegal drugs remains unlawful.



Safe  
Disposal

# *Shooting Pills - or 'How to avoid having an*

*Shooting pills is generally not a good idea - no matter how much you filter, there will always be some residue which will block your veins and cause you harm. If you experience swollen hands or any swelling near the injection site, weeping from the site or a rash seek medical attention immediately.*

*Burning sensations, headaches, blurry vision or dramatic deviations from the drug's known response (how it usually is) should also be reasons for immediate medical assistance.*

*Sometimes shooting pills actually diminish the drug's usual effect, or have no effect at all. Always check with an exchange worker who can let you know the known problems associated with injecting particular pills.*

## **Crushing up the pills**

It might be better to have a clean sheet of white/coloured (depending on the colour of the pills) paper so you can fold the pills into a sort of paper envelope. Then you can crush them with a bottle, rolling pin, hammer, spoon etc. and you can use considerable force to crush the pills and not have them fly across the room!

## **Pills you can't crush**

It's no use crushing pills unless your drug is soluble. There are different ways of making pills that can make them very hard to break down in water. Some pills that are very difficult are MS-Contin, Rohypnol and diazepam, just to name a few. Some other tablets (such as Normison) are oil based and as such extremely dangerous to inject. Injecting Normison is a perfect way to lose an arm.

## **Preparation**

As with any preparation for drug everything should be as clean and sterile possible. The correct method is to –

### **one**

Crush the tablets in paper until they are powdery. Do this using a rolling pin or a bottle. It is a good idea to do this as gently as possible, as most pills will generally crush with relatively little force, and the paper will split if whacked too hard.

### **two**

Make a filter. The very best filter is a pill filter which you can buy at QuIVAA. Pill filters are usually about a dollar, and you may need a few of them, as they can only be used once. If you don't have access to a pill filter, the next best thing is a clean new tampon or sterile cotton balls. If desperate, you can use soft tissue or toilet paper, but it must be folded into a small enough piece to be slightly bigger than the barrel and must be a couple of millimeters thick.

A 10 or 20ml barrel is preferable as you need a bit of space, and a lot of liquid. Make sure you take the pick off the barrel, or you will get blockages. Put the filter into the top of the barrel and use the plunger to push it down into the bottom of the barrel, near the nozzle to the tip. Remember only use clean unused barrels.

### **three**

Wet the filter by sucking up a tiny amount of sterile water.





# *A Users' Guide arm the size of a football'*

## **four**

Remove the plunger gently so the filter stays at the end of the barrel. Another way to do this is out your clean, washed and swabbed finger on the nozzle and hold it there while removing the plunger. The vacuum this creates will keep the filter in place.

## **five**

Add the water and the powdered tablets. By now you should have the filter at the bottom of the barrel (covering about a 1-2mm thickness) and the plunger is out. While holding your finger over the nozzle where the needle usually goes, put some water in the barrel, add the powdered tablets and then some more water (needles to say you must hold it upright until the plunger is reinserted!) Use only sterile water.

## **six**

Replace the plunger. Put finger over the nozzle where the needle usually goes then carefully replace the plunger. There will be some compression, but make sure the plunger has been put into the barrel so that it can't fall out.

## **seven**

With your finger still over the nozzle, shake the barrel well. Have a large, sterile container ready to put the filtered liquid into. While holding the barrel over the sterile container take your finger away. There will be an immediate dripping of liquid. Do not press down on the plunger as there is already pressure being put on the liquid from when the plunger was replaced. Sometimes there can be a 'blow out' caused by pressure or too thin a filter. Just

wait until all the liquid had dripped out, then push the plunger until as much liquid comes out as possible. Filter slowly until the liquid is clear.

If the mixture is too cloudy, do the whole filter procedure again using a new filter.

To get the chalk and filter out of the barrel, hold your finger over the point of the barrel and withdraw the plunger to near the top, then take your finger off the nozzle tip. The resulting force will make the filter and chalk zoom up the barrel where you can shake it out for disposal or, if you don't believe everything is dissolved, you can chew on it and swallow the remaining chalk. Don't save the filter for a later hit. Bacteria will build up in wet filter and a dirty hit is all you'll get.

## **eight**

Then suck up the clear liquid, and use standard safe injecting practices e.g. new fit for every hit, don't share spoons or water, swab the site, etc.

Release the tourniquet before injecting and if there is a lot of liquid, inject very slowly. Forgetting this could kill you. There is no 100% safe way to inject pills. Because the pills don't completely dissolve and stay partially suspended in the water, there is always a danger of causing abscesses, blockages of the veins, limb loss, strokes etc.



