

HO'S 'N HYPES

What We Really Need
Volume 3 Issue 4

WELCOME TO HO'S & HYPES

There is lots of stuff inside. We need your help though. Anytime you want to come in & write a column, drop off some artwork, find out about new laws that you want to talk about, let everyone know if there's bad dope in town, give advice to new needle users or sex trade workers, or anything else, just let someone at SOS know. You'll get your two bits worth in.

Welcome to the zillionth issue of *Ho's & Hypes*, a 'zine for & by current or past drug users and sex trade workers. Our goal is to provide a space for people to share ideas, provide info on how to be as safe as possible, have fun, and build community for everyone who uses the services of Street Outreach Services (SOS), a program of AIDS Vancouver Island.

We'll try to put this out on a quarterly basis (January, April, July, October), but we need your help. *Ho's & Hypes* is looking for your ideas and poetry, letters, articles, opinions, rants, art, or anything else that relates to injection drug use, the sex trade or life on the street.

Submissions may be edited due to space. Racist, sexist, homophobic, etc. stuff won't be printed.

Just send us your stuff and we'll try to put it in. If you don't want us to use your real name let us know. First



Send stuff to:

Ho's & Hypes

c/o SOS

#304-733 Johnson St.

Victoria, BC V8W 3C7

or drop it off at SOS:

1220 Commerical Alley
(off Yates St, between Wharf & Government, behind Pizza Hut)

Phone: (250) 384-1345

CREDITS FOR ISSUE #4

Contributing writers: Gypsy, SPDM, Marty, Kate, Radar, Kieran, anonymous, Paul, Paul, Dave, Bill, Jessamin, kelli, Bob Roehr, Molly & Paul, David White, Megan, A New Person

DEADLINE
FOR
NEXT ISSUE:
DEC 1

S.O.S. SCHEDULE

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
3:30 - 6:00 - 7:00	3:30 - 6:00 pm						
7:00 - 11:00	7:00 - 11:00 pm						
	Mondays 3:30-6pm Street Nurses Connections to Freedom Christian Group 7:30-9:00	CHR Nurses 7:00 - 9:00 Acupuncture 7:00-9:00	CHR Nurses 7:00-9:00 Drop-in art	CHR Nurses 7:00-9:00 Acupuncture 7-9 Tai chi 7-8pm	Fridays 3:30-6pm Street Nurses		Just the usual smiley gang

Ho's & Hypes was produced and edited by kate but it was like pulling teeth cuz she's not a computer grrr! so had much assistance from Jason on the geek box

Contributing artists:
Eli McGinty, Santa Cruz Needle Exchange, Yan

Thanks to *you* for
being part of S.O.S!
We're nothing without all



Hi Guys

Welcome to our fall issue of Ho's & Hypes and my last issue of Inside Outside. A couple of years ago when this 'Zine first started, a couple of outreach workers suggested I might want to contribute by writing about prison life. At first I thought, "here's my chance to raise hell". I'll be able to let the public know how their tax dollars are being wasted and how bad the health care is. It's also a walking hepatitis and AIDS factory waiting for more victims to be unjustly jailed for finding ways to get money to support their illness. I also thought if I raised enough hell we might be able to make the public aware of the need for a needle exchange inside. I am 100% pro harm reduction. I'm not going to get into the health care

system and the doctors in my last issue because it's what drove me to the point of wanting to give up on these articles quite a while ago. I was faced with a problem that I won't get into and I had to make a decision. A decision I had no answer for. The ironic thing about it is that one of the outreach workers that got me involved with Ho's & Hypes told me to do what I thought was right. There is a line where, sometimes during our lives, we are faced with the decision of having to decide whether we are willing to cross that line or not. What are our limits? About a year ago an inmate's wife wrote our 'Zine and accused me of being one-sided and into inmate politics. She was right. I just didn't realize it at the time. My friendship towards a certain person who's inside is worth more to me than this article, and I refuse to cross that line. There are a lot of really good guys in there, and if any of you feel like writing I will return your letters. Any of you guys from the old school will know where I'm coming from. If there are any other ex-con's out there that would like to take a shot at Inside Outside, pop down to SOS and ask to talk to Kate. She's usually there Monday through Thursday from 3.30 until 11.00 but off for break between 6.00 and 7.00.

