

# Dart

Volume 6, Edition 2

FITTING DESIGNS

Fuck safe • Shoot clean

# Fitting News

Edition 2, 1998

# Fuck now

Not for general distribution

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# EDITORIAL

1998 has been quite a year for all three user groups in Queensland. On differing levels we have all had dramas this year, not the least of which has been continuing our high level outputs on resource bases growing slower than demand. To this end the three services of SCIVAA, GAIN and QuIVAA are trialling a joint edition of our magazines Fitting News, Rush-Hour and DART.

Clients from GAIN and QuIVAA may already know me - I'm the resident Publications Officer at each service. For the clients and staff at SCIVAA, I have enjoyed working with you in putting this edition together and appreciate your input and help.

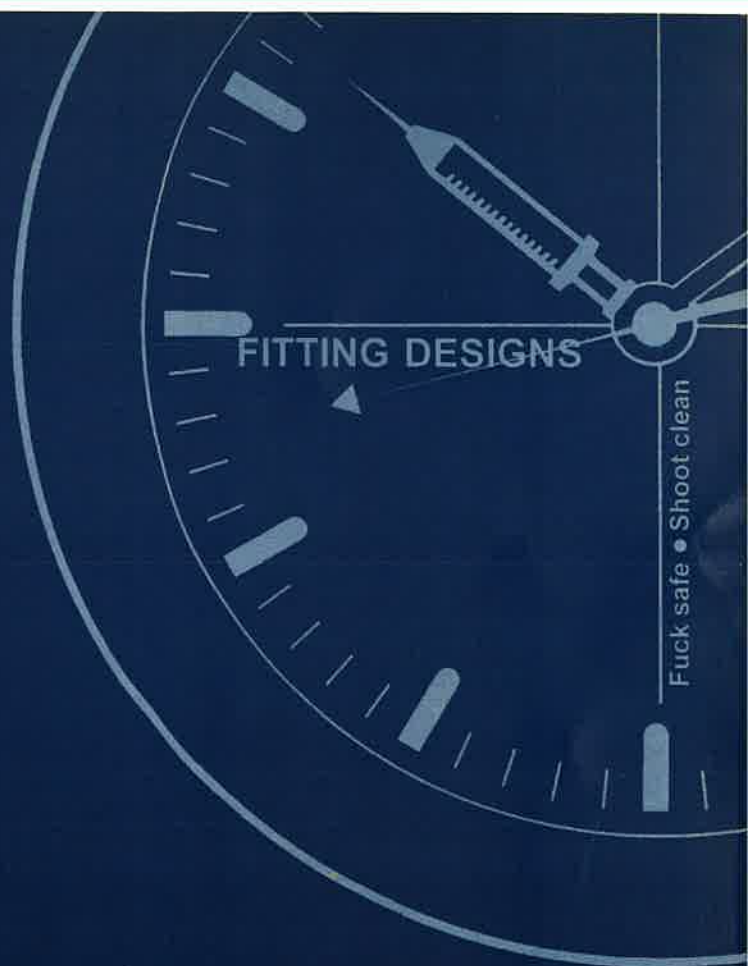
The only way we are going to know if this edition has been a success is if you tell us, so please give as much feedback as possible to your usual service so we can assess whether there is any benefit in running future joint editions or joint resources.

Despite the trials of 1998, there have been a lot of good points this year as well. After a few months of being homeless, QuIVAA is up and operating again. The new premises are bigger and better than ever, and a whole range of projects are operating. Wastelands home detox has finally been refunded (for four years this time) and is due to reopen soon under the new name of InHouse Detox. Our new premises are at 185 - 191 Brunswick Street. Drop by and see us soon!

GAIN has weathered the threat of moving all through 1998, but is now looking for new premises. This is so we can continue to expand and offer a wider range of services to our clients. A number of new projects are presently in the planning stage, including an outreach project with a number of other agencies. Also a big welcome to GAIN's new co-ordinator Rosemary Larkin - staff and management are thrilled to have you on board.

SCIVAA has also had a year of change in 1998, with a range of new projects starting and new workers coming on board. One exciting new project is the Liver Clinic, which is a project focussing on Hepatitis C. This project enables people to have Hep C or liver function tests performed by medical personnel in complete confidentiality, while also having a SCIVAA staff member nearby to chat with and get the latest information. Call SCIVAA for more info.

To all clients at all of our services, merry Christmas and a happy, safe 1999.



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17 Lavarack Road  
NOBBY BEACH QLD 4218  
(07) 5575 5144 Fax- (07) 5527 7321

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Sunshine Coast Intravenous AIDS Association  
PO Box 163  
COTTON TREE QLD 4558

Upstairs, 59 6th Avenue  
(Cnr Kingsford Smith Parade)  
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## QuIVAA

Queensland Intravenous AIDS Association  
PO Box 2470  
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Exchange - 185 Brunswick Street,  
InHouse Detox - 187 Brunswick Street,  
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For more information please call (07) 3252 5390 or 1800 172 076 during business hours.

# WHAT'S IN

THIS EDITION

- |              |  |
|--------------|--|
| Pages 4 & 5- | Genital Warts<br>A sexual health feature                                     |
| Pages 6 & 7- | What are the Interactions?<br>Interferon, illicit drugs & methadone          |
| Page 7-      | Demystifying Interferon<br>For me it wasn't too bad                          |
| Page 8-      | Phenomenon of the Second Taste<br>otherwise known as 'girl you go after me'  |
| Page 9-      | Mixing with Hep C<br>A cartoon about Hep C re-infection                      |
| Page 10-     | The InHouse Detox Project Update   |
| Page 11-     | QuIVAA's New Home<br>Where to find us, and what we've been up to!            |
| Page 12-     | Noah and his ark<br>A comic about the great rain                             |
| Page 13-     | Introducing GAIN's new Coordinator   |
| Page 14-     | What is a Volunteer?   |
| Page 15-     | Pap Smears   |
| Page 16-     | The Statewide Indigenous Project<br>Who we are, what we do, where to find us |
| Page 17-     | Christmas Chaos<br>A guide to surviving the festive season                   |
| Pages 18&19- | Cappacucino Corner   |
| Pages 20&21- | Amphetmaines   |
| Page 22 -    | Cleaning Fits<br>If there is absolutely no other way                         |



Warts are caused by the human papilloma virus (HPV). It infects the outer layers of the skin on the genitals – on the vulva, inside the vagina, on the cervix, around the anus, inside the anus, on the penis or inside the urethra. This virus is different from those causing warts on the hands, feet and other parts of the body.

### *What Causes Warts to Grow?*

Many sexually active people carry the wart virus, although not everyone carrying the virus develops warts. Some people develop warts soon after sexual contact with someone who is infected. Others develop warts later when they become run down, stressed or pregnant.

Once you have been exposed to the virus, it can take anywhere from 3 weeks to a year for a wart to develop. Some people do not get warts – this seems to depend on the type of virus and the strength of your immune system. At present, there is no easy way of detecting the virus – only the warts can be detected.

### *How Is the Virus Transmitted?*

The virus is usually sexually transmitted, but not always. Some people are exposed to the virus at birth, and symptoms may show for the first time before they are sexually active.

After infection with the virus, it may become dormant for twenty years or more, flaring only when the immune system is “down”. The sudden appearance of warts in a person who is not sexually active, or who is in a stable relationship, does not mean that the person has been recently infected through sexual transmission. Many people carrying the wart virus in their skin have no symptoms or signs of the infection and are unaware that they are infected.

### *How Common are Genital Warts?*

It is estimated that our lifetime risk of being exposed to the virus is up to 85%. However, only 1-2% of the population has an active infection at any one time. Most people have a strong immune system, which renders the virus dormant. This means that most people with HPV do not realise they have been exposed to the virus, because it is not detectable.

### *So Why is Wart Virus Important?*

Wart virus is an important concern for women. The virus has been linked to cancer of the cervix in women. Some types of wart virus can cause the cells of the cervix to develop abnormally. These abnormal cells may be detected in a pap smear test. Women should have a pap test every two years – more often if there is any sign or history of abnormal cells. If a woman has bleeding between periods or after sexual intercourse then she requires thorough assessment, not just a Pap smear.