## where Dart interviews a reader

*"I'm 53. a mother of two.  
and grandmother.*

*I own a house with my husband  
and have just bought a new car.  
Not the type of person you would  
usually expect to have a  
'drug story' to tell."*

My story is of how I nearly lost my son Benjamin to heroin. Not once, but hundreds and hundreds of times over months, then over years.

Benjamin is 28, and has been living with a heroin addiction for the last 4 years. He tells me that he started using heroin as a way to make coming off speed a little easier, then became addicted to it. It was over a year before my husband and I knew that something was seriously wrong. Looking back now I feel blind that we didn't pick it earlier, but he had been a model student at school and university, and was starting to make his way in a career. We thought the risky years were behind us.

We started realising that all was not right when things were going missing from our home. Benjamin lived with us in a granny flat at that time, and spent most of his time in his flat, so we didn't think that he might be responsible for it at first. One night he stole money from his father's wallet. That's when we knew something was wrong.

After a lot of shouting, and much more crying, Benjamin finally admitted that he was using heroin, and that he thought he was addicted. We thought that now we had an admission from him that getting him off heroin would be easy. How naïve we were.

We sent him to a public detox unit, which he stayed in for two days. Later we tried a private clinic, with a similar result. We tried sending him to relatives interstate, who sent him back after he hooked their video recorder.

In a period of two and a half years my husband and I spent over \$10,000 in trying to get our son clean. We spent every day searching up new treatments, and calling 'experts' here and overseas.

For a long time I felt responsible for Benjamin using drugs - I felt it must have been some failure on my part as his mother. Then I got angry, and didn't want to see him at all. Even his name

would make me cringe, and when he rang I would hang up on him. I even had him taken off our property by the police. I was ashamed of him, and would tell people he was interstate and doing well rather than admit he had failed at detox again. My husband thought that perhaps we hadn't given him enough discipline as a child, and that this was the result.

What we failed to realise is that Benjamin still wants to use, and that it is not our fault. We weren't bad parents, we didn't fail. It's taken a long time, but now I know that the choice to use is Benjamin's and that my husband and I can't do anything but be there when he needs us.

Now I see Benjamin once or twice a week. I usually give him a little money for food, although my husband assures me it is most likely spent elsewhere. I know my husband helps him too - our cheque book has butts with Benjamin's real estate agents' name on it.

My husband and I still love our only son. We tell him that we are here for him when he needs us. We have been to court 3 times, to the police station, and received pleading phonecalls in the middle of the night. But it is still better than the alternative, which is losing our son altogether.

Benjamin is not the man he was. Nor is he the man he could have been. We love the man he is, but I will always hate heroin and what it has done to our family.

**Beverly**



# HIV Testing

where to go to get free and confidential testing

any doctor can arrange an HIV test, but if you don't want to see your usual doctor, here are some other places you can go

## B R I S B A N E

Gladstone Road Medical Centre  
38 Gladstone Road  
HIGHGATE HILL Q 4101  
(07) 3844 9599

Stonewall Medical Centre  
52 Newmarket Road  
WINDSOR Q 4030  
(07) 3857 1222

AIDS Medical Unit  
BIALA - 270 Roma Street  
BRISBANE CITY Q 4000  
(07) 3224 5526

SQWISI Clinic  
404 Montague Road  
WEST END Q 4101  
(07) 3844 4565

Brunswick Medical Centre  
720 Brunswick Street  
NEW FARM Q 4006  
(07) 3358 3333

Brisbane South Sexual Health Clinic  
PA Hospital, Ipswich Road  
WOOLLOONGABBA Q 4102  
(07) 3240 5881

## T O O W O O M B A

KOBI House Sexual Clinic  
Toowoomba Base Hospital  
Wilmot Street, TOOWOOMBA  
(07) 4631 6446

## T O W N S V I L L E

Sexual Health Clinic  
242 Walker Street  
TOWNSVILLE Q 4810  
(07) 4722 1480

## C A I R N S

STD Clinic  
Cairns Base Hospital  
The Esplanade CAIRNS Q 4870  
(07) 4050 6205

## M A C K A Y

HIV/Sexual Health Clinic  
Public Health Unit  
(07) 4951 4033

## M T I S A

STD Clinic  
Mt Isa Base Hospital  
(07) 4744 4479

## R O C K H A M P T O N

Sexual Health Services  
(07) 4920 6262

# HATS

social/support group for heterosexuals  
living with HIV/AIDS, their family and friends

Meetings on the Gold Coast, Brisbane  
and the Sunshine Coast

Next meetings-  
Sunday 4 October, Brisbane  
Sunday 1 November, Sunshine Coast  
Sunday 6 December, Brisbane

Ph- Sam Trumble at QPP on (07) 5441 1222 or (07) 5445 5481

Danny was recently released from gaol after serving a six month sentence. Before apprehension, Danny had various substance abuse difficulties, including alcohol, cannabis and heroin. After the initial shock of being deprived of his liberty, Danny came to see gaol as a place where these difficulties could be addressed – gaol being a place where there is shelter, food and plenty of time for self evaluation and reflection.