One morning when I was walking to work, I saw a teenage girl with a puppy sleeping in a doorway. It was drizzling a bit and I thought, "how sad". I know a lot of people criticize the homeless but not everyone knows the whole story as to why these kids are homeless. It's true there are a multitude of suburbanites that come downtown in the daytime, panhandle and then head home for the night. Not all of those panhandlers we see out on the sidewalks have homes to go to, though. It gave me an idea that I might want to try a couple of articles on street life. I've been writing for Ho's & Hypes so

long I almost feel like it would be a waste to stop now when there are other things I can write about. It's nice to feel like I'm contributing to a good cause, and at the moment, harm reduction is something that I feel is very worth while.

I have recently become involved with a project called Rapid Assessment, Response

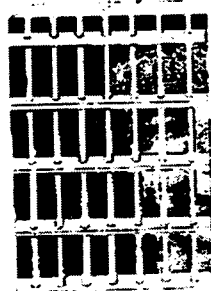
Evaluation. (R.A.R.E.) I've been working for the Capital Health Region with a team of other people. Most are professionals: the director of the methadone program, the Deputy Medical Health Officer, several nurses and a few other not-so-professional people, with me being at the bottom of the list. What we are trying to do is find out why and how HIV is spreading so fast amongst drug users in the Victoria area. To me, the answer is easy: legalization of drugs and safe places for the homeless to shoot up would stop not only the spreading of HIV but it would also lower the crime rate. I think a few other members of the team

feel the same way, however, laws would have to be changed and policy makers would have to be convinced that it would work. The terrible thing about it is these things take time and how

OUTSIDE

A regular feature of Ho's & Hypes
by Marty

many more thousands of people are going to catch and die from AIDS before these changes in our policies are made? The last 2 years of my life have been quite a learning experience for me.



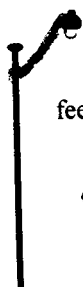
All my life has been a learning experience, the first part of it I learned how to be bad and how much fun drugs, guns and running wild could be. The last couple of years I learned the danger of drugs and the horrors that can come with them. Just because drugs destroyed my life or the majority of it doesn't mean I can't put what I have learned—good and bad—together to find a way to pass my knowledge on to someone that might want to hear those horror stories right from the horse's mouth. That's why I decided to get into this line of work. I realize that, to get to where I want to be, I have to go back to school, but I want to make sure I don't bite off more than I can handle. It's very encouraging when I get you guys asking me for counseling because it means I have done something to impress you and it's happening more and more all the time. The fact of the matter is, I have no schooling so I can't be an outreach worker yet, as much as I'd love to be one now.

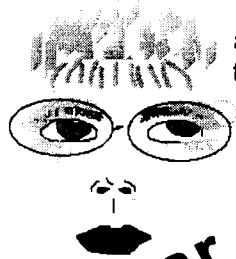
I really want to thank the clients that thanked me for making what they say helping them make the drop-in center at AVI a safe place. I think what we all did was pitch in and helped each other out. I also want to thank everyone here for accepting me just the way I am. Like I said, I'm not a professional, but if any of you ever need anyone to talk to, you don't have to go far to find me. I've met a lot of wonderful new people since I've been involved with AVI and the only way I can learn more is from what you can teach me. I have to admit it hasn't been an easy road getting through recovery and, thanks to Kate, who keeps reminding me sometimes I'm just on the verge of becoming a client again so I need to catch myself before it's too late.

The last time I blew a year. I have 2 years in now and that's too much to blow. I couldn't start over and I couldn't get continued on next page..

write to Marty:

c/o SOS
AIDS Vancouver Island
#304-733 Johnson St.
Victoria B.C. V8W 3C7





a face you can trust

Dear Kate

Hey readers & followers of this column, (are there any of you out there?) is this working for ya or what? let me know - please submit questions and queries related to the life and staying healthy or else I have to keep amusing you with gory anecdotes like this

If you have a question, then Kate is the one to ask. Kate will answer your questions on everything: safer injecting practices, what to do in uncomfortable events, your love life...She is a trained professional. She accepts no liability for the answers she gives. "Kate" is a fictitious name. But she's awfully smart. She knows a lot, and we like her for it. Rumour has it that she is actually a space alien but we don't discriminate. Hell, anything goes around here...

never totally heal once punctured—which means that there is ALWAYS a potential opening for viruses like HIV & HCV to get into the blood stream. Any scar tissue that may form during the healing process is never totally intact either due to the constant motion of the tongue in your mouth and the movement of the jewelry. No one told me that tidbit of information when i had my tongue pierced, & let me tell ya, when i found that out, i was PISSED.

