Keeping an eye on Discrimination !

GOOD TASTE

VIVAIDS Magazine Issue 4. vol.3 1997

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Many thanks to all those whose work appears herein, and those who gave their ideas for the layout and design of the mag.

Contributions, letters and feedback are welcome. Send to: VIVAIDS' Magazine, 765a Nicholson St, Nth Carlton 3054. Or ring Kirsty on 9381-2211 or 9388-9778. Fax: 9381-2287

The opinions expressed in this magazine are not necessarily those of VIVAIDS.

Co-ordinator's Report

Welcome to the fourth issue of the new VIVAIDS magazine. The past three months has been an exciting time for us and we are looking forward to the next year of continued growth and user participation in the organisation.

We recently held an information night that attracted over twenty users to it. A significant outcome of the night was the formation of the Methadone Action Group. This group is made up of methadone consumers who believe the time has come for action around the issues of pricing, discrimination, consumer rights and service delivery. The group has met twice and has a strong core involvement of eight people. Contact us at the office for more information about the group.

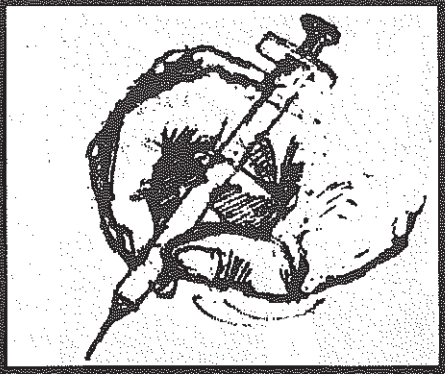
In early August we will be releasing a series of safe using posters. These posters were created by four working groups of users who came up with the ideas, supervised the artwork and gave life to the project. We are looking forward to hosting more of these projects over the coming year.

August will also see the first needle and syringe exchange and Internet training workshops begin. If you are interested in joining these sessions please contact us at the office and we will put you on the list.

As we grow and become stronger, we need more users to become involved in our activities. We need volunteers, people to participate in projects, committee of management members and peer educators. If you want get involved don't hesitate to call or drop by, we need you.

Be safe,

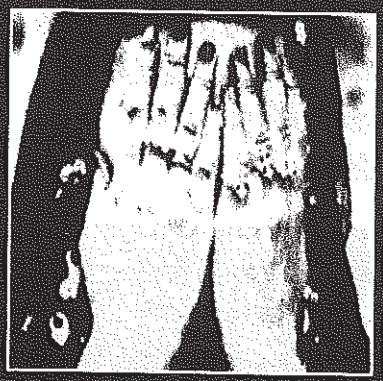
Tim



Deadline for the next issue of "Good Taste" is Monday, 28th of July. It's your voice, so use it!

For any information about the magazine ring Kirsty at VIVAIDS, 9381-2211

Hep C is not a dirty word



The writer of the following story wishes to remain anonymous due to the discrimination which affects all users and/or Hep C positive people in the community. He is a 30 year old man who has had a tough life by anyone standards, -the boys home to jail, merry-go-round. He told me a story about how he was being bashed by the police. Trying a bluff, he began to laugh and said, "Ha, ha, I hope you get Hep C or AIDS from my blood!" Well, it halted the violence quick smart!

When I was first told I had Hepatitis C, it was when I was put into jail in 1987. They also told me that I had at some point had Hep B. My first reaction was that of being a leper, but after counselling I came to learn there was more of us out there. As I have chronic Hepatitis C, I am supposed to stay off alcohol, which will speed up the cirrhosis of the liver. I am not sure of the actual figures, but just because you contract Hep C doesn't mean it will become chronic hepatitis or that you will become ill. It just means that you carry the antibodies. I have had a few girlfriends since I was diagnosed and I am always responsible by informing them my Hep C positive status, and I have even had to take one of them to the doctor with me to assure them of the unlikelihood that they can contract the virus from me via saliva or other bodily secretions. It is very uncommon for Hep C to be sexually transmitted; it can only be passed on through blood to blood contact.

I am presently involved in a program where I must give my blood monthly at St. Vincents Hospital, which is quite an ordeal because at one stage of my drug using days I used to inject Normison. Many of you are probably familiar with them, they are a gelatine coated, football shaped pill, containing about 0.2 of a ml. of Temazepam -you can usually fit 5 pills into a 1ml syringe. Because I did this quite a bit, it has blocked up my veins. So for any needle users reading this, just eat the bloody things. All it means is you don't get the instant rush, it just takes a bit longer for the drug to take effect, but isn't that better than a doctor saying that because your veins are not providing the proper amount of blood to your arms, you may well loose a limb because of it?

Nowadays it is very easy to obtain new syringes which should be used every time you inject yourself. When I started my I.V drug use (long ago) there was a chemist in Sydney that sold syringes, but when I moved back to Melbourne there was no outlets to purchase new syringes, so we had to get them out of the gutters etc, and clean them the best we could and sharing needles was common place. We even had a friend we knew that had a box of syringes under his bed. We would go to his place and he'd say, "choose the best one you can find", and we would have to sharpen the syringe on the flint of a match box.