Gaol is certainly not a recommended detox program, however Danny has some tips for making your gaol stay as productive and positive as possible. Although Danny chooses not to live entirely drug free, he admits that gaol gave him the opportunity to understand the magnitude of the destructive habitual behaviour which he had become entangled in, and make changes to improve his life and happiness.

## BEFORE YOU GO INSIDE-

If you are aware that you are going to be incarcerated (i.e. you are awaiting pre-sentence reports etc.) it is essential that you prepare for the physical safety of your goods and chattels. Furthermore you need to make arrangements for the maintenance of any living beings which may be dependent upon you (pets, plants, family etc.). The loss of your stuff and/or loss of your pets while you are inside only adds to the misery of the whole experience.

If you can not leave your belongings with someone you can trust, pre-pay a storage unit to store all your stuff. This save disappointment and anger upon your release.

Be aware that you are not allowed to take ANYTHING at all with you into the prison itself for your use. Any property which you have with you when you are apprehended, or that you choose to take with you to your court appearance etc. prior to imprisonment, will be taken from you when you go through the process of reception into the gaol, and will be returned to you upon your release. You may be able to have access to items such as socks, underwear and possibly T-shirts, depending on their colour and logos – prison authorities encourage private attire to be compatible with gaol wear. The availability of any personal clothing items including shoes is entirely at the discretion of the prison officials.

You will not be allowed access to credit cards, personal papers (other than legal documentation) or anything else you may have taken along with you, so don't expect to pack a holiday bag for your stay. However it's a great idea to pack a bag for when you are released with a set of clothes and some ID.

## WHEN YOU GET INSIDE

You will find the environment very challenging, particularly if you have never been there before. Try to remember that all the people there are trying to survive also, and the majority will want to do so as quietly and peacefully as possible. Violence and conflict are generally the result of people not minding their own business, and failing to respect the boundaries of others. Never forget that you are unlikely to know any of these people, and that no-one (there are rare exceptions) really expects to form meaningful friendships on anything other than a survival basis.

You hear stories within the gaol of drugs and dealing. It is best not to get involved, and particularly not to get in debt; don't forget you can't run away from things inside, and the tiniest things can turn into a nightmare. Obviously needles are not available inside, and if drugs are available to be injected the chances are any needle will be used and dirty. Some gaols

have general cleaning agents which are used to try and clean needles. These are generally bleach based – however, as per any bleach cleaning it is not 100% safe, and although better than nothing at all, certainly does not guarantee protection against HIV, Hep C and other blood borne viruses. The only way to be safe is to either not use on the inside, or to choose another mode of administration. Drugs such as heroin, speed and cocaine can all be administered orally, rectally (inserted up your bottom) or smoked. Using in prison is a great way to extend your stay

at Her Majesty's Pleasure, as well as seeing the most pleasant side of your fellow inmates (NOT).

Sex in gaol does happen, even between men who do not identify as gay or bisexual. Sex in gaol is dangerous if condoms are not used. If condoms are not available it is not a very good idea to indulge in any sort of sex involving another person. Masturbation is the only truly safe sexual activity. Sex in gaol can also lead to unwanted social/emotional consequences, particularly with people who have been inside for a long time and can get overly attached to new partners.

A good way to spend your time in gaol is to make use of the opportunity for self-improvement. Most gaols have libraries, TAFE courses and facilities to finish secondary schooling. There is also music, art work and associated crafts to take up the time. Getting fit is another way to pass the time; if the gaol you go to does not have a gym, pushups and sit-ups are a perfectly good substitute. You will be amazed at the results, even after a short time, and the resulting boost in confidence and well being can only be a welcome thing.







## Sex, drugs & gaol

### GETTING OUT

If you have your bag of clothes and ID as previously mentioned, the institution will provide a bus or train ticket to your place of apprehension, so all you have to do is change out of your prison clothes and start your life again. If you did not bring a bag, then you will be released and transported to the place you were apprehended in the clothes in which you were admitted.

A few weeks before you are released it is a very good idea to start making any arrangements necessary for accommodation and support. If you organised your affairs when you first went in, there should not be too much of a mess to sort out when you are released. Concentrate on rebuilding relationships with friends and family (whom you have hopefully been in contact with while you are inside) and applying the lessons you've learned inside about focusing on what you really want.