Having abnormal cells of the cervix does not mean that you have cancer. Any progression to cancer may take many years, so regular Pap tests are advised. Even if your Pap test detects abnormal cells, you can have treatment to reverse the changes. In some women, the immune system is capable of reversing the changes.

### *How would you know if you had Genital Warts?*

There is no blood test or swab test for genital warts, except that sometimes there may be an indication in the Pap smear that the wart virus is present. Warts may not always be visible (eg. if they are very small, or out of sight on the cervix or anus.)

If you see or feel unusual lumps on your genitals, or if you have had sex with someone who has warts, you should see a doctor. Sometimes, in women a persistent itch or painful sex can be caused by wart virus infection around the vaginal opening.

### *Treatment for Genital Warts*

Genital Warts on the male or female genitals or anus are treated by either:

- Painting with podophyllin or trichloroacetic acid.
- Burning off using a laser or diathermy.
- Freezing with liquid nitrogen or nitrous oxide.

Genital warts on the cervix can be viewed with a special microscope (colposcope) and small samples (called a biopsy) taken to check for abnormalities of the cervix. A gynecologist usually carries out treatment to the cervix, where laser, diathermy, or surgery removes the abnormal area. Follow-up colposcopy and Pap smears are important.

Warts can recur despite these treatments. Treatment should be continued until all warts have gone, and you should have a final check 3 months later. Your sexual partner(s) should also be checked for warts and you and your partner should be checked for other sexually transmissible infections (STI's).

### *Factors Influencing Your Immunity?*

Certain factors can affect your ability to deal with viruses generally, and with HPV specifically. It is not only the presence of the virus that is important, but how the body reacts to that presence. This reaction depends on the strength of the immune system. Factors which affect the immune system include:

- Genetics – part of our immune systems are inherited and some people's immune systems deal better with the virus than others.
- Smoking – women who smoke have two and a half, to seven times the risk of cancer of the cervix, depending on how much they smoke. Men who smoke have three times the recurrence rate of HPV after treatment compared to non-smokers.
- Other viral infections – such as HIV and recent glandular fever may reduce your body's ability to fight the wart virus.
- Other Illnesses – such as uncontrolled diabetes, diseases of the immune system and some cancers can reduce the strength of the immune system.
- Pregnancy – immunity is naturally lowered in pregnancy so genital warts will increase in size and number. They decrease after the baby is born. Having the wart virus does not mean you cannot or should not become pregnant.
- Prescription Drugs – such as chemotherapy, hormones and steroids can all lower immunity.
- Severe Allergic Diseases – asthma and eczema patients often deal poorly with HPV.
- Lifestyle factors – such as prolonged stress, eating disorders, depression, poor diet, prolonged sleeping problems, excessive exercise can lower immunity.

### *Protecting Yourself and Your Partner(s)*

Using a condom protects you from sexually transmissible infections including any warts in the area covered by the condom. Condoms do not protect against infection from warts that are not covered by a condom.

The fewer people you have sex with, the less likely you are to come in contact with someone who is infected with genital wart virus, as well as other sexually transmissible infections. Have regular sexual health checks. Maintain good general health (good food, regular exercise, enough sleep and relaxation). Smoking is an added risk factor for women with HPV.

People who have HPV often feel shocked, angry and upset and blame their partner. This can make the stress worse and may encourage the development of the warts. It is important discuss these feelings with your partner, doctor or sexual health worker.

For more information about warts and sexual health, contact the friendly staff at-

Sunshine Coast Sexual Health Clinic  
Maud Street, Maroochydore. (07) 5479 2670.

Brisbane Sexual Health  
484 Adelaide Street, Brisbane. (07) 3227 8666

Miami Sexual Health Clinic  
1922 Gold Coast Highway, Miami (07) 5535 6333



# Interferon - What are the interactions?

*In the last edition of DART there was an article about Interferon treatment as an option for people living with Hepatitis C.*

*Following on, in this joint edition we're looking at the interactions of Interferon with illicit drugs and methadone. If you are using methadone or illicit drugs and are considering going on interferon, here are some symptoms and effects you may encounter.*

*As with most side effects reported with Interferon, these symptoms can vary dramatically between individuals.*

Although there is really only one recognised prescribed treatment for Hep C - interferon treatment - there still has been no reliable research conducted into the interactions between Interferon and illicit substances. The same lack of research exists for new Hep C treatments, which use a combination of Interferon and Ribovarín.

Despite the lack of reliable medical research on the interactions between illicit drugs and Interferon treatment, until quite recently anyone who was considered to be a current injecting drug user (current being defined as having used in the past 12 months), was automatically excluded from entering the Interferon treatment program.

Many Hep C positive users seeking Interferon treatment are still refused access on the basis of their drug use. This situation exists even though we have evidence that shows that the majority of people who are Hep C positive are current injecting drug users.

Regardless of how you take them, the drugs, which you put into your body end up in your blood stream. One of the main functions of the liver is to purify your blood by filtering out the impurities.

Therefore, if you are on Interferon treatment because you have liver damage, the best thing you can do is to reduce the stress and workload of the liver by reducing the amount impurities it has to filter from your blood.

## ILLEGIT DRUG USE AND INTERFERON

It is the illicit or illegal nature of many drugs, which can cause the main problems for people on Interferon treatment. For example, drugs purchased through the illegal drugs market often contain high levels of impurities, which can put a great strain on the liver and cause further damage.

Interferon is a very strong drug, and if your liver is already coping with large, regular doses of interferon each week then it is best to reduce further stress on your liver by avoiding the use of illicit drugs. Or if you are currently using illicit drugs and are considering beginning interferon treatment, it is best to discuss the situation with your treating physician before starting on interferon.

Anecdotal evidence suggests that the use of illicit substances while on interferon can intensify or counteract either drug depending on the drugs used, the person's tolerance and the level of liver damage – in short, depending on the individual.

Because the liver is responsible for filtering drugs from the blood, if your liver is not working properly it may not clear the drugs from your system as quickly or effectively as it should, or it may process them faster, but less effectively. This could put you at an increased risk of overdose.

Given that such interactions could result in overdose or further liver damage, it is probably best to avoid using illicit substances while on interferon treatment.

If you decide to use illicit drugs while you are on Interferon, the best advice we can give, in the absence of medical research, is to follow this harm reduction method:

- ◆ Always use new injecting equipment for every hit. This includes a new fit, freshly washed and swabbed spoon, new filter, clean tourniquet and make sure you swab your fingers and the injection site.
- ◆ If possible do not use alone (in case of overdose)
- ◆ Try a smaller amount of the drug first to check for possible interactions
- ◆ Don't be afraid to call an ambulance if something goes wrong
- ◆ If possible buy from a known contact you can trust

## INTERFERON & METHADONE

When a liver is damaged, it can sometimes metabolize or 'use up' drugs faster than a healthier liver. Because of this, if you are on interferon treatment and the methadone program, you may find that your current methadone dose is no longer holding you between dosing periods, and you may need to discuss raising your methadone dose with your prescriber and/or treating doctor.

Unfortunately, the lack of formal research on the interactions between interferon and methadone means that anecdotal evidence from people on interferon and methadone is the only reliable information on this important health issue.

Some of the reported interactions, which can be different for every person and therefore contradict each other, include:

- ◆ Needing a higher dose of methadone to remain stable between dosing periods
- ◆ Needing a lower methadone dose due to apparent increase in absorption and decrease in excretion of doses, resulting in "methadone toxicity"
- ◆ Inability to take oral methadone syrup due to extreme nausea (a commonly reported side-effect of interferon treatment)
- ◆ Needing to lower their methadone dose to reduce extreme lethargy (another commonly reported side effect of interferon treatment)
- ◆ Extreme weight loss due to the dual side-effect of loss of appetite from both interferon and methadone

*This article was written by Annie Madden and Tony Rance from NUAA. Reproduced from NUAA's 'Users News' with their kind permission.*



## Demystifying Interferon for me it wasn't too bad

After the initial diagnosis of Hepatitis C most people's thoughts turn to treatment options. Trying to find out about this is relatively easy because currently, the only treatment available in Australia is Alpha Interferon, either by itself or in conjunction with Ribavirin. However, the distressing part begins when you start reading the horror stories about other peoples experience with interferon.