I am currently on a high dose of methadone, which means it is very hard to feel heroin. If I ever choose to use it and if I ever do have a hit, like I was saying because of my lack of working veins, I often have to hit up in my foot, which believe me is very uncomfortable, and I strongly advise people not to try it. That is also where I have to have my blood tests taken from.

In my younger days I overdosed a fair few times because I was having pills first (Rohypnol) and then heroin. The sad thing is when the ambulance officers gave me the narcan and rescued me, I'd abuse them for ruining my taste.

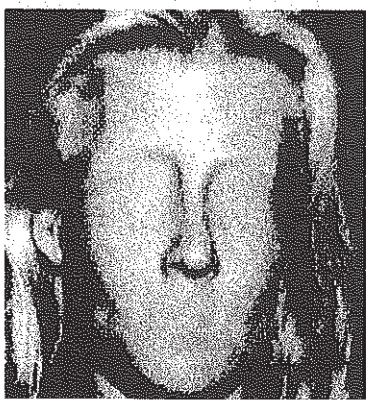
I have to said to a number of people, if you couldn't get a new syringe but you had a deal of heroin in your hot little hands and only two dirty syringes. One syringe has been used by an HIV sufferer and the other syringe has been used by a person with Hep C. Both syringes were used over twelve hours ago, which syringe would you use? The most common response is to use the syringe with Hep C, which is completely wrong as the HIV virus is very weak, and it does not survive long once it is outside of the body, where as Hep C can last for weeks outside the body. *(N.B: this is a hypothetical scenario. The author is making the point that Hepatitis C is a more virulent virus than HIV, however there are too many variables in this situation, and it is <u>not safe</u> to presume that one dirty fit may be safer than another).* Of course the best thing to do is ring the Outreach service and get some clean fits or at least thoroughly clean the fit with bleach, however bleaching a fit is not always 100% effective in eradicating viruses.

At the moment researchers are working vigorously to try and find a cure for Hep C. There is a new drug called interferon, whilst it does not have a high success rate, it can slow down the progression of the virus but it can have some nasty side effects similar to chemotherapy, e.g. nausea, hair loss. As the drug is not covered by the health commission, the cost of interferon is in the vicinity of $2,000 per month, but you can qualify through the liver function test. They must also take a biopsy of the liver which involves inserting a long needle through the ribcage and extracting a small portion of your liver. From these tests they can see how badly your liver is infected. If there is relatively severe liver damage, interferon will be provided free of charge, because you are basically a guinea-pig for their tests. The doctors are also introducing a mixture of Chinese herbs which they are hoping can stall the harmful effects of chronic Hepatitis C.

If there are any young people reading this article and are starting to dabble with heroin, please stop, for your own sake, because I think I have had enough years of experience (15 years of opiate use) to say that one day the dabbling is going to turn into a full blown habit *(NB:this is the view of the author)* and when you can no longer afford heroin the doctor will put you on methadone, which from my experience is harder to kick than heroin. Methadone is also very toxic -I am loosing my teeth as less saliva is produced whilst on methadone. You're sick for maybe 4-5 days coming off heroin, whereas with methadone you can be ill for up to 4 weeks, and you end up with a bigger heroin habit than what you started with. ■

Some people think injecting drug users look like this

The truth is drug users



can not be stereotyped.

They can be anyone.

Some people think: All injecting drug users are unemployed.
The truth is: a study done in Australia showed that only 30% are unemployed.

Some peolple think: Injecting drug users are desperate, irresponsible and often homeless.
The truth is: only 3% have no fixed address.

Some people think: Injecting drug users can not have successful careers.
The truth is: 17% earn over $40,000 a year.

"Drug injectors are people in the community. They serve you at the local store, they stand next to you at the bus stop. They don't all fit the stereotype."
says Mr. Simon Lenton, a research fellow at Curtin's National Centre for research into the Prevention of Drug Abuse.

Statistics taken from research conducted by Curtin University

Dirty Hit

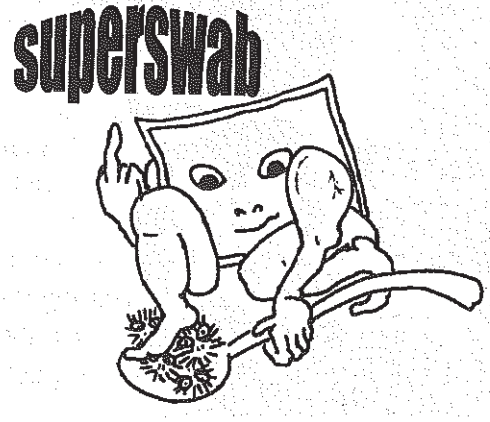
Safer using helps to protect you from contracting blood borne viruses such as HIV/AIDS and Hepatitis C. It also helps avoid dirty hits, abscesses, vein collapse and so on.
Dirty hits are caused by some kind of contamination in your hit. It may be caused by powder that hasn't been filtered out of crushed pills and other powders used for cutting dope. **Most commonly a dirty hit is caused by contaminants in unsterile water, bacteria on injection equipment or micro-organisms on the skin.** A dirty hit may come on quickly but sometimes it may take hours before you feel the effects. If you have ever had one you won't forget it in a hurry. The symptoms include severe headaches, the shakes, vomiting, sweating, fever and occasionally kidney pains. Asprin or Panadol will help stop the fever, if you are nauseous anti-nausea tablets like Stematil or Maxalon may help and it is best to drink lots of fluids. But if you, or someone you're with, has a strong reaction you should seek medical attention. If you seek medical attention it is a good idea to tell the doctor that you have had an injection and that this reaction came on soon afterwards. This is to avoid being misdiagnosed with meningitis or septicemia as many doctors are unfamiliar with dirty hits.