Don't expect everything to be the same as it was before you left, people change, life moves on, but hopefully you have used your time productively and can now break the old habits which you wish to discard in favour of something more positive.

### For further information contact

Prisoners Legal Service  
(07) 3846 3384

ACRO

(Prisoner & Family Support Association)  
(07) 3221 0088

# QULVAA Clinic

Free and  
confidential  
No medicare  
card needed

No appointments  
just come along  
112 Alfred Street  
Fortitude Valley

4.30 - 7.30pm  
every Thursday night



## Lobby "In the lead up to the ride"

Have good meals in the days leading up to your ingestion of any illegal substances. The trick is to eat lots of carbohydrates- wholegrain cereals, porridge, muesli, pasta, rice, green vegetables, fresh fruit, salads, etc. Taking a vitamin tablet each day can help build up your body and mind.

Getting some exercise and giving your muscles a bit of air is great preparation for feeling powered up and ready to go off. Stock up on everything you need for the day. Condoms, dams, lube are always good to have handy. Get needles and syringes if injecting might occur. Stock up the fridge with fresh juices, fruit and snacks for the day after. Having some Sustegen, or similar liquid food supplement can also be good.

## 1st Floor "On the day"

Have a good breakfast and eat during the day. Avoid fatty foods that will make you feel sluggish. Start loading up on water. Drink about a litre for every two hours over the day but don't drink more than this because you can drown. If you're already freaked, stressed or tired before you go out, you could completely flip out. Relax and put yourself in a good frame of mind before or leave it for another night. Try and get a nap.

Make sure you are going with people you know and trust, and plan to get together before you leave, or meet at the venue. Check the weather and maybe plan to take something warm to put on when your hot bod hits the early morning air. Sunglasses and/ or blindfold are absolutely mandatory. Don't forget your asthma spray or anything else you might end up needing. An E coming on is particularly good at setting your asthma off. Store some extra cash at home in case you end up needing a cab.

## 2nd Floor "Dealing with the score"

If you are deciding on taking drugs, it's better to order them from someone early. Scoring on the night just results in you getting a \$60 Disprin, getting busted, or getting really sick on some unidentified shit. It also gives you a chance to test a really small amount of stuff. Remember that there is no guarantee that what you order is what you get.

It can help if you set a limit on yourself as to how much you will take, and try and stick to it. It's all too easy to just keep on scoring once you're high, which can leave you very broke and/or very sick. If it's something you haven't tried before, or from a source you're not sure of, don't take the whole thing at once. Ease yourself into it, take a 1/4 then a half.

## 3rd Floor "Cocktail Lounge"

Mixing drugs is unpredictable and dodgy. These are just a few pointers. Contact QuIVAA for more info. Poppers, like amyl nitrate increase the chance of your heart going into overdrive, especially with other uppers. It also can reduce the effects of other drugs. The huge rush tends to "wash" out any other drug effects.

Mixing acid with either XTC or speed (or both) can lead to super freak outs and increase the strain on your kidneys and liver. Speed and XTC together can produce overdose effects (heart palpitations, sweating & fitting). It also causes your body to get really hot which is very dangerous. Alcohol increases how overheated and dehydrated your body gets, and can make you aggressive, feel bigger than Roger Ramjet but completely uncoordinated and liable to collapse.

## 4th Floor "This side of peaking"

The time a drug takes to come on will depend on the drug, the dose, the way you take it, your mood and your physical state. Know your own limits, your tolerance is different from everyone else. Get hold of water and work out where the taps are before you start peaking. Organise a place for meeting your fellow travellers if you get separated. Have a clear idea of what you are doing when it finishes i.e. Getting a cab home, going to a recovery, curling up in a gutter in all your Glomesh glory. It's okay to change your mind, but consider it as your last getaway plan.

## Top Floor "Going off"

Acid and speed dehydrate you and E increases your body temperature so much that it cooks your brain, so DRINK WATER. You don't have to overload on it, just drink about half a litre (500mls) every hour. You may need more if you're dancing and sweating. Less if you're sitting around peaking. If doing other drugs, avoid alcohol at all costs, it increases your risk of ending on downers and of dehydrating on uppers. It is a killer mixer.

The most common reason that people drop dead at Raves is because they have become massively over-heated. This is more likely when you use large doses of uppers, mix drugs, don't take breaks from dancing, from the heat on the floor, and don't keep drinking fluids. Two things can happen when this occurs, although heat-stroke is the most sudden and serious.