So, in terms of kissing, basic kissing without a lot of tongue action and saliva swapping is probably your best bet. Deeper kissing is considered high risk, so, if you wanna take it further, then you need to talk with the grrll and let her make an informed decision as to whether she wants to take the risk of contracting HCV. You can reduce the risk of transmission by planning not to brush your teeth, do deep flossing, or eating sharp foods such as potato chips FOUR HOURS prior to any oral contact cuz all of these things create breaks in the mucus membranes—so much for spontaneaty...but, bottom line, if there's blood present and an opening to the blood stream of the other person, it's considered a high risk activity.

Oral sex also presents risks, but the good news is that you can use a latex barrier between your mouth and her vagina to prevent transmission of HCV & HIV both from you to her and from her to you. You can buy latex squares (called dental dams) at most pharmacies and sex shops often sell flavoured dams, or you can create one using a latex condom that you cut the tip off of and slice up the middle. Or you can use a latex glove which you slice open and stretch into a square-ish shape. You can leave the thumb part of the glove intact for your tongue, and away you go...

Dear Kate:

I'm Hep C+ and i have a dental condition that causes my gums to bleed frequently. I've been getting to know this hot grrll who is very pierced—she's got nose rings, lip rings, and the clincher is a delicious pierced tongue. I'm wanting information on oral piercings and risks for transmission of HCV through kissing.

—HCV+ & Horny

Dear Horny:

As you know, Hep C is very contagious through blood-to-blood contact. If you have bleeding gums, then blood is present in your mouth. As well, you will have openings in your gums where you can contract other illnesses like HIV and other strains of the Hep C virus which can dramatically impact your liver and life expectancy.

The thing they don't tell you about oral piercings, especially tongues, is that the physiology of your mouth (the mucousal membranes in particular)

Inside Out Continued

wired again. I might as well end it with one whack because I couldn't live with it again.

One thing I would like to mention before I go and that's for those of you that know me—you know I'm not a religious fanatic. I have been attending Steve Bradley's Connection to Freedom group Mondays at 7pm at SOS and, although I have yet to see a miracle, just the fact that I attended the last couple has made me feel changed. It's hard to explain how but that's something that's out of my hands. One day at a time is how I'm going to take things from now on.

Well, for all you guys' in there, I wish you all the luck. It's got nothing to do with anyone in there me stopping these articles. I've changed and I have to put

friendship before institution politics

Marty

IN MEMORIAM:

Since the last 'zine came out in October, there have been several deaths. If anyone wants to write any memorials to anyone who has died -- stories about that person, whatever you remember -- the space is here.

Liz Fletcher. Jay. Max. Vince
Bobby. Colleen



What We Really Need

We, as addicts (and ex-addicts), have many obstacles to overcome within ourselves. But, why should we have to constantly work around a system that refuses to give us what we need to quit or use safely? This is the unfortunate reality that advocates have been trying to change for years.

As a youth and as a user, I had to try to quit within a system that has one bed for youth detox, long waiting lists for Methadone and an attitude that the user crisis in Canada is not an important health issue. This attitude starts with the general public. The Hollywood image of the desperate junkie stealing from his own mother and then taking only three days to detox, while, afterwards, getting back to full and health life, leads the public into believing the idea that all addicts steal heartlessly and then quit with the greatest of ease. Breaking down these myths is a step that needs to be taken by advocates and users alike.

Firstly, users and advocates must educate schools by replacing police-run drug and alcohol prevention programs with actual (ex)addicts and (ex)alcoholics. What probably saved me from alcoholism was when some members of AA came to my school in the eighth grade and told us their stories. Unlike the police, they were honest, heartfelt, wanted to help and we trusted them. When I found out in the seventh grade that the examples of drug use the police were telling us were untrue, it made me want to experiment even more. When I did do heroin at fourteen, I was undereducated about what doing dope was really like. I knew that I might get wired but that didn't matter (although that was always in the back of my mind).

Secondly, at sixteen, many people I knew had HepC, HIV or both. This is mostly due to the fact of sharing rigs. Which means users aren't getting the needles they need to use safely. Staff at the exchange have been trying to get the funding that's needed for longer hours. As it stands, opening at 3:30pm is better than not opening at all. But ideally it should be open in the

morning (say 9:00am), afternoon and evening. This would keep us safer from running the risk of contracting a terminal illness. Also, agencies such as Dallas Drug & Alcohol Services, AVI, James Bay Youth Clinic...etc. should have needle exchange capacity. These are all places many users frequent and a lot of users don't live in the downtown area, so an agency with a small exchange would prevent disease and raise communal awareness. Having a place with exchange capability in most neighbourhoods would also limit the number of rigs business people have to pick up from around their stores because there would be more places for users to ditch their rigs if they can't hold onto them or can't get to SOS. The more needles the public sees on the street, in restrooms or in parks, the less they'll want to make our lives easier.