*** THE BEST WAY TO AVOID A DIRTY HIT IS TO ALWAYS USE A NEW SYRINGE, CLEAN YOUR FINGERS, MIXING SPOON AND INJECTION SITE WITH A NEW SWAB, USE STERILE WATER AND A STERILE FILTER.**

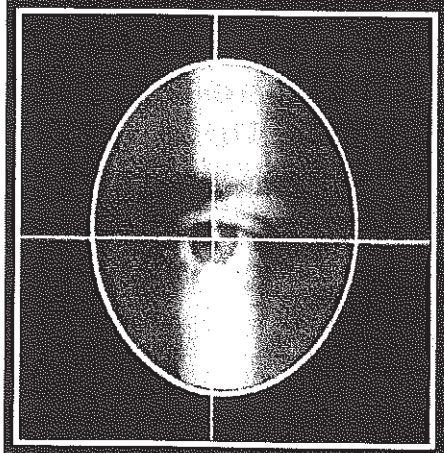
*** FILTERS ARE A PRIME SITE FOR GERMS AND MICRO-ORGANISMS. ALWAYS USE YOUR OWN FILTER AND DON'T LET ANYONE ELSE TOUCH IT.**

***WHATEVER TYPE OF FILTER YOU USE, ONLY USE IT ONCE. IF YOU ARE WORRIED ABOUT SOME GOODIES BEING LEFT BEHIND IN THE FILTER, SUCK ON IT. THERE IS NOTHING WORSE THAN TRYING TO ALLEVIATE THE PAIN OF HANGING OUT BY RINSING OLD FILTERS, THEN FEELING 100 TIMES WORSE BECAUSE YOU HAVE A DIRTY HIT**

*** DIRTY HITS ARE COMMONLY CAUSED BY SKIN ORGANISMS WHICH ARE INJECTED INTO THE BLOOD STREAM WHEN THE NEEDLE GOES THROUGH THE SKIN, YOU CAN PREVENT THIS BY ALWAYS USING A SWAB. WIPE DOWN THE SKIN AND LEAVE THE ALCOHOL ON THE SKIN FOR AT LEAST A MINUTE TO LET IT WORK BEFORE INJECTING.**



Injecting Drug Users: common targets of Discrimination



Unfortunately, there aren't any regulations that refer specifically to discrimination against injecting drug users. The only provisions in the current laws for users to seek protection against discrimination comes under the disability discrimination act, whereby you must be able to claim that you were discriminated against because of an impairment. It is a shortcoming of the legislation to only legitimate discrimination when there is a case of addiction which could be classified as an impairment. This excludes other users who don't fit this criteria, and it offers no protection to injectors who have been discriminated against on the grounds of injecting drug use.

In discussing discrimination, I think it is important to give the law's definition of discrimination, as often what you and I consider unjust is not necessarily reflected by the law and its legislation. The Victorian Equal Opportunity act 1984 defines discrimination as: "less favorable treatment for someone of a different status or private life in the same or similar circumstances". This means that every individual should receive equal treatment and accessibility to services in the following areas:

-employment
-education
-accommodation
-healthcare

Unfortunately this is not the case in the day-to-day reality of an injecting drug user. In fact, discrimination against injectors is so widespread that we have almost become desensitised to it; we almost accept it as the norm. Every user has experienced discrimination. Generally injectors have experienced poor medical services; often they do not receive adequate pain relief, appropriate privacy and confidentiality, or inclusion in treatment decisions.

This discrimination is exacerbated by the fact that this treatment is so acceptable to society. A punitive approach is taken towards users. "If you choose to use drugs, you deserve any unfair treatment that comes your way" Whereas someone with a disability or problem they can not help or did not choose, deserves fair treatment. Obviously, drug using is not such a clear cut decision; addiction and other issues are involved. Discrimination should not be an inherent part of using.

Society has taken a moralistic view towards users rather than basing their views on accurate research and facts. Users are generally judged on the lowest common denominator. If I compared this to alcohol and said that *all people who*

compared this to alcohol and said that *all people who drink alcohol are like the "wino" lying in the gutter* people would laugh, just as I would laugh (or scream) if someone told me that all IDU's conform to the classical stereotypes.

The difficulty in challenging discrimination on the grounds that you were discriminated against because you are an injecting drug user, is that current legislation offers virtually no protection on the grounds of injecting drug use. It is disturbing that the only way users can confront discrimination is to lodge a complaint on the grounds of an impairment, in other words saying that your addiction is an impairment. The absence of anti-discrimination legislation to protect injecting drug users is further condoning the discriminating behavior to continue.