*Heat Stroke:* Symptoms include headache, dizziness, feeling really tired, a hard rapid pulse and a sudden loss of consciousness. The skin will feel very hot and dry (there won't be much swelling). It is very serious and can lead to death.

*Treatment:* Get the person outside and literally saturate their clothes with water. Keep doing this to keep them cool until you can get them to a hospital.



**Heat Exhaustion:** Symptoms include massive amounts of sweating, nausea, pale, clammy skin, weak pulse. Vomiting a lot can bring this on. The increasing feeling of tiredness means that you can often notice this one happening to yourself.

**Treatment:** Lie the person down and keep giving them a salty/sugary drink (like a sports drink). Take regular breaks to cool off and drink water and simple sugar drinks. Even though you may feel like you can dance till you drop, you might just end up dropping, so pause during fast forward. Chew something other than your lips while speeding. Gum is obvious. Barley sugars are good as well, use anything to stop you grinding all the enamel off your teeth. If you start to freak out, go for a walk outside and chill out for a while. Remember to take long slow deep breaths. Compulsively smoking is not a good look as far as relaxing goes.

## 4th Floor "The beginning of the end"

Remember that scoring again to get more out of it might leave your body too stressed to move on not be a prick 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 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.

## 3rd Floor "Coming down so fast you missed it....."

### 2nd Floor "Going down hard the easy way"

If your 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 really 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, coming down will be a hell lot more smooth. Getting some salt into you will help with the muscular aches and pains. Going swimming or taking a walk can also help move toxins out of your muscles and reduce soreness. Lots and Lots and Lots of 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.

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.

### 1st Floor "Pharmaceutical division"

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. It's 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. It's 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 your feeling them and its easy to OD. Don't mix pills with smack or alcohol unless you want to drop.

### Lobby "Looking after yourself"

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.

### Mezzanine "You shoot up again"

Each method of taking a drug will have its own special effect. If you are injecting, remember that the drug will come on a lot faster and the effect will usually be more intense but for a shorter time. Different drugs also need to be prepared differently for a safe injection, and some can't be injected at all. QuIVAA can fill you in on these details.

There are also specific health issues to remember when injecting. ALWAYS:

- Use a clean fit, spoon and swab, each time, for each person.
- Use sterile water and never put a used needle into any used water or spoon.
- Wipe the spoon and your skin with a sterile swab.
- Don't touch anyone or anything after your hit until you've washed your hands - even small amounts of blood can transmit Hepatitis C.
- Use a filter - anything that won't fit through one of these is insoluble so it won't get wasted.
- Dispose of used fits safely - sealed in a sharps container and returned to a needle exchange.
- Always test a new supply, use less before more, ask questions. This goes for all drugs.

When I was twenty I joined a club, it was cool, glamorous, exciting, and removed me from the ordinariness of my suburban youth. The club had a compulsory lifetime membership though there were no funny handshakes (unless you count scratching) or stupid hats. There was a uniform. The uniform was decay and the club is heroin.

Coming from a Simpsonsque background to the edge of the music industry heroin seemed the glamorous ticket to the centre. I'd been instilled with the prerequisite fear from my safe upbringing. I'd seen the scabby living corpse shock tactics advertisements, laughed irreverently at those scary little Christian comics, and absorbed all the stereotypes that television fed me. But those images were in sharp contrast to the veneer of sophistication that oozed from the Melbourne music crowd and seduced these Brisbane eyes.

These people were actors I'd watched on TV, musicians I'd listened to and fantasised over, and models from the glossies. None of them were scabby, emaciated or gutter dwelling thieves. They thought my naivete and purity was cute, and having suffered the fat child syndrome, the last thing I wanted to be was cute. I wanted to be an individual ...like all of them!

Clearly, the movies, television, the Woman's Day and every other reformed addict story I'd heard had got it wrong. Those silly little Christian comics deserved my ridicule. Couldn't the ignoramuses see that it transformed mere mortals into the desirable icons I was surrounded by?

In the months preceding this dream social life, I had befriended (and fallen in love with) my first pop star. His band was Australia's answer to Japan and he was my personal David Sylvian. He appreciated my sycophancy and just being with him fulfilled my teen fantasies. I liked to watch him when he was going to shoot up. I'd watch in the way that you'd stare at an accident, hands over your eyes and peering through the cracks between your fingers. I loved his company when he was out of it – he was much more affectionate and happier. His voice would become deeper and seductive, gravelly, although occasionally he would nod off (which was boring) or he would dribble. I thought this was charming.

To look at me today you would never know how far I fell - proof that your regular boy next door can harbour dark secrets beneath his chubby veneer. No one sets out to become a junkie. Famous last words like "I'll never get that bad" and "I'm different, I can handle it" rang hollow as I mouthed them.