Thirdly, a lot of heroin addicts rely on the Methadone program and the Meth clinic. As most people who are connected with the clinic know, one man basically runs it. If something were to happen to him or he decided to quit, who would run the place? Recently, the staff at the clinic went on a two week vacation and, because the health community did nothing to keep it open during that time, it closed. This closure directly affected myself and a lot of other people. To avoid more closures in the future, the health community (doctors, nurses, etc.) must step in and help out. The staff at the clinic work very hard and when they get stressed it affects the clients; so more staff to help the existing ones would help the people who work there and the people who go there.

Lastly, staffed shooting galleries and prescribed coke and heroin! Shooting galleries would keep needles and drug use out of the public's face, while lowering ODs and making it safer for users. Government controlled heroin and coke would make sure the user knows what s/he is getting, also helping to prevent tragic deaths and unnecessary ODs.

I believe we are people first, drug users second. And that we deserve to have our health issues treated like health issues. Having these basic rights met will take effort on all of our parts. So educate a friend that doesn't use and bust those myths! Above all, stay educated to stay safe.

--Jessamine



Did You Know?

The world's first safe shooting room was opened in Switzerland in 1986. Since that time, drug related deaths have dropped dramatically. So has crime. And the incidence of HIV among drug users has fallen from 20% in 1990 to 15% in 1994. The "Bern Model" was pioneered by Dr Robert Haemigg: "It began in a cafe--the idea was quite simple. Drug users could come, sit around a table, use drugs SAFELY there...social workers, nurses and counselling were there." Rules include no trafficking. Recent figures from the World Health Organization reaffirm the benefits. A 1996 report found that eight percent of the program's 1146 patients gave up illicit drugs. Crimes committed by heroin users fell by more than half.

Since 1980, the US War on Drugs has seen the number of drug overdose deaths increase by 540%! The proportion of high school seniors reporting that drugs are readily available has doubled.

Obviously from these numbers, we can conclude that the war on drugs isn't working. We need to look at innovative ways of doing things differently. Criminalizing and demonizing behaviour does nothing but push people into the margins of society where it's easy to neglect and ignore their needs and this is bullshit. What can you do? Write a letter to local politicians and let them know what your experience is and what you would like to see changed. Educate a friend about how to stay safe, where to go for help. Smile at a stranger. Volunteer at an organization that you respect and who treats you with dignity.

Start a conversation with someone and try to hear their side of things. Do something because being complacent keeps us where we're at.--kate



rigs back (we're at 106% exchange rate) and also frustrated by the lack of attention there is to the issues impacting injection drug users here in Victoria. When i see numbers of this magnitude, my head spins.

The theme of this issue of Ho's & Hypes is "What We Really Need". As someone who's been working at the exchange for five years, i can sure think of a ton of stuff we really need. Things that come to mind for me are that we need more resources to address the issues impacting drug users--we need more detox centers, more treatment centers, more low income housing, more outreach, more street nursing hours, more needle exchange services. In daring to dream about doing things differently, i would love to see this joint go mobile--deliveries to your door, dropping by the shooting galleries, hanging out with the druggies in Sooke and other remote areas of the city--keeping you from having to come downtown to get rigs and perhaps also meeting with harassment from the cops. But we need to make sure that any new services that are created or old services that are revamped, work from a harm reduction perspective so that we aren't dictating our shit to you--that you get to be the ones in control of getting your needs met.

Underlying all of this, for me, is the reality that we need to make significant shifts in the ways we, as a society, treat one another. We need to stop drawing arbitrary lines in the sand separating ourselves

from people we feel different from. We need to get back to the idea of valuing every person for who they are right now--not who we want them to become. We need to stop defining ourselves and other people by the behaviours we engage in and acknowledge the damage that is being done currently and historically based on this fucked up way of relating to one another. We are all human beings deserving of respect, dignity, kindness--as well as of affordable decent housing, excellent medical care, research that reflects our realities and has meaningful impact on our lives. Short of anarchy, i don't want much, do i?! But most of this stuff doesn't cost money to implement--it requires us giving up archaic belief systems, thinking and being outside of the box, and opening our hearts and minds to the marvel that is each and every one of us.