In my work at VIVAIDS, many people report being treated in a degrading manner:

A young woman went to have a consultation regarding her upcoming surgery. The doctor asked if she was a drug user. She was reluctant to disclose this information for fear of discrimination, however she answered honestly and said yes, she was a heroin user, believing that it might be important for the anaesthetist to have this information and in the interests of her health care to answer accordingly. The doctor then proceeded to instructed her that she must have an HIV test prior to surgery. She did not wish to take the test under these circumstances but was threatened that if she did not sign the consent form and take the test they would not perform the surgery. The woman, in some degree of pain and wishing to get the whole thing over and done with, unwillingly signed the consent form and submitted to the HIV test.

It is unlawful to be forced to have a HIV test. A doctor or hospital can not carry out compulsory HIV testing. By law this can be professional misconduct. However if you consent to giving a sample of your blood, legally they may test it for HIV, although they shouldn't, this is not unlawful. It also states in the Disability Discrimination act 1992: "To treat a sex worker, injecting drug user or person of a particular colour, nationality or ethnic or national origin in a discriminatory way on the assumption that because of this factor he or she may have, or may acquire, HIV infection or AIDS may be unlawful". In other words you can not assume that an injecting drug user may have HIV because they are an injecting drug user. You can not force them to have an HIV test because they are an injecting drug user. Furthermore if the person did test HIV positive it is unlawful to refuse to do surgery on the grounds of the patient being HIV positive. Before agreeing to be tested for HIV, you must obtain pre and post test counselling. You must be told what the test means and how reliable it is. You should also be made aware of all the possible psychological, social, legal and medical consequences. This must be done both before and after any decision to be tested. Clearly the doctor in the given case demonstrated no understanding of pre and post test counselling and was negligent not to provide it.

We are seeking further legal advice on these issues and I will certainly keep you informed of the outcomes.

Kirsty Morgan

OVERDOSES

Recognising O.D.

It's always a good idea to keep watch on someone who is in a stoned imobile state. Whereas they may be just relaxing or nodding off, it is still important to monitor them, and ensure that they are still responsive and have not lost conciousness. Other O.D. signs include: lips turning blue, cold skin, no pulse.

Polydrug Use

Mixing prescription drugs and/or alcohol with heroin is a major factor contributing to overdoses. The problem is, that combined drugs have a multiplying effect with uncertain results. Alcohol, benzodiazepines (e.g. Rohypnol, Mogadon) and tranquillizers (e.g. Valium, Temazepam) don't come on immediately; it can take up to an hour before they fully take effect. Allow as much time to elapse as possible, before taking another drug when you already have drug/s in your system. However, no matter how you mix your drugs, it can be fatal.

*If you like to mix your drugs, or you're not getting stuff from your usual source, test a small amount first. Remember the saying, "two holes in your arm is better than one in the ground".

*It's better not to use alone. So many people die because there was no one to call an ambulance.

What to do if someone overdoses

DON'T DELAY, CALL AN AMBULANCE - RING 000, and say someone has collapsed and needs urgent medical attention. Ambulance workers are under no obligation to call the police.

What to do if someone stops breathing:

***lay the person on their side**
***place one hand under their neck and lift their head back**
***breathe into their mouth or nose with five full breaths every ten seconds**
***continue mouth to mouth until they start breathing again**

Dispelling Myths

Injecting lemon juice or salt water, will not help. The only thing that will bring someone round, is narcan.

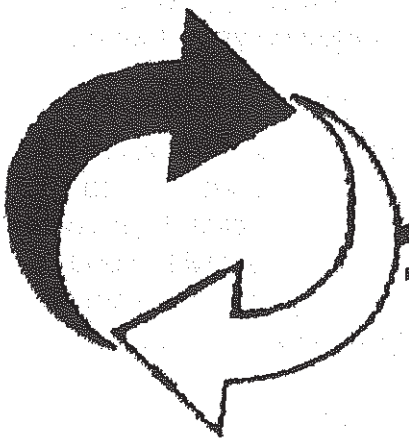
"R.I.P. misinformation and bloody mindlessness"

There is a profound amount of media and organizational control of misinformation on heroin use, and its social effects. Yet there has also been many recent studies e.g. the report of the Premier's Drug Advisory Council calling on those in power to use heroin as an alternative to current opioid treatment, and as a pharmacotherapy for dependent drug users. Maybe drug organisations (i.e. Governments overseas and in third world countries, who depend on the profit of organized criminal activity relating to the exportation of their drugs, and powerful groups here in Australia) feel threatened by the proposal of controlled therapeutic opiate programs which will in effect destroy their drug markets. Who are these people/organizations? How can they be exposed when they have footholds in all aspects of Australia's social fabric?

Dismissing the recommendations to conduct controlled opiate therapies destroys any realistic moves towards a better lifestyle for drug dependent people- quality controlled drugs in the market place - thus saving lives, and giving a better understanding to the public about the realities regarding injecting drug users; a minority community which shouldn't be seen as threatening and that can be more active participants in drug education and raising awareness, thus reducing harm associated with drug use.