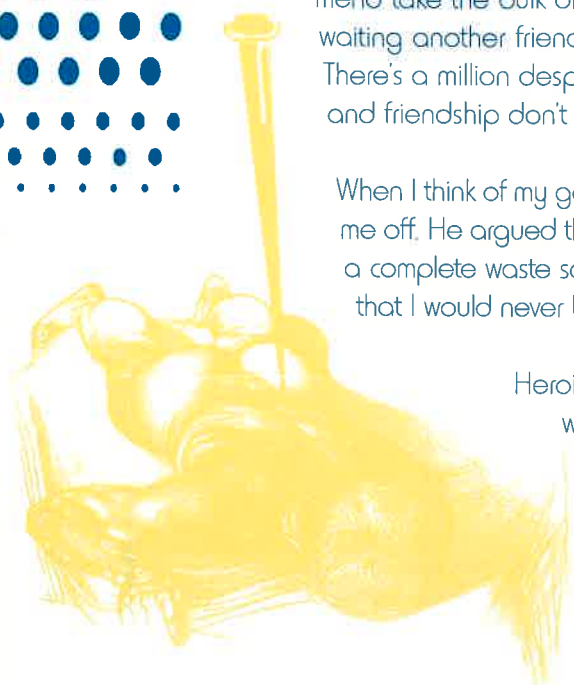
The first time? Well frankly, I couldn't understand what all the fuss was about. I had always disliked needles and the drug had just made me nauseous. So that was that... until about a month later when the opportunity presented itself again. Some of the people I was with were going to be doing it and I thought "Cool". I mean, I'd had it before and I wasn't an addict.

Now, I've had years of experience at being ripped off and exploited by people I had considered friends. I've had a close friend of ten years involve me in a fraud scam whilst I was in another country. I had another dear friend take the bulk of my dole cheque in exchange for "sugar", not once but numerous times. I am still waiting another friend to come back from scoring with three hundred dollars -its only been four years. There's a million despicable stories like this that pepper every junkie's existence. The truth is that heroin and friendship don't mix.

When I think of my good old rock and roll buddy who gave me my first taste, I remember that he ripped me off. He argued that if I was only going to snort it (remember my needle phobia) then that would be a complete waste so I'd be better off giving it to him. I have never forgotten this and I promised myself that I would never be someone else's introduction to smack. Wow, what impeccable morals.

Heroin addiction is an insidious beast because its nature is so subtle. It is a gentle whisper of logic and reason. It's not a loud voice, it's a friend - or so it seems.

A month had slipped by before I next had some and I felt like the coolest guy in Melbourne. This time the effect was different. I was bathed in a new confidence and, hey, what a way to lose weight.





# a story of love, lies and addiction

The months became fortnights, and fortnights became weeks and I still admired my control. Even when I'd become a daily user I still couldn't admit it. It had been such a gradual procedure that I didn't notice, and anyhow, I reasoned, "I can stop anytime I want to".

It wasn't until I actually tried to stop that I caught on to what it was all about. While I was never going to be a spotty guttersnipe I was now addicted and driven, I was scared and hooked.

And what does a scared smack head do? Why, take more of course. Just as I did when I was happy, sad, celebrating, commiserating, or any other excuse I could find. It had snowballed.

You must understand something here -heroin is good. If it wasn't do you think that so many people would throw their lives away for it? It covers you and calms you. It immunises you against life. Once it takes hold it consumes your every waking thought. It becomes a full time occupation leaving no time for career, friends, family, food,etc. Within the span of a couple of months I had gone from needle fear to fixation. I romanticised the squirt of dancing blood within the syringe. Just the thought of injecting could make me throw up in anticipation. I became so desperate that I offered my dial-a-dealer the shirt off my back for a little credit.

The irony is that nine times out of ten the person who gets it for you intercepts and stomps on it, or your good friend taxes it, so that you are trading everything for nothing. You are not even getting what you so desperately need. Even when you do, it just means you have still got to plan your next hit, and so it goes. The thought of that next one keeps you functioning. For years I had managed to stop for months at a time, but I couldn't shake my inner voice telling me that I was alright now and "Just one taste wouldn't hurt". This would trigger the next habit, each one more destructive and consuming than the last.

In a short time I would have screwed up everything I had managed to accumulate in my "clean" time. So I would run. I would move cities hoping that a new location and a clean slate would solve everything. But I would always celebrate the move, end up seeking the subterranean and the oh so rock and roll.

I sucked up water from toilets at the Port Authority in New York, shared syringes in Amsterdam, blah, blah, blah. Clean fits? If it is the only way to have a taste, no junkie would hesitate to share a needle.