On the strength of conversations I had with friends, I put off accessing the program for three years because their experiences was all hideous. They had every possible side effect you could imagine, and in the end most of them withdrew from the program because they could not tolerate the side effects.

All the literature I read supported my friends experiences, so it was with a great deal of trepidation that I decided to give this ghastly treatment a go. The over-riding factor was that I was experiencing some really savage symptoms from the hepatitis, and decided that anything had to be better than this.

Needless to say, for me, it wasn't bad at all. The biggest hurdle to over come was the fact that after injecting there was no rush!!! I did experience flu like symptoms initially, but these disappeared in the first week. I had minor headaches the day after my first injection for the week (you inject three times per week) and I lost a lot of hair but, it eventually grew back. Compared to the symptoms I had been experiencing e.g. tiredness, lower back pain, nausea and general aches and pains, the interferon was okay.

I would suggest to anybody considering this treatment that they find out as much about interferon as they possibly can so they can make an informed decision. Users groups, the Hepatitis C Council and Hep C support groups are a great place to start. Listening to other peoples experience is also a good idea but remember that everybody will have a different reaction.

After two years I am still PCR negative, my Hep C symptoms have abated and I am really glad I bit the bullet and tried interferon because, for me, it wasn't the ghastly experience I was anticipating and it worked!!!



# *The Phenomenon of the Second Taste*

## *otherwise known as 'Girl you go after me'*

In the beginning Eve, allegedly, talked Adam into eating from the tree of knowledge. A religious myth perhaps but, as a consequence of this belief, women have been marginalised in social, political, economic and health terms ever since. From this incident women were considered the 'perpetrators of the original sin', therefore, they were assigned a social role which outlined their position in society, that is, the role of wife and mother. This position involved being moral guardians, supporting their husbands, attending to the children's needs, and generally making sure the home environment was morally suitable and stable. As a consequence women have been fighting ever since to gain equality and, while there is no doubt women have come a long way, often is a social expectation that women's behaviour should reflect morality.

Hence, if you are a woman who chooses to inject, the associated stigma which you must endure is often a lot worse than it is for men. Obviously in a utopic world people would be left to make these decisions without having to worry that a life style choice may have a legal, social and moral impact which can be devastating regardless of your gender. Although things have changed since Eve's time in the garden, the stakes for women who inject appear higher because they are failing to fulfil their socially constructed role and, thus, fall from the 'exalted pedestal of wife and mother' and may be considered extremely deviant in terms of societal values.

The problem is that women have been socialised along with everybody else to believe that because they choose to inject they are bad and undeserving people. Unfortunately one of the repercussions of this is that a significant number of women don't actually inject themselves, leaving it up to their partner. This practice is known as the **Phenomenon of the Second Taste** and simply means that generally the dominant partner scores the drug, uses first and the woman goes second using the same injecting equipment.

This is problematic for several reasons particularly in terms of women's health. Often the women will look away as they are being injected because they can't bear to watch or, if they allow their partner to administer the hit, it implies trust. If the woman chooses to learn how to inject themselves control issues with their partner may arise because the partner may feel their trust or role is being questioned or jeopardised. Apart from

the fact that women are handing over control of their drug use to their partner by going second, the woman often doesn't know what she is getting, or how much, and as the partner has already had their hit sterile injecting techniques may go out the window. The partner controlling the ritual may expect the woman to score the money to pay for the deal, thus women may be exposed to blood borne viruses such as HIV/AIDS, Hepatitis C or B, a dirty hit, sexually transmitted infections or violence.

I guess the moral of the story is that if you are going to inject it is better to take control of your drug use. Learn safe injecting practices from the start and empower yourself with knowledge so that you don't have to rely on your partner. You will know exactly how much and what you are injecting, significantly lessen the odds of contracting blood borne viruses, particularly, hep C or reinfecting yourself with hep C, sexually transmitted infections, and other problems that may arise from injecting drug use.

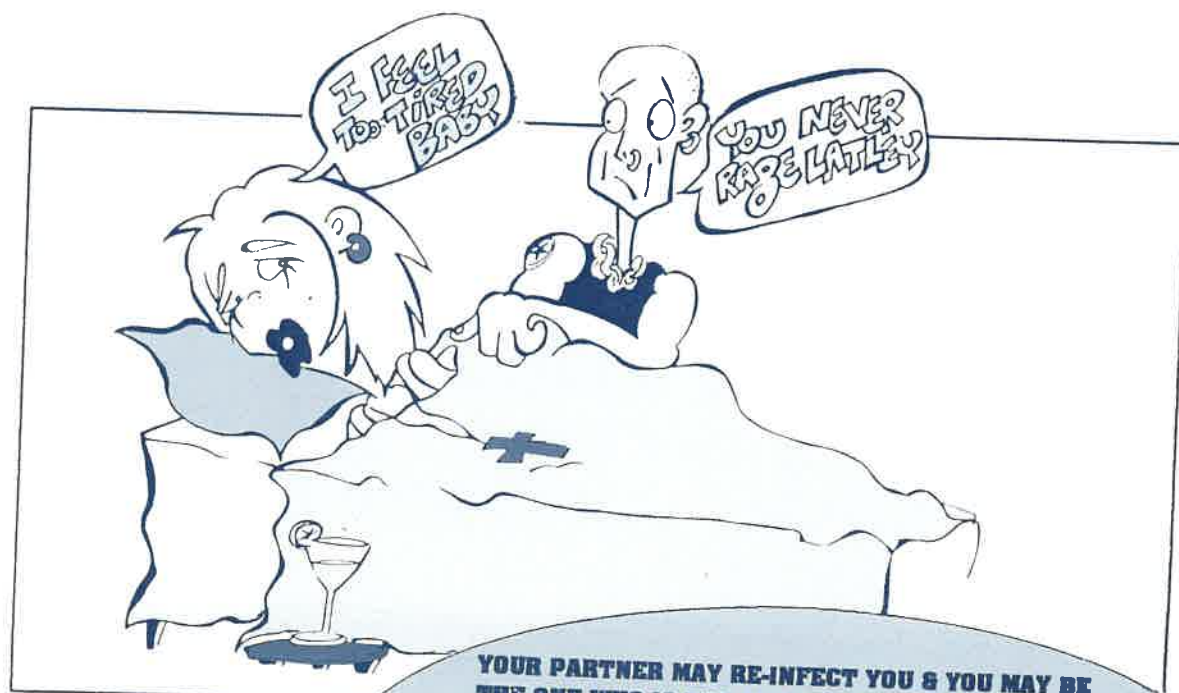
GAIN has a Women's project officer dedicated to women's health. This includes a **Ladies Chat Group** which meets once a week to discuss issues which are having a negative impact on their lives. Generally, we focus on health issues, such as, hep C, sterile injecting techniques, sexually transmitted infections, or nutrition but social, economic and other issues are also discussed. Essentially, if there is a problem it is shared and options are discussed until the person feels she can make an informed decision which results in a suitable solution. This is an informal group where you will not be subjected to the stigma often associated with injecting, is confidential and nothing you say or ask about will shock anyone because often the problem you may be facing has been experienced by another member.

Currently, the Ladies Chat Group is putting together a Women's resource which will detail information relating to Hep C & B, HIV/AIDS, Sexual Health, Indigenous Health, Domestic Violence, Sexual Assault, Legal Assistance, Methadone and pregnancy, tranquilisers and a referral list for appropriate services. If you think we should add anything else or, if you have a problem, dilemma or need support please come to this group. Take the time out to improve the situation for women injectors because you are entitled to the same care and respect as anyone else and **unless your voice is heard nothing can change.**

*by GAIN Women's Hepatitis C Project Worker Diane Flint.*

*For more information contact Diane on (07) 5575 5144, drop into GAIN or contact a worker at SCTVAA or QuIVA*





**NEVER SHARE!**

*If you can't do that, then consider snorting, swallowing or shafting.*

**For more information about  
Hep C reinfection, ask at  
your local exchange, or  
contact the Hepatitis C  
Council of Queensland**





# House Detox Project



Hi there everyone!!!! Just writing to fill you in on the most recent update regarding The InHouse Home Detox Project at QuIVAA.