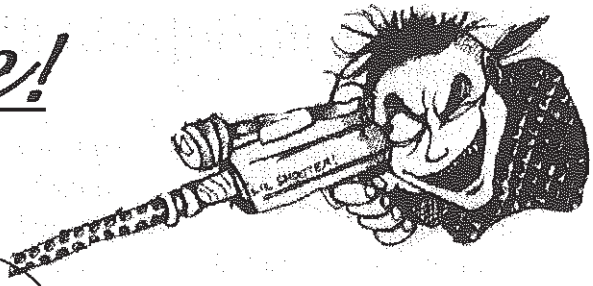
The reality is not that there are drug users here in Australia that need to be controlled, but rather a problem with the Government that has no idea how the drug flow can be controlled. So what is it, that the powers that be are more afraid of? Losing a losing battle or taking control of the drug initiatives as delivered by the drug advisory council, who recommended introducing clinically controlled distribution of heroin? This in effect would decrease the illicit street drug trade and undermine the monopoly on heroin by crime syndicates. I believe that the millions of dollars of funds which goes into research and relatively ineffective drug treatments can be better used to stop illegal drug importation by countering it with controlled therapeutic use of heroin as a pharmacotherapy.

Rag Man



VIVAIDS NEEDLE EXCHANGE
12pm-5pm Monday to Friday
765a Nicholson St. Nth. Carlton
(near Scotchmer St)

Shoot Safe!



Safe Using Tips

**Use a new fit every hit!

**Keep your own equipment for your own use exclusively, i.e. spoons, tourniquet, filter.

**Spoon should be swabbed(with a clean swab!) just before it's used.

**Sterile water supply and don't share the glass! If someone has rinsed their fit in a glass of water, bleach the glass before anyone else uses it.

**Rotate injection sites if you're having problems with a vein

**Never inject through an abscess as you will spread the infection.

**Only use unopened swabs.

**Apply pressure to the injection site immediately after your whack until the bleeding stops(this can reduce bruising), then wash your hands! Be Blood Aware!

**It's best not to use lemon juice to dissolve alkaline dope as it contains a fungus and particles which when injected can be harmful. Safer alternatives are white vinegar or a pinch of citric acid.

** Try not to hit up into your hands or feet, these veins can easily collapse or be pierced causing the surrounding to swell

**If you're having trouble finding a vein you'd be surprised what new ones you can discover in a hot bath or shower!

**A corner of a swab, cotton bud or tampons are the safest filters (some cigarette filters contain glass fibres, which can lead to endocarditis-an infection of the heart)

**Don't re-use filters, they carry bacteria's which can give you a dirty hit and they can transmit Hep& H.I.V.

**Wash your hands before using and swab the injection site. And wash your hands after you hit up, even if there is no visible blood on your fingers.

**Blood is sticky stuff, it gets everywhere and even small amounts that you can't even see, can carry infectious viral particles. If you could have come in contact with blood, don;t touch anyone's gear or equipment until you have washed your hands.

**Mark your fit with a texta or with a lighter, so that if you do need to re-use a fit you'll know that your using one of your own, however this can still cause a dirty hit

**If you've helped someone hit up, wash your hands before you hit up yourself or anyone else.

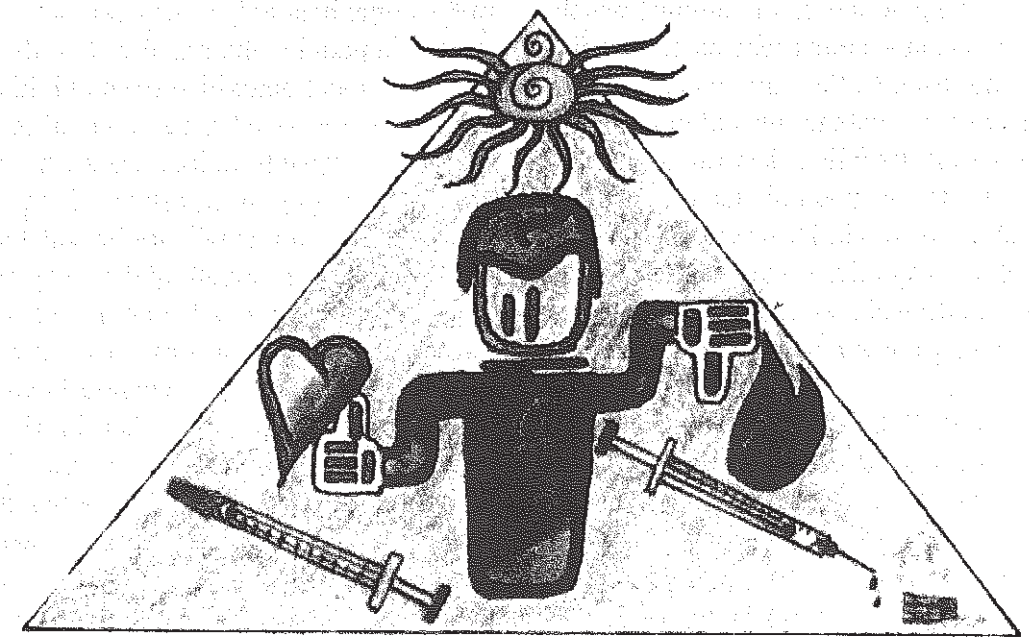
**Be prepared! Take clean syringes with you. The police can not bust you for carrying clean unopened syringes, just don't admit to using now or in the past.