Finally, everything crumbled one time too many and in desperation I did a Betty Ford. I imagined a farm in the mountains with tractor driving junkies being whipped by large Swedish masseuses and doctors who could wave a wand and cure me. To the contrary, I discovered that no one else can cure you, it must come from within, you must have a genuine desire to change. It is easy to mouth the right words but you cannot fool yourself when it comes to recovery. It's a do it yourself affair. There were twenty two inmates, twenty one rough and horrific stories and me, the lone middle class gay boy. I kept seeking the link between us and soon discovered that all of us had been sexually abused as children and had nonexistent self esteem.

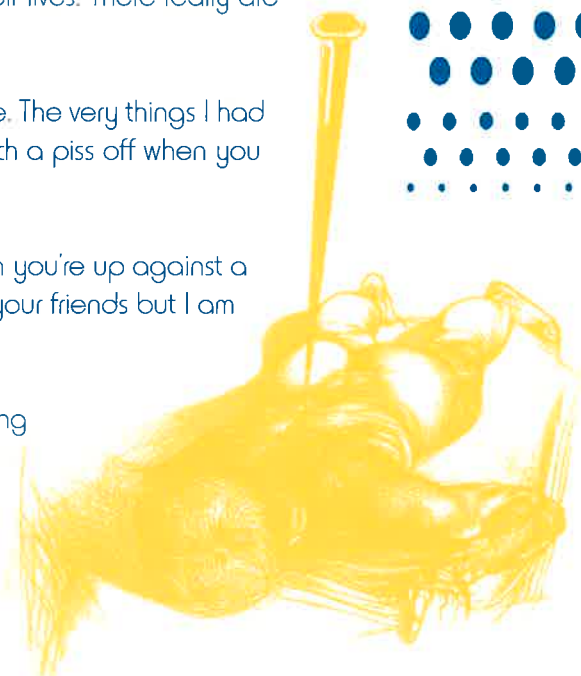
You have to really hate yourself to go through all the crap that heroin addiction gives you. Now I can see how sad it is that the drug takes to the very people who already have enough shit in their lives. There really are only two destinations on that glamorous ticket - prison or death. It is that simple.

I have had to face up to all the things I had been running away from all of my life. The very things I had drowned in adolescence with alcohol, and cut off from myself with heroin. It is such a piss off when you realise that no matter what you do, you cannot escape yourself.

I wish I could spare people from trying heroin but I know logic is impossible when you're up against a potential user. I'd like to make you respect yourself and get your pleasure from your friends but I am aware of what an arrogant know-it-all I was.

would also like to offer hope to those who are suffering, but realistically it is a long hard road back. As I said in the beginning, this club has a lifetime membership.

I have been clean for nine months now and it's getting better. I know, for me, it will always be a struggle. A struggle to be real. Please, heroin is simply too good. No matter what, do a Nancy Regan and say "No". All those shinny, glamorous people I was lured to are either dead or cliches now and there is always room in the gutter for one more.



# QulVAA Healthy Eating Guide

(or how to identify when to clean your fridge!)

## The gag test-

Anything that makes you gag is spoiled (other than leftovers from what you cooked last night)

## Eggs-

When something starts pecking its way out of the shell, the egg is probably past its prime.

## Dairy products-

Milk is spoiled when it starts to look like yoghurt. Yoghurt is spoiled when it starts to look like cottage cheese. Cottage cheese is spoiled when it starts to look like regular cheese. Regular cheese is nothing but spoiled milk anyway, and other than growing green fur, can not get any more spoiled.

## Mayonnaise-

If it makes you violently ill after you eat it, the mayonnaise is spoiled.

## Frozen foods-

Frozen foods that have become an integral part of the defrosting problem in your freezer compartment will probably be spoiled by the time you pry them out with a kitchen knife.

## Expiration dates-

This is not a marketing ploy to encourage you to throw away perfectly good food so that you have to spend more on groceries. Perhaps a calendar in the kitchen may assist.

## Meat-

If opening the refrigerator causes stray animals from a three-block radius to congregate outside your house, the meat is spoiled.

## Canned goods-

Any canned goods that have become the size or shape of a softball should be disposed of. Carefully.

## Bread-

Sesame seeds and poppy seeds are the only officially acceptable 'spots' that should be seen on the surface of any loaf of bread. Fuzzy and hairy looking white or green growth areas are a good indication that your bread has turned into a pharmaceutical laboratory experiment.

## Lettuce-

Lettuce is spoiled when you can't get it off the bottom of the vegetable crisper without Jiff.