Well, after a long wait we have finally been refunded and will be now for the next four years ..... YAH!!!!!! And so we are busily preparing for the hiring of NEW STAFF (positions advertised in the Courier soon if you're interested), the move into the building and the new year.

It's looking at this stage as though we will be unable to detox anyone until January .... sorry.. The rationale for that decision is that we want to be totally prepared for our clients ... with a complete and trained staff team and an organised home.

On that note, our NEW HOME looks very exciting with room for everyone, including our own area specifically for detox. We're at 187 Brunswick Street, Fortitude Valley, so come and pay us a visit!

For those of you who are interested in becoming a VOLUNTEER the next course will begin mid-January ... give me a ring if you'd like to put your name down or get some info sent out...

Anyway, that's about it. Hope all is well for you.....

Angela..



# QuIVAA's new home

## **Our Street Addresses -**

*Exchange and Drop in Centre*  
185 Brunswick Street  
and from the rear of the building  
access via the first driveway on  
Barry Pde when turning off  
Brunswick Street

*InHouse Detox*  
187 Brunswick Street  
Ground Floor

*Administration*  
Upstairs at 191 Brunswick Street

## **Our Postal Address is-**

PO Box 2470  
Fortitude Valley  
Business Centre QLD 4006

## **Phone & Fax Numbers Are-**

(07) 3252 5390 or  
1800 172 076 for phone

(07) 3252 5392 for fax

## **Our email address is-**

Email- [quivaa@quivaa.org.au](mailto:quivaa@quivaa.org.au)

Most of our clients are aware that the last few months have been pretty difficult for our organisation. In early September we lost a town planning appeal which meant that we had less than a week to vacate the premises at Robertson Street, and to find suitable temporary accommodation elsewhere. This we found at the site of the QuIVAA Clinic at 112 Alfred Street, but due to the size of the premises there (2 small rooms, and an even smaller anti-chamber) we couldn't see clients or offer needle exchange.

Consequently Anna went down to visit our friends at BYS, and helped out with the exchange there, while the hunt for new premises commenced. Finding suitable accommodation for an organisation such as ours was not an easy task - at one stage we thought we had found the perfect spot - until we realised the back garden was overlooked by a police station! Needless to say, we didn't go with that one! Josy spent most of the time either ringing, faxing or visiting real estate agents, and eventually narrowed down the field to two or three suitable properties.

Alex was appointed interim co-ordinator by our Management Committee, as at the time of leaving the Robertson Street premises we didn't have a co-ordinator. Hence Alex was kept very busy writing funding submissions for QuIVAA, as well as doing all the usual talks, presentations and education that he usually does.

Meanwhile Julie was working from home to get all the new financial systems in place for the 1998/1999 financial year, and generally was very busy with all the usual account paying etc. and getting up to date.

The position of Indigenous Women's Officer was advertised during this time, and Babalue Dagley (who has been acting in the position for nearly a year) has been appointed. Congratulations Bubba - keep up the good work in the community! James has been in Sydney for a conference, and also had some well deserved time off. He and Bubba are off north again soon, to visit outlying communities in far north Queensland.

Yours truly has been working at home, at Alfred Street, at GAIN and at SCIVAA to get this joint edition of DART/Rush-Hour/Fitting News together, as well as redesigning QuIVAA resources ready for our new premises.

By the time this edition hits the streets we will be open in our new, improved home. The most frequent complaints about the old premises was that the drop in centre (and indeed the entire place) was too small, that there was never enough parking, and that it was too far away from the Valley. This certainly won't be the case at our new home! We are almost right on the fiveways (opposite the Roxy) and the exchange has both front and rear access via Brunswick Street and Barry Parade. The Barry Parade has a 'drive through' setup, which means you barely have to leave the car! There is also a very large education centre to come and visit us.

Wastelands home detox (now called InHouse Detox) is also housed on the ground floor and finally has all the room it needs to expand. This is just as well as it has just received ongoing funding for four years thanks to the National Illicit Drug Strategy.

Administration and project work will take place upstairs, with the addition of a large space for our library, and any additional projects we may take on in the future. Finally QuIVAA has room to move and expand! Thanks to the patience and understanding of our clients and friends throughout this period - we are now rehoused, so come pay us a visit!





**Peter, I said two poppies,  
not two hundred!**



**And as for these,  
I asked for a male  
and a female,  
not two females!**

**Oh good, pack as many as you need of those - they shouldn't be shared or reused!**



Hi, I'm Rosemary Larkin and I have been in the position of Coordinator at GAIN for just over a month.

I have been working on the Gold Coast for the past twelve years with both Government and Community Based Organisations in the drug and alcohol field. Some of you I will know from my work in my past roles, but instead of rattling on about who I am, where I've been, etc I would like to extend an open invitation to visit or phone GAIN to catch up or meet.

I have joined a team of committed and enthusiastic members who you may already know, for those of you who don't they are:

Rick our Client Services Worker,

Kylee our Administrator,

Amy our Publications Officer,

Diane who has the dual role of Women's Project Officer and the *Be Blood Aware* project Officer,

and Jenny who keeps the dust at bay. We are all working towards best practice and in the not to distant future, we'll have a yearly planning day. I will keep you informed of the date.

We are in early discussion stages with SCIVVA and QuIVAA to combine our wisdom and voices working towards a stronger representation with the decision makers and providing enhanced quality services.

GAIN as you may be aware, has had recent threats of closure, and we are working with the community towards relocation. We have provided our services from Lavarack Road, Nobby Beach for the past six years, there is a lot of sentiment, memories and sad feelings involved with the move. However, we will only relocate to premises that are easily accessible and adequate for us to provide a better service, such as confidential NASP, group and counselling rooms. There is a broad consultation process planned before action is in place, so I imagine we will be here for a while. Any thoughts, possible sites, locations etc, lets us know what you think.

Here's hoping for a happy Christmas and a better '99 than '98.

**Rosemary**



**Remember, your exchanges' biggest enemy is unsafe disposal. If exchanges do not have consistantly high return rates, then they run the risk of being shut down. There is no excuse - if you can't make it in during the day, use the after hours chute!**

**GAIN, SCIVAA and QuIVAA all have drop in centres, so why not come in, have a coffee and see how you can get involved in your organisation!**



# What is a Volunteer?

## What is a Volunteer?

"A representative from the community who freely chooses to give their valuable time, skills and experience to support (the service's) activities."

People choose to volunteer for all sorts of reasons.....

- ◆ To have fun
- ◆ To learn new skills
- ◆ To help others
- ◆ To share talents and abilities
- ◆ To fight boredom
- ◆ To make new friends
- ◆ To secure job references
- ◆ To build self confidence
- ◆ To explore career opportunities
- ◆ To feel needed and useful
- ◆ To gain a new direction in life.

## Volunteering at an Agency

Throughout the history of community agencies, Volunteers have played many very important roles. If you could imagine the agency as the bricks, Volunteers have been the mortar that holds the structure together, fills the gaps and provides stable foundations.

A lot of agencies would not be here today without the commitment, talents and input from Volunteers. *We have identified some important basic elements about volunteering:*

- ◆ Volunteer work is needed by the service and it's clients. It has specific duties, and is consistent with the overall goals and objectives of the service.
- ◆ Volunteers receive adequate training, supervision and feedback about their work.
- ◆ Volunteer work provides Volunteers with a sense of satisfaction and a feeling of belonging to the organisation of choice.
- ◆ The work provides learning opportunities for Volunteers.