**Dispose of your fits safely i.e. put them in a sealed secure container.

**If you don't have immediate access to clean syringes, consider waiting until you do, or try smoking it.

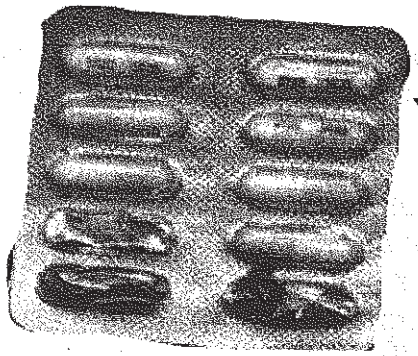
** Be careful about touching swabs, tissues or anything which might have blood on it. If you touch anything which another person has touched with with blood on their hands, you could pick up infectious material and contaminate your mix with the Hep C virus.

** If you are re-using your own fit or a bleached fit, make sure that you don't let it touch anyone else's mix, water or spoon. Use a new fit for mixing & measuring.



Artwork by Ragman

If you care, be aware,
Re-cap your needles,
and dispose of them safely,
thus decreasing the risk of
spreading Blood-borne Viruses



Pharmacotherapy Trials

Over the past eight months I have been attending workshops to discuss the proposed pharmacotherapies project. I'm sure many of you have heard briefly about this project which is to be conducted at Turning Point, but would like some additional info. There are four drugs that are being considered as treatment options for opiate dependence. These are:

LAAM: a long acting opioid agonist,which means it acts in a similar way as other opiates. It attatches itself to the same receptor in the brain as heroin (methadone and morphine are also agonists). Its effects last for about 48-72 hours. This means you only have to be dosed three times per week. However due to it's long acting properties it may have a longer lasting withdrawal than methadone, although it is claimed to be milder than methadone or heroin.

BUPRENORPHINE: is both a partial opioid agonist and an opioid antagonist, this simply means it has opioid properties, but it also can block the effects of other opioids. Withdrawal from buprenorphine is thought to be mild. Buprenorphine is currently being used overseas for the treatment of drug dependence.

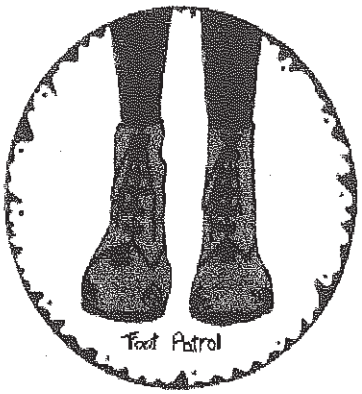
SLOW-RELEASE ORAL MORPHINE: is an opioid agonist with a 12-24 hour duration of action. Dosing would have to occur on a daily basis. Withdrawal symptoms are likely to be severe but of short duration, so many might find that overall the withdrawl is milder than methadone because it doesn't last as long.

NALTREXONE: is an opioid antagonist, inother words, it blocks the effects of opioids like heroin. The antagonist effect is long lasting and is maintained for 24 hours or longer. It can be useful for individuals who wish to maintain abstinence, as once you are taking Naltrexone, opioid drugs produce no effects, neither euphoria, not withdrawal. Naltrexone will induce withdrawal symptoms in people who are dependent on heroin or methadone, hence treatment can only be started in people who are already fully withdrawn and detoxified from opioid drugs. To date methadone has been one of the few options available to opioid users who wish to change their drug using habits. These proposed new drugs will not be suitable for many people, but hopefully they may be of some relief for people that are methadone intolerant, and at least provide all users with a greater range of options. Obviously we still have a long way to go, as a heroin trial is still not on the agenda. Following some of recommendations made in the Pennington Report, the Government has contracted Turning Point to conduct a trial of new pharmacotherapies for opioid dependence, and they are considering using the drugs listed above. None of the above drugs are currently registered in Australia for the treatment of opioid dependence, although they are being used overseas. Before the drugs can be widely available they must undergo various stages of research trials. The first of stage of the trials will be conducted at Turning Point, the exact number of people taking part in the trial has not yet been finalized, however it will be