## Carrots-

Carrots which you can tie in a knot are not fresh.

## Raisins-

Raisins should not be harder than your teeth.

## Potatoes-

Fresh potatoes do have roots, branches, or dense, leafy undergrowth.

## Chip dip-

If you can take it out of its container and bounce it on the floor, it has gone bad.

## Empty containers-

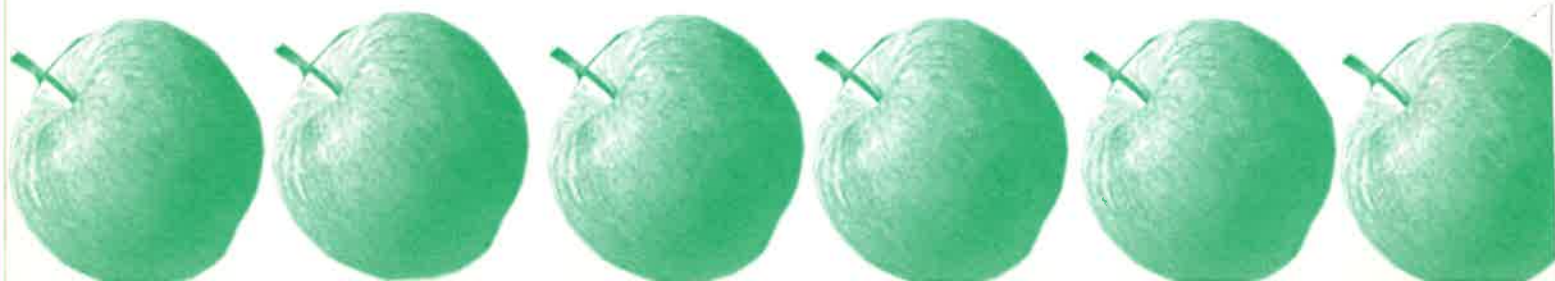
Putting empty containers back into the refrigerator is an old trick, but it only works if you have a slave or maid.

## Unmarked items-

Generally speaking, tupperware containers should not burp when you open them.

## General rule of thumb-

Most food cannot be kept longer than the average life span of a hamster. Keep a hamster in your fridge to gauge this.





# QUIVAA's Service Directory

**BODYLINE**  
43 IPSWICH ROAD  
WOOLLOONGABBA  
(07) 3391 4285

SMALL CHARGE FOR EXCHANGE



**SCIVAA**  
UPSTAIRS AT 59 6TH AVE,  
CNR KINGSFORD SMITH PDE  
MAROOCHYDORE  
(07) 5443 9576



**BOOVAL DRUG  
& ALCOHOL**  
140 BRISBANE ROAD  
BOOVAL  
(07) 3816 0064

**MIRAKI**  
REHAB & DETOX  
(GOLD COAST)  
(07) 5576 5111

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

**QLD AIDS COUNCIL**  
32 PEEL STREET  
SOUTH BRISBANE  
(07) 3844 1990



**ADIS 24 HOUR  
INFORMATION SERVICE**  
(07) 3236 2414  
1800 177 833

**LOGAN HOUSE  
REHAB**  
(07) 5546 3900

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

**KOBI HOUSE**  
SEXUAL HEALTH CLINIC  
TOOWOOMBA BASE HOSPITAL  
WILMOT STREET  
(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

**BRISBANE SEXUAL  
HEALTH**  
484 ADELAIDE STREET  
BRISBANE  
(07) 3227 8666



**LOGAN YOUTH HEALTH  
SERVICE**  
2-4 ROWAN ST  
SLACKS CREEK  
(07) 3208 8199



**GAIN (GOLD COAST)**  
17 LAVARACK ROAD  
NOBBY BEACH  
(07) 5575 5144



**AIDS MEDICAL UNIT**  
2ND FLOOR  
270 ROMA STREET,  
BRISBANE  
(07) 3224 5526

**DOMESTIC VIOLENCE  
TELEPHONE SERVICE**  
24 HOURS A DAY  
7 DAYS A WEEK  
1800 811 811

**BRISBANE YOUTH  
SERVICE (BYS)**  
14 CHURCH STREET  
FORTITUDE VALLEY  
(07) 3252 3750



SERVICES OFFERING NEEDLE EXCHANGE INDICATED BY



SYMBOL



# The InHouse Project



We are happy to announce that QuIVAA's Home Detox Project has had a face-lift. Not only have we changed the name from 'Wastelands' to 'The InHouse Project', we are also looking forward to welcoming some new workers in the near future & beginning to move beyond the Metro area to include more people and places.

Ring Angela at QuIVAA for more info. (07) 3252 5390 or 1800 172 076