## Volunteering & Centrelink

The Commonwealth Government, as an option has developed the Voluntary Work Initiative, for people on income support, especially those who are unemployed.

You can do voluntary work without approval from Centrelink whilst continuing to look for paid work or you can participate in Centrelink approved voluntary work for 16 hours per week instead of looking for paid employment. Ask Centrelink for details.

Volunteer work can take many forms, depending upon interests, skills, past experience and the needs of the service. So boogie on down to your nearest funky Community agency like, SCIVAA, QuIVAA, GAIN, SQWISI and become an active volunteer TODAY!

By Simon (QNASP) SCIVAA



# Pap Smears

It is recommended that all women have a Pap Smear every 2 Years. All women who have ever been sexually active should commence having Pap smears between the ages of 18-20 years, and then continue doing so until aged 70. The Pap smear test can detect early changes in the cells of the cervix, which may later lead to cancer.

The cervix is the lower end of the womb or uterus. When a Pap smear is performed, a small sample of cells from around the cervix is gently collected and placed on a slide. This slide is then sent for examination under a microscope.

Women who smoke have an increased risk of developing changes in the cervix.

## RESULTS

Most Pap smear results are normal. About 1 in every 20 Pap smears will show some changes. Remember that almost all of these changes are not due to cancer. If early changes are found, treatment can be given to prevent cancer of the cervix (cervical cancer) developing.

The results of the Pap smear test are not available straight away. It usually only takes a few days.

Most Pap smears are normal - this means that the cervix is healthy. Remember to prevent cervical cancer all women should have a Pap smear every two years. However, this can change slightly if your sexual activity is high. If your Pap smear result is abnormal or 'positive' don't panic. An abnormal Pap smear does not necessarily mean cancer. An abnormal smear test may result when;

- ◆ The sample taken is insufficient to find an accurate result or the slide may be damaged.
- ◆ The Pap smear may show some signs of minor inflammation or irritation. A repeat smear is usually recommended, but not until the cervix has had time to heal. The Pap smear is usually repeated in 3-6 months.
- ◆ The Pap smear is abnormal because of infection. This can occur even if you have no symptoms. Such an infection should be treated. You will be advised to have another Pap smear about 3-6 months later to ensure that everything is back to normal.

## Wart Virus Infection

A Pap smear can detect the presence of the wart virus. For many women, the wart virus will disappear naturally over about 3 years. However, recent research shows that women with the wart virus may be at an increased risk of developing cancer of the cervix. For more information on genital warts, see pages 4&5 of this magazine.

## Dysplasia

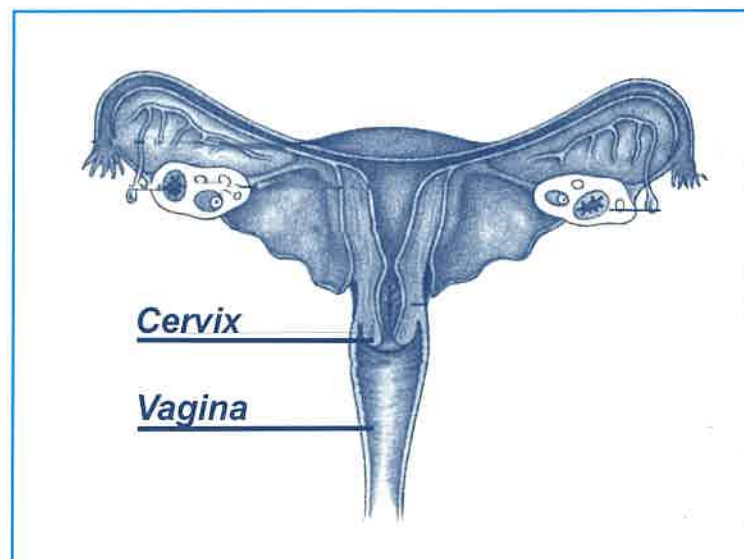
This means abnormal growth and indicates that the cells of the cervix are developing in an unhealthy way. These cells are not cancerous, but may progress to cancer if they are not treated. Dysplasia develops most often in women between the ages of 25 and 35, but it can occur in both older and younger women.

There are a few treatment options you can have:

- ◆ **Heat or Diathermy:** with this method heat is used to destroy the abnormal cells.
- ◆ **Laser Treatment:** The laser beam is used to destroy the abnormal cells.
- ◆ **Freezing or Cryosurgery:** With this method the abnormal cells are frozen, causing blistering. This blistering allows the abnormal layer to be removed and healthy tissue to grow back in its place. You may have to stay overnight.
- ◆ **Cone Biopsy:** This is where a small wedge of the cervix is removed. This maybe necessary to investigate and treat more extensive dysplasia, again you may need to stay overnight and to avoid heavy physical work for a few days. More than one treatment may be necessary to effectively treat all the abnormal area and you may be advised not to have intercourse for up to 6 weeks.

Following treatment, you may experience some cramping, rather like period pain, and a vaginal discharge. During the first 1 - 2 years after the treatment, you will be asked to have regular Colposcopy (about every 3 - 6 months).

Many women feel very anxious and scared when they find out they have an abnormal Pap smear result. It is important you talk to someone you feel safe with. Remember that treatment and regular check-ups following an abnormal Pap smear protect your health for the future.



# Indigenous Project

who we are  
what we do  
how to find us



Hi there, my name is James Eggmolesse, and I am one of the two Indigenous Project workers at QulVAA. The other half of the team is Bab-a-lue (Hilma Dagley).

Our project has a Statewide brief, which requires us to travel to rural and remote areas of Queensland to offer education and support to Indigenous communities and individuals, as well as communities and individuals within the Brisbane Metropolitan area.

We work with Indigenous people who inject, their partners, families and friends to provide information and skills about HIV, sexual health, Hepatitis C and injecting drug use.

We are also involved in training Indigenous users and their peers to be peer educators, and involve them in QulVAA outreach, education and other projects. We also offer training about injecting drug use issues to Indigenous organisations, Indigenous Sexual Health workers and Health workers.

Our team has successfully carried out Regional trips to Far North Queensland, Central Queensland, Wide Bay as well as Central West Queensland.

We have produced a number of resources through our project, including a HEP C video produced in conjunction with members of our target group for our communities.

Another successful resource was the series of Hep C posters and postcards, which was a joint venture with Indigenous Youth at Woolloongabba.

Over the next twelve months we will be concentrating on the rural and remote areas of Queensland, where we will be holding workshops for Indigenous Health workers and community members.

If you happen to be in any of the areas when we visit come in and have a yarn. We can be contacted on 0418742550 or when we're not travelling at QulVAA on (07) 3252 5390 or toll free on 1800 172 076.

**James**

## Tiddas News

by Indigenous Women's Project Officer  
Bab-a-lue Dagley

I work with women within the Indigenous community, particularly women injectors.

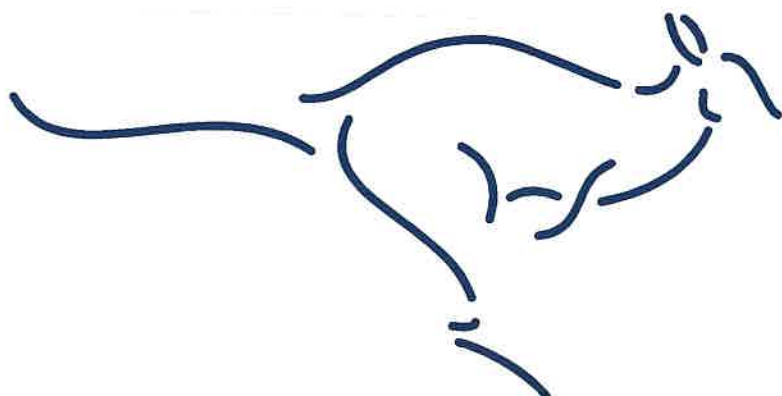
Issues I focus on include the provision of information and education about HIV/AIDS, Hepatitis C, safer injecting practices, safe sex, safe disposal, domestic violence and emergency relief-housing.

During the next 12 months I will be concentrating on rural and remote areas. I am currently working on a retreat for women and their families, as well as a questionnaire to be circulated within the community about HIV/AIDS, Hepatitis C and injecting drug use to assess what information is needed.

As part of educating the community I am involved in a number of projects with other services, and I am also involved in the following Murri women's groups on a regular basis.

- ◆ GAMMIN Women's Group
- ◆ MUGEENA Women's Group
- ◆ BAHLOO Young Women's Shelter
- ◆ Women's Prisons
- ◆ Sisters Inside
- ◆ KIERBA Women's Group
- ◆ BURRAGH Aboriginal & Islander Co-operative Society

**Bab-a-lue**





# Christmas Chaos

*a guide to surviving the festive season*

## **Pre Christmas-**

For some, Christmas is a bit like a wart – no matter how much you dread it, it comes back again and again! While a lot of people associate Christmas with tinsel and carols, other people know Christmas as the time of year when they are most likely to be alone, overdose, run out of clean equipment, get harassed by their family or hang-out for days on end. The difference between the two is a bit of organisation and forethought!

A few weeks before Christmas organise yourself for the day itself. If you don't want to be with family, try organising a get together with friends or even having a free feed courtesy of the welfare agencies! Suicide is common at this time of year, so if you know you may get a bit down on the day, make sure you've got something planned to keep yourself occupied and in the spirit of things. If you don't want to be with family, you may want to let them know you have other plans but wish them well for the season (mothers like that). Similarly, if you can't be with your kids, then maybe let them know you're still thinking of them. Organising presents (if applicable) before the day is also good.

Make sure that you know what your dealer is up to, and check what days (if any) he/she will be unavailable. There is nothing worse than shitting your way through Christmas, so make sure that you are covered for those days. If you are going away to be with family then organise what you will need before you leave (this includes equipment!). Some exchanges are closed or have shorter hours over Christmas, so stock up! Shops are also closed for a few days, so get groceries in advance if you can. If you are working then be aware that for most Christmas is a really quite time, so try and save your money in the busy weeks before.

The weeks before Christmas are usually packed with parties and other get togethers. If you are getting out and about, don't forget that it isn't a great idea to mix drugs (e.g. heroin and alcohol) as it increases your chances of dropping. As OD'ing at the staff Christmas do is embarrassing, if you are using then maybe stick to water or OJ. If you are zipping your way from one party to another, then don't forget to drink water (no more than 250ml's per hour) and take the occasional break from the dance floor!

## **The Big Day-**

It is no coincidence that a lot of fights and murders amongst family members occur on Christmas Day. Few of us are blessed with ideal families, and often Christmas makes you remember why you only see your family once a year. Alcohol and too much food seems too often to result in tactlessness, and sometimes Great Auntie Bessie asking your Mum what those mosquito bites are doing on your arms is enough to start world war three. If you have visible marks which may prove to be a problem, then think about how you can disguise them. Long sleeve chiffon shirts are great for the girls, as they are also cool. Long sleeve light cotton shirts are good for guys.

Plan your drug use for the day. Even though the thought of taking extra to cope with the day seems good at the time, nodding off into Mum's special pudding is not a way to endear yourself to your family, and hanging out will not make you very pleasant to be with either. Also if you guts on Christmas Day, then you'll probably hang out on Boxing Day. If you can, plan your use so that you will be comfortable, but still able to appear 'normal' to your folks. At all lengths avoid sedating any member of your family with Valium, no matter how good an idea it appears. In the end, it may help to remember that no matter how much they nag, your family really do love you and have what they consider to be your best interests at heart.

If you can't be near your kids on the big day, if you can then give them a call. This will mean as much to them as it does to you, and sometimes it helps to remember that there is someone out there who loves you very much. If you can't get in touch then rest assured that they will be having a great day, and wishing you were there.

The main thing is to be with loved ones or friends, so you can celebrate the day in whatever way you choose. Be aware that a lot of people get the blues around Christmas, so look after yourself and your mates.

## **New Years Eve-**

Traditionally the biggest piss-up of the year, most of us have a big New Year's eve. Try not to mix your drugs – choose one for the night, and stick to it. If you are going out on the town, try and get any substances from known suppliers before the night, as it avoids disappointment or dangerous situations with unknown product strengths. Make sure that just because you're having fun you don't forget to do it clean and safe. Stock up on safe sex supplies before you go out so you can really celebrate in style!

If you make that decision as your New Years resolution, then contact your local user group for information. Many detox and rehabs have changed their procedures in the last couple of years, so a bad experience once does not necessarily mean it will happen again. Detox also depends on the state of mind of the individual, so think about it carefully, and if it is what you want then go for it! Don't feel guilty if that is not your goal – maybe vow that in 1999 you will be more careful with your injecting practices, safe disposal etc.

## **The New Year-**

Don't believe that stuff about start as you mean to go, or don't start at all. I mean, every day can be a new beginning, so if you stuff up day one (January 1<sup>st</sup>), then start the next day. The main thing is to make 1999 a safe, happy and rewarding year for good, safe times with good friends.

The staff, management and volunteers at QuIVAA, SCIVAA and GAIN would like to wish all our readers a safe and happy Christmas season, and a happy 1999.





corner

Cappuccino

# A story from

On my first night at Medusa's a guy offered me a snort of speed. On my third night there I accepted. We went into the toilets, and used a five-dollar note on top of the porcelain cistern to suck up the powder. For the first few seconds all I felt was a blocked nose, and then a horrible taste. Then it felt like the world around me expanded and I was being jettisoned through colour and sound at twice the normal speed of light. I felt invincible and divine.

After my first taste I used every night for the next week. At first Joe, my contact, would meet us at Medusa's and we would go straight to the toilets for a sniff. After a while he'd meet up with us at Edwards, and we'd head to Medusa's together. The progression from using only at night to during the day passed without me even noticing it. I was fabulous.

Work had promoted me to duty manager due to my hardwork and fastidious cleaning habits. If I saw even a speck of dirt anywhere in the entire restaurant then I'd be out with the scrubbing brush and disinfectant. At home I would bake cakes and clean and do the washing without being asked – Mum thought this was a miracle compared to the 'lazy layabout' I used to be.

I started using needles, because it seemed I got more out of my speed that way. By now I was spending the majority of my pay on powder, so getting maximum effect was an issue.

I knew something was not right one day at work when I found myself pulling apart the soft-serve machine hunting for the voices which were talking about me. I emptied the ice-cream all over the floor while shouting threats for the voices to stop.

I got sent home and given a week off work, so I spent the next few days at home freaking out my family. I thought there were cameras everywhere, and that the whole world was trying to spy on me. When Mum came into my room and I had turned all my posters face the wall, she called a Psychiatric Hospital. I was bundled kicking and screaming into the back of Mum's station wagon, and off to the Psyc. Ward for an assessment.

I told the Doctor that I was using speed, and she told me I had 'speed psychosis'. I was pretty freaked out and paranoid, so when she told Mum that there was nothing they could do for me, and suggested we try a detox, I was relieved.

In 1992 I went clubbing five nights a week, slept a total of 5 hours a day (usually between 6am and 11am) and managed to hold down a job with a certain burger chain. Wearing tight navy polyester and asking 'would you like fries with that?' certainly wasn't the highlight of my social existence, but it gave me enough money to go out every night, as well as a good excuse for sleeping half the next day if I said I'd been on nightshift.

I worked in the city, so was only a five-dollar cab ride from the action. It was the same drill every day; get up, shower, catch the 11.32 train to town and start work at noon. Work for 8 hours then shower, change and go out.

I had a set of friends from school who I would meet up with at Edwards, our favourite bar. We'd start off there with a few beers and pool until about eleven when Johnny and Chrissy would arrive. Johnny's brother worked at The Planet and gave us all half-price entry, so their arrival heralded the departure to the later.

Once at The Planet, we'd lose ourselves in the latest house tracks, the line for the bar or the toilet queue. Drinking had finished by this time, and we sipped water filled from the taps in the bathroom out of designer brand water bottles. The music was always the best at The Planet, and all the coolest people hung out there.