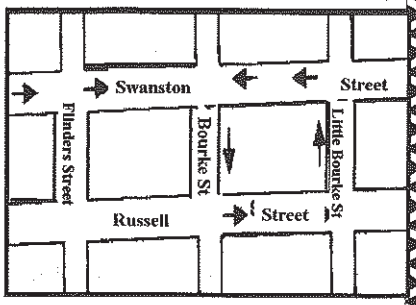
limited. Throughout the research, the trial design will be continually re-worked, so that there can be on-going interaction with participants in the development of clinical protocols. It has been encouraging to see that Turning Point has been actively consulting users and user representatives, but only time will tell as to how these recommendations will be used, and if they will actually be fed into the process of determining the most effective ways of introducing and conducting treatments in future. Many drug treatment services have a long history of degrading users; a history of failure to treat IDU's with care, consideration and dignity. Services rarely include users in service delivery and design. The primary goal of research is to test the efficacy of a drug, not to provide a service. This may have some long term benefits for improving future services for users, but in the short term, meeting consumer needs is often second on the agenda. Now that new strategies of drug treatments are being proposed, we need to stress our concerns more than ever so that we can minimize the abuse of consumer rights and prevent it from becoming an inherent part of the new drug programs.

FOOT PATROL

The Foot Patrol is an outreach needle exchange service operating on the streets of Melbourne between 10.30am-5.30pm Mondays to Fridays.We can be contacted on the street or via the mobile phone - 0412 155 491, we also have a toll free number - 1800 700 102.



The Foot Patrol carry a range of equipment including the standard 2 packs& 5 packs - wrapped in brown paper bags. Exchange takes place on the street and we place great importance on confidentiality. The Foot Patrol walks a beat that takes in Swanston St., Bourke St., Russel St.,&Little Bourke.



Workers carry back packs which have the foot patrol logo(shown above) sewn on the back. We are also happy to provide referral when requested,
AND WE"RE HAPPY TO HAVE YOUR USED FITS DROPPED OFF TO US !

Sayonara to the Summer of Safe Sin by DJ Mi-Brane

Ravesafe have just completed our first pilot project. We had a great time, and I think we have made detectable changes in the using behaviours of a number of individuals within the scene, have raised the level of discussion about safe drug use and users rights in the rave scene and have gained a great deal of respect both from the scene and from drug education and treatment agencies and departments. In turn, groups like VIVAIDS and other drug agencies now have a much better understanding of the rave scene and the people that make it up, the drugs that we use and the particular issues that we face.

For our part, we had a great time. Training the peer educators, going along to the parties with our tent and stall, publishing two copies of the magazine all proved educational and heaps of fun.

Some of the highlights for us have been the tremendous response to our needle exchange at Technofest in March, where 100 fits were distributed. We believe that many people would have shared fits on that weekend if we hadn't been there. We established a great relationship with the Red Cross who were really impressed with what we were about, and the way we helped people through difficult drug experiences. At Eartcore in February they would have taken at least 6 people to hospital if we hadn't been there to help diagnose their conditions and talk them through.

Distributing free fresh fruit to hungry and seedy ravers in the morning at the parties we attended always received the warmest smiles and hugs, making our work really worthwhile.

Flying Frequencies has literally jumped off the shelves whenever we have put it in the shops, and we were able to involve some of the leading graphic artists and writers in our scene. The magazines covered a broad range of topics including speed, e, LSD, methadone, being an HIV positive raver, smack, stopping sexual harrassment in our scene, users rights, safe injection, Hep C and nutrition. We are currently working on a 3rd edition focusing on detoxes and alternative therapies.

Ravesafe has also established some great international correspondence with likeminded raver groups overseas. Mind/Body/Love is a Canadian group based in Vancouver and Toronto. When we first came across the publication it was like reading one of our fliers!, our ideas were so similar. Ravesafe South Africa has an incredible web site, and stimulant and ravers groups are spread right across Europe and Britain, and we've tried to send them stuff about our group when we've come across them.

In Australia, our project has really inspired ravers in other cities to get similar groups going. Perth, Adelaide, Brisbane and Hobart all now have groups at varying stages of development. Sydney Ravesafe, which has previously been a project based group is now trying to evelve into something more ongoing. Over the next 6 months we will try to establish some form of national coordination and discussion.

We are unsure at the moment exactly what is going to happen to our group. We have a funding submission in tfor a winter project, but it may take some time to see what happens. If this proves unsuccessful we may decide to tender for funds in a couple of months time, or look for small grants to do one off things like editions of Flying Frequencies, or musical-arty-educational evenings.

One thing is certain. Ravesafe is not going to disappear. We will continue to be based in the Ravesafe office, we just mightn't be in every day, so if you're trying to contact us just leave a message at the office. and we will get back to you as soon as possible.

SERVICE DIRECTORY

DETOX AND COUNSELLING

Buoyancy 9429-3322
Moreland Hall 9386-2876
Odyssey House 9510-5394
Royal Womens Hospital Chemical Dependency Unit 9344-2386
Salvation Army Anchorage 9417-5636
Salvation Army Bridge Centre 9521-2770
Taskforce 9254-8061
Turning Point 9254-8061
Windana 9529-7955

HEP C

Hepatitis C Foundation 9496-4120
The Hep C Foundation can supply nformation on support groups that exist in your area.
Hepatitis C Helpline 9349-1111

SEXUAL HEALTH

Action Centre 9654-4766
Carlton Clinic 9347-9422
Melbourne Sexual Health Centre 9347-0244
Royal Women's Hospital Communicable Diseases Clinic 9344-2002