What do you think we need?

What Do We Really Need

(Continued)

Hey exchangers!

i was just trippin' through the statistics for the year so far, and i was blown away to see that already, since April 1st, 2000, SOS has exchanged over 208 000 syringes! In all of 1999, we exchanged 450 000 rigs. So we are way ahead of where we were last year.

These numbers are huge and i am both excited to see how fast our program is growing and how successful we are at getting



Rapid Assessment, Response and Evaluation (RARE): Examining Injection Drug Use and HIV/AIDS in the Capital Health Region

Some of you may have heard about a project that's been going on looking at injection drug use and HIV/AIDS in the Capital Health Region (CHR) called RARE. You might have even seen some to the "RARE" team around (yep, we're the ones with the black caps that keep asking questions!). The RARE project came about for two reasons. First, because of the high number of people testing HIV positive from the 'spit' test study that was done last fall, and second, because it was part of the CHR's Strategic Plan for HIV/AIDS to try and better understand the health needs of injection drug users.

RARE stands for Rapid Assessment, Response, and Evaluation and is a way of collection information to quickly assess high risk situations and to use this information to make decisions about the kinds of services that are required to address the situation. In the Victoria community, about 22% of those who took part in the 'spit' test study were infected with HIV. This means that we have a high-risk situation and we need to figure out if there is anything that we can do about it. Therefore, the RARE project was born.

The primary aims of the Victoria RARE project are: 1) Try to get a better understanding of injection drug use in the CHR; 2) Determine what kinds of behaviours are putting people at risk for infection and how this effects their health, and 3) Determine whether the services we have in place are working for people and whether we need to change or expand on them.

Since the beginning of July, we (the RARE project team) have been speaking with injection drug users, service providers, and people who are in positions to influence policy around the issue. We are just about finished collecting all of the information needed. Based on what people have told us, we will be putting forward some recommendations for action.

We expect that the outcomes of the project will lead to change--changes that people have told us need to happen to contain the spread of HIV and to improve the quality of life for injection drug users. This might mean small changes (that take less time) in the ways that services are delivered or it might be larger changes (that take more time) to expand services. Our team has had many suggestions for ways that we can improve things and while we might not be able to change or do everything right now, we will ensure that the voices of the folks who participated are heard and we will continue to press the issues forward so that injection drug users and those at risk for HIV infection get the health care that they deserve.

Kelli Stajduhar
RARE Investigator



My Opinion Again



life as a drug addict, my life in poverty, my life as a service provider, my life as a continuing story. I have been able to write about it and you have given me your opinion on what I have written.

I think the biggest blessing I have received from you is when you called me a bitch (you know who you are :)) when I was grumpy and took it out on you (although I can't condone the language). Or when you came back and told me that you thought a decision I had made was unreasonable or thoughtless. You made me re-think and re-evaluate my decisions and my motivation behind them. That's what I mean by keeping me honest. Keeping me real.

By working here, I learn a lot of other things too. I think that there is the idea that if you've been there you know the whole scoop, that you can understand everyone who falls into the same category as you do. I certainly have been guilty of this on more than one occasion. By listening to you and your stories, I am reminded constantly that my experience is only one experience of thousands. That we are all different and my knowledge is not the be all and end all of knowledge. It broadens me.

Working here makes me bigger in a lot of ways. It makes me part of something larger than just myself.

It also reminds me how absolutely amazing you are. The strength, tenacity, bravery and sense of humour I see all the time, every day, reminds me of how fucking amazing us humans can be. how much we can go through and still survive and laugh about it later. Or cry about it later. Or whatever one does with it (I'm still not sure what to do with it all).

It also reminds me of how fragile we are. I can be talking with someone about how much they miss their children and then end up at their memorial a week later. Or hear how someone finally feels like they are strong enough inside to make it, then a bad night takes them away. I think the ones I am changed by the most are those who

fought so hard, for so long, searching, trying, until the spirit goes to sleep for them.

Sometimes I reflect on how lucky I am to be here. Not only to have a job I love, friends I trust and adore, a home that is beautiful and a cat that brings me dead rats, but to be here on earth. There were many times I never thought I would make it. The ambulance always came, the antibiotics worked, someone would find me, the horseshoes up my ass came through for me.

I guess my column this time is about reflecting on my life, and what kind of impact you have had on me. You've helped me grow up.

Thanks

Megan

My Opinion Again...

Hello faithful followers of the maze known as Megan's Brain. This column will be the last I write for a while.

By the time you read this, I will be gone. I will be taking a leave of absence for about 7 months in which I will miss you all terribly.

I have been offered a contract in Campell River doing some research on youth in the sex trade and it's one I just can't pass up. It's a wonderful opportunity and I will really look forward to meeting many new people and learning a lot.

However, I have been here a long time and the thought of not being here for that length of time saddens me. Many of you have forged a very special place in my heart. You have kept me honest, reminded me where I come from, never let me forget who I am and why I'm here.

In working here, I have been given a bit of a blessing. I have been able to work out many of my own complexities about my life in the sex trade, my

In Memory of Liz

I have known Liz for about five years. Liz taught me a lot about what I was doing and was one of the people who kept me honest. She called me on my shit and didn't do it just because I had pissed her off or because she was having a bad day. I knew that if she was mad at me for doing something it was because I had fucked up. That is very precious to me. Liz was a piece of sunshine in my day. She also was a reminder of the idea that no matter what other people think someone should do, the decisions that people make in their life are theirs and theirs alone to make. She certainly is in my heart and always will be. I will miss her very much.
megan lewis



This is nothing more than a point of view.

Thoughts on: Religion

In today's society it would seem that all religions, or as many of them as I have seen and dipped my toes into (most of them) when you come down to it, the final structure is based on money and flashy icons. However, if you look back in the bible writings--Moses goes up on the Mountain, comes down with the tablets containing the commandments. Upon seeing the false idols and other beliefs, he throw the tablets and destroys them all. Then he went back up and came down with Two more tablets containing the 10 commandments to be precise.

Now, Moses destroyed all the things that they had built because in all of them you had to give some form of offering, they were blasphemous, and didn't fit into the message that the lord was trying to preach. The Bible also preaches that it wants no form of offering, just your love for God! Yet in today's world, we build large churches, statues and monuments to God and Jesus Christ. There are donation boxes at the door to the church and collection plates are passed around in the middle of the sermon. Ministers are being paid for preaching the word of God. We have come to see book stores in which every Tom,

Dick and Harry who has a gospel tongue or a vivid imagination is able to sell whatever it is that they have to provide on their views of God. As well as its placement when helping to deal with many different problems, or "self help". There are various types of stores for various religions or different strokes for different folks. Each religion words it differently, however, in truth, the message is the same: blah-blah-blah God is the almighty...However, all that they are doing is giving the message of hope for people, that there is a place after death--then they put out their hand for your donation. In a way, religion has lost its original meaning and formed itself into today's structure based on society's blueprint. The Good Books have been taken and twisted to form a meaning suited for today's culture and just another way of playing on people's fears. Thus making it another way to make money.

Another argument would be to look at what the majority of the religions (whichever one is chosen to worship)--say that He/She has already come one or more times in the past. Their books of worship say that "God" is around us at all times--so why is it that we need a special day and time to worship it? Why do we need someone to teach it to us or sell it to us on special days? In one sense, it is like a SALE at

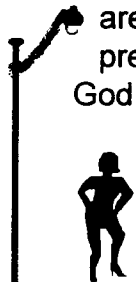
your favorite store or a trip to your favorite restaurant. However, they are all similar in many ways due to the structure of all of them. The outcome is the same: "Eternal Happiness" or "Eternal Pain", or simply happy or sad. Kind of like a theatrical play. They all threaten you that if you don't believe and actively practice, then you hit the "Eternal Pain" section of it all--why is this?!

So again, why do we need a place or anyone to sell it to us! I say that for and honourable reason, when you come down to it in the end, Money is what it revolves around! Therefore, only one thing can be said: They're all not worth it. If you want to practice, then do it on your own terms but know that you don't need to give money for any reason and you don't need to visit any temple in order to worship. It is Everywhere, Always!

Just something to think about for anyone who chooses to read this. This is a Point of View, which you can choose to think about--but no acceptance is needed. Take your own view on this and make it whatever you like.

--By Mark Carscadden/Radar

Radar has been missing since the end of September. He was attending a film school on Galliano Island. He had decided to take a walk by the ocean and, unfortunately, he hasn't been seen or heard from again. Our thoughts are with his family and those who cared for Radar and our hope is that he is safe.



Hepatitis C Project

Hello all. This is my first go at writing a regular piece for this fabulous 