After I'd been going to The Planet for a couple of months, it closed for refurbishments. This necessitated a change to our routine. We started going to Medusa's Well, which played music almost as good as The Planet, but was darker, rougher and smellier. The smellier was due to the fact that it was a known amphetamine spot. The frenzied dancing combined with poor ventilation meant that there was a permanent remnant of body odour distinctly discernable in the air. In fact the club was more often called Medusa's Smell or just the Smell, but it was our temporary home while The Planet was being redone.

# *m a reader*

Mum couldn't believe that they were sending me back out into the world when I obviously needed help; she spent the rest of that day and the next trying to find a detox that would take me. Meanwhile I was still taking speed.

Four days after the ice-cream incident Mum got in contact with your service, and was told there were no amphetamine specific detox beds in Queensland, and that the chances were she would have to try and manage with me at home. They kept her on the phone for nearly an hour telling her what to expect and what to do, as well as giving her the numbers for other detox services which although not speed orientated, might still be able to squeeze me in.

Mum tried every number she'd been given, but was told over and over again that either they didn't do speed detox, or that there was a waiting list on beds.

I don't know how we made it through the next week. Mum completely turned the house upside down and found the ½ gram I had left, as well as my fits. She emptied the powder in the loo, and put the needles in their bin and then into the car, ready to return to an exchange. Our local doctor visited several times throughout the week, giving Mum medication to give me. I don't remember much about the whole thing, but Mum loves reminding me of the whole experience now!

She also talks about how hard it was when she didn't know anything about speed or its effects to try and get me into a detox, or to understand what was going on. I still can't believe that my Mum put up with me screaming, crying and being a general paranoiac because there was nowhere for me to go.

I haven't used speed since that time, but I was thinking about it the other day when an old house track I used to love was on the radio. I thought about how lucky I was that I didn't contract Hepatitis C or HIV, and lucky that I managed to stop when I did.

Mum and I would like to thank your service and the wonderful staff there for giving her the information we needed to get through that time. Without your help I don't know what would have happened to us. I know it was 6 years ago, but Mum still talks about the kindness, understanding and compassion of the person she spoke to there. You do a great job.

*Craig*

## **QUIVAA INJECTORS CLINIC** a user friendly health service

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**NO APPOINTMENTS**

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**EVERY THURSDAY NIGHT**

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## WHAT ARE AMPHETAMINES?

Amphetamines are a group of drugs commonly known as 'speed'. Amphetamines are usually bought in the form of white or yellow powder, and have been manufactured illegally in a clandestine laboratory.

They can also be sold in the form of tablets, or as a liquid in capsules. Amphetamines can be swallowed, inhaled through the nose (snorted), or injected.

People who buy amphetamines illegally are often buying the drugs mixed with other substances. These substances can have unpleasant and harmful effects. Pharmacologists describe amphetamines as stimulants. Amphetamines directly affect the central nervous system by speeding up the activity of certain chemicals in the brain. Other stimulants include caffeine and cocaine.

## A SHORT HISTORY

Amphetamines were developed in the 1920's in the USA. By the 1960's amphetamines were used by doctors in Australia to treat depression, obesity and a range of other conditions.

Today amphetamines are prescribed for a small number of uncommon medical conditions. These include uncontrollable sleeping fits (narcolepsy) and some types of hyperactivity in children.

## WHO USES AMPHETAMINES

People use amphetamines illegally for a variety of different reasons. Some use the drugs to stay awake for work or study. Some use them to improve their performance in sport. Others use the drugs to get 'high' and dance all night.

Illegal use of amphetamines is increasing in Australia. In the past few years arrests related to amphetamines in NSW and Victoria have been equal or higher than the number of arrests related to heroin.

## EFFECTS

The effects of amphetamines will vary from person to person. It will depend on:

- ◆ How much of the drug is taken and in which way it is taken,
- ◆ The person's height, weight and health,
- ◆ The person's experience with the drug or similar drugs over a period of time,
- ◆ Whether the drug is taken with a combination of other drugs including alcohol,
- ◆ Whether the person who is taking the drug is alone or with other people, at home or at a party, and so on.

## IMMEDIATE EFFECTS OF A SINGLE LOW DOSE

These effects can occur rapidly after a single dose of amphetamines. They can last anywhere from a few hours to a few days.

- ◆ Reduced appetite
- ◆ Increased rate of breathing and pulse,
- ◆ Increased blood pressure,
- ◆ Enlarged pupils, Increased alertness,
- ◆ Extreme feelings of well-being, greater self confidence and energy,
- ◆ Inability to sleep,
- ◆ Hyperactivity & talkativeness,
- ◆ Anxiety and irritability and/or suspiciousness,
- ◆ Panic attacks.

## EFFECTS OF HIGHER DOSES

Increasing doses of amphetamines can produce:

- ◆ Sweating,
- ◆ Headaches,
- ◆ Restlessness,
- ◆ Shaking,
- ◆ Irregular breathing,
- ◆ Pale skin,
- ◆ Dizziness,
- ◆ Feelings of being powerful or superior,
- ◆ Repetitive movements,
- ◆ Very rapid or irregular heartbeat.

## EFFECTS OF CONTINUED USE

The use of most drugs, particularly at high doses, over a long period of time, is likely to cause some health problems. Some of the specific problems that can occur with long term amphetamine use are;

- ◆ Malnutrition,
- ◆ Reduced resistance to infection,
- ◆ Violence often for no apparent reason,
- ◆ Periods of psychosis (severe mental and emotional disturbance)



## EFFECTS RELATED TO METHODS OF USING

People who inject amphetamines risk becoming infected with HIV (the virus that causes AIDS) and/or Hepatitis B or C, as well as other infections such as blood poisoning (septicemia) if they share needles and syringes with other people, or use needles or syringes that are contaminated.

Long term injection of amphetamines can result in blockage of blood vessels (caused by substances mixed with the amphetamines) which can lead to major damage to the body's organs as well as inflamed blood vessels and even abscesses.

### OVERDOSE

As amphetamines are often mixed with other substances, it is not possible to know exactly what is contained in samples bought on the street. It is difficult to know what pure doses of the drug are being taken. When amphetamines are used for medical purposes, they are usually prescribed in doses of about 5-10mg.

Acute amphetamine poisoning (overdose) can cause a number of effects including irregular heartbeat, heart attack, a very high fever and burst blood vessels in the brain. Deaths have occurred as a result of amphetamine overdoses.

Amphetamine psychosis, a mental disturbance, may occur as a result of either a single dose of amphetamines, or a period of taking high doses of amphetamines. Its symptoms include hearing voices, delusions, suspicion and fear of persecution.

### WITHDRAWAL

Withdrawal symptoms occur when a dependent person stops using the drug or severely cuts down the amount they use. Withdrawal symptoms from amphetamines include, fatigue, hunger, deep depression (due to a lack of energy), exhaustion followed by a long but disturbed sleep, agitation and craving for a 'high'.

People withdrawing from any drug including amphetamines are advised to contact their local community health center or doctor for assistance. If you are unsure of a 'user friendly' service in your area, give your local user group a call for further information.

## DETOX

At this stage there are no amphetamine specific detox units in Queensland, although some general detox units will accept amphetamine detox.

Some people have detoxed in psychiatric wards due to psychosis, although our experience is that some psych. wards consider '*speed psychosis*' to be a drug issue, and as such will not admit patients suffering psychosis. Again, check with your user group for the low-down in your area.

## AMPHETAMINES & OTHER DRUGS

Amphetamine users may take other drugs as a way of coping with some of the undesirable effects of amphetamines. Some people take drugs such as minor tranquilizers, alcohol or heroin to help them sleep or '*come down*'.

This often results in a 'rollercoaster' dependence on several drugs; some people need amphetamines to get them going and minor tranquilizers each night to get them to sleep. Other people end up liking the heroin they use to go to sleep more than they liked their speed.

As with all drugs, mixing amphetamines with other drugs can increase the risk of OD or other drug related harms.

## AMPHETAMINES & PREGNANCY

Most drugs have some effect on the unborn child. There is some evidence that babies of amphetamine-using mothers may have withdrawal symptoms from amphetamine use.

Pregnant women who use amphetamines have a higher risk of miscarriages, premature labour, underweight babies and other complications. It is not yet known whether children of a mother who used amphetamines during their pregnancy experience long term problems in mental or physical growth, but initial studies give some cause for concern.

Amphetamines

# Cleaning Fits

The simplest way to avoid contracting hepatitis C and other viruses is not to inject. Injecting is the single greatest risk factor for contracting hepatitis C and other viruses.

There are other options other than injecting such as smoking, snorting, swallowing or shafting the drug.

If you are a person who injects drugs, it is safest to use a new fit and new/clean equipment everytime, and always be blood aware while injecting.

You will need sterile needles/syringes, water, swabs and clean filters, spoon, tourniquet hands and working space. Cool/tepid soapy water or bleach is best for removing blood.

If you cannot use new equipment for every hit, follow the directions here to clean your used equipment.

The best option is to re-use a fit which only you have used. If you cannot do this, you could choose to wait until you get a clean fit, or use another means of taking your drugs. If you decide to inject with a used fit, you are taking the risk of infecting yourself with hepatitis C, HIV and other viruses.

Cleaning as thoroughly as possible should reduce the risk, but there is no way known of eliminating the risks of viral transmission from used syringes. The more thoroughly you clean, however, the more you should reduce the risk.

*If there is absolutely no other way....*

**Cleaning Equipment needed:** Full strength Bleach (5.25% hypochlorite) in a container for soaking/bleaching your fit. Two separate containers filled with water to flush and rinse. Clean workspace and area for disposal (sink, bin, drain etc)

**Rinsing:** Rinse the fit in cool/tepid (not hot and not cold) water. Tepid soapy water is best for removing blood. Repeat until you cannot see any traces of blood. Never use water that is too hot or too cold, as it can cause the blood to congeal and stick inside the fit, where it can shed microscopic particles into your mix.

**Bleaching:** Take the fit apart and soak the fit covered with bleach for at least two minutes. Use full strength bleach (e.g. at least 5.25% hypochlorite) and check the use by date.

If you can't soak, draw the bleach into the fit and shake for at least thirty seconds. Count one thousand two thousand up to thirty thousand. Count slowly to make sure the bleach has enough time in contact with the virus. Squirt the bleach out into your sink or dirty disposal area and repeat the process at least once, counting slowly to thirty thousand.

**Flushing:** Draw up a fresh lot of water from the second container. Do not use water from the first container as this has been contaminated. Squirt flushing water into the dirty disposal area sink etc. Repeat flushing process until all the bleach has been removed.

## Be blood aware, always!

- ◆ Never let your used equipment, or anyone else's used equipment, come into contact with a group mix (i.e. a few peoples drugs mixed up together in the same spoon for easier division) no matter how well cleaned. Unless sterile fits are used to mix and divide up, each member of the group must have their own water, spoon and filter etc.
- ◆ Wash your hands before and after injecting. If someone is going to help you inject, make sure they have washed their hands before and after helping you.
- ◆ Stock up on equipment so you're never caught short.
- ◆ Make sure the surface where you prepare your hit is clean. Swab the surface you intend to use, or wipe it with a clean cloth and bleach. If you are going to keep your fit for possible re-use, rinse it in cool/tepid water immediately after your hit. This removes any traces of blood, and makes it easier to re-use if you have to.
- ◆ Unless you are going to save your fit for personal re-use, always dispose of it safely in a sharps bin, or other sealable, puncture resistant container.
- ◆ Never, ever re-cap anyone else's fit.
- ◆ Return used fits to your local exchange. Leaving used fits lying around is not a good look!
- ◆ Wash your spoon tourniquet with cool/tepid soapy water after each hit. Do not reuse swabs, filters, or opened sterile water as they become contaminated when exposed to air.



# SERVICE DIRECTORY

SCIVAA - Sunshine Coast  
Upstairs at 59 6th Avenue  
(Cnr. Kingsford Smith Pde)  
Maroochydore  
(07) 5443 9576  
*Needle Exchange*

GAIN - Gold Coast  
17 Lavarack Road  
Nobby Beach  
(07) 5575 5144  
*Needle Exchange*

QuIVAA  
Exchange - 185 Brunswick St  
Detox - 187 Brunswick St  
Admin - 191 Brunswick St  
(07) 3252 5390  
*Needle Exchange*

BODYLINE  
43 Ipswich Road  
Wooloongabba  
(07) 3391 4285  
*Needle Exchange*  
*(small charge applies)*

MIRIKAI REHAB  
Gold Coast (07) 5576 5111

HEPATITIS C COUNCIL OF QLD  
(07) 3229 3767 or 1800 648 491

QLD AIDS COUNCIL  
32 Peel Street, South Brisbane  
(07) 3844 1990  
4 Carrol Street, Nambour  
(07) 5441 1222  
*Needle Exchange*  
Level 2 Trust House  
3070 G. Coast Hwy, Surfers Paradise  
(07) 5538 8922

ADIS 24 HOUR INFO. SERVICE  
(07) 3236 2414 or 1800 177 833

KOBI HOUSE - Sexual Health Clinic  
Toowoomba Base Hospital  
Wilmot Street (07) 4631 6446  
*Needle Exchange*

SQWISI  
404 Montague Road  
West End (07) 3844 4565  
*Needle Exchange*  
Level 2, Trust House  
3070 G. Coast Hwy, Surfers Paradise  
(07) 5531 7833

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

BRISBANE SEXUAL HEALTH  
484 Adelaide Street  
Brisbane (07) 3227 8666  
*Needle Exchange*

LOGAN YOUTH HEALTH SERVICE  
2-4 Rowan Street  
Slacks Creek (07) 3208 8199  
*Needle Exchange*

AIDS MEDICAL UNIT  
2nd Floor, 270 Roma Street  
Brisbane (07) 3224 5526

BRISBANE YOUTH SERVICE  
(BYS) 14 Church Street  
Fortitude Valley (07) 32523750  
*Needle Exchange*

ALCOHOL & DRUG COUNSELLORS  
(07) 5479 2288 (Sunshine Coast)

MAROOCHYDORE  
SEXUAL HEALTH CLINIC  
15/17 Maud Street, Maroochdore  
(07) 5479 2670

BLACKALL TERRACE SPECIALIST  
CENTRE AND NEEDLE EXCHANGE  
87 Blackall Terrace, Nambour  
(07) 5476 2489

GYMPIE COMMUNITY HEALTH CENTRE  
20 Alfred Street, Gympie (07) 5482 1212

CABOOLTURE  
COMMUNITY HEALTH CENTRE  
McKean Street (near hospital), Caboolture  
(07) 5495 9300

*Needle Exchange available at all these  
services, please phone first to confirm there is  
an authorised person available*

Drug and Alcohol Counselling Service  
Florence Street, Tweed Heads  
(07) 5536 0540

Gold Coast Sexual Health Clinic  
2019 G. Coast Hwy, Miami (07) 5576 9033  
*Needle Exchange*

ATODS - North  
At the back of the Gold Coast Hosp.  
Queen Street, Southport (07) 5571 8777  
*Needle Exchange*

ATODS - South  
2019 Gold Coast Highway,  
MIAMI (07) 5576 9020

Miami Sexual Health  
1922 Gold Coast Highway,  
MIAMI (07) 5535 6333  
*Needle Exchange*

Goldbridge Rehab.  
(07) 5591 6871

Fairhaven Detox and Rehab.  
(07) 5594 7288





# A Health Service for drug users



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

**Do you experience problems confiding with your GP?  
Unable to discuss issues about your health and drug use?**

*There is now a non discriminatory alternative...*

## **A Health Service for Drug Users**

**which is 100% confidential.**

**The Health Service for Drug Users cares for ALL your health needs,  
as well as specialising in drug use.**

*Every Thursday 4.30pm - 7.30pm*

**112 Alfred Street, Fortitude Valley**