YOUTH SERVICES

Centre for Adolescent Health 9345-5890
Frontyard Youth Services 9296-6929
Salvation Army Crossroads and Crisis Centre 9525-4100

WOMEN'S SERVICES

W.I.R.E. 9654-6844
(Women's Information Referral Exchange)
P.C.V. 9534-8166
(Prostitutes Collective Vic.)
Women's Health Vic. 9662-3755

LEGAL

Women's Legal Resource Group 9642-0877
Alphaline 9419-7427
Legal Aid 9269-0234

GAY AND LESBIAN

ALSO Foundation 9510-5569
Police Gay and Lesbian Liason Committee 041 992 9090
QUID Queer Users of Illicit Drugs 9429 3322
Victorian AIDS Council / Gay Men's Health Centre 9865-6700/9827-3733

HIV/AIDS

AHAG AIDS Housing Action Group 9417 4311
AIDSCARE 9531-4742 or 9509-2889
AIDSLINE 9347-6099
Department of Human Services Victoria STD/BBV Program 9412-7777
Positive Living Centre/ People Living with HIV/AIDS 9525-4455
Whole Health Clinic Inc. 9482-3700
Victorian Aids Council/ Gay Men's Health Centre 9865-6700/9827-3733
Positive Women 9276-6918

VIVAIDS Membership

VIVAIDS Victorian Drug User Group.
765a Nicholson St, North Carlton, 3054
Telephone: 9381-2211 Fax: 9381 2287
Email: drugsafe@vicnet.net.au

VIVAIDS is a statewide membership based organisation for drug users. Our membership is made up of current users, ex users and people who agree with our aims and objectives.

Our mission is to increase the information and education about illicit drug use so that people who take drugs do so with minimum harm to themselves. We also seek to improve the way people who take drugs are treated by medical, community and government services, and to increase the awareness in the general community about issues relating to illicit drug use. VIVAIDS is funded through government grants to increase the knowledge and understanding amongst drug users about blood-borne viruses, overdoses and other issues of concern to illicit drug users.

Simply join now and pay later

Wageless	$4
Waged	$15
Organisation	$30

NEW MEMBERSHIP ☐ **RENEWED MEMBERSHIP** ☐

(details optional, but it helps if you want to be on our mailing list)

Name..... **Phone no**.....

Address.....

Do you want to get involved with:

Methadone Action Group ☐ **Magazine** ☐

Peer Education ☐ **Other Working Groups** ☐

VIVAIDS' MAGAZINE
Mission Statement

(i) To increase accessibility to information and resources available to IDU's.

(ii) To facilitate a forum for all individual drug users.

(iii) To raise awareness of the issues confronting Victorian Drug Users, and promote the advocacy and education for IDU's.

(iv) To encourage participation from all drug using subcultures and promote the exchange of knowledge and experiences.

(v) To reflect the needs of Victorian drug users.

Recognition of contributions to the magazine

As you may have noticed, in the last edition of the magazine, we stated that we wished to start paying for contributions printed. When trying to devise a fair and equitable payment system, we were posed with several problems. The magazine operates on a tight budget, therefore we are left with only a small amount of money with which to pay contributors, i.e. $50 per issue. There are various ways this could be allocated. One way was to pay only the larger core articles, however that would be unfair to those who write smaller articles, or submit poems or artwork. To not give them equal recognition, would be unfair and devaluing. Contributions in all their forms are greatly valued. To reflect this, the $50 will be equally divided between all voluntary contributers (this does not include organisations). We regret that this will mean people receive only a token sum of money, but it is the only viable solution in the current circumstances.
This is your magazine, it is a forum for you to express your opinions and ideas.

Kirsty M.
Magazine Co-ordinator

North Eastern AIDS Prevention Program
Cnr. Blake & Crevelli St's,
Reservoir
9471-3155 & 018 545 789

VIVAIDS
765a Nicholson St.
Nth. Carlton(near Scotchmier St)
9381-2211

AIDS Prevention Team Inner South Community Health Service
341 Coventry St, South Melbourne
9690-9144 & 0418 175 249

Dandenong Hospital AIDS Prevention Unit
86 Foster St,
Dandenong
9794-0790 &
0418 566 147
(Thurs 6pm-11.30pm&
Sat 7.30pm-11.30pm)

Melbourne Inner City
348 Smith St,
Collingwood
9417-1466 &
0418 179 814

W.R.A.P. Western Region AIDS Prevention
226 Nicholson St,
Footscray 9687-5202

SHARPS
Suite F, 459A Nepean Hwy,
Frankston
9781-3111
Mon 10am-2pm
Tues-Fri 10am-5pm
Outreach: 0417 345 750
(Thurs & Sat 7.30pm-11.30pm)
** For a Needle Exchange nearest you,
ring DIRECTLINE
on 9416-1818
or 1800 136 385
(country, toll free number)
A 24 hour service.

St. Kilda Crisis Centre
29 Grey St.
St. Kilda
9525-4100

Youth Project
6 Hartington Rd,Glenroy
9300-2644 & 0418 170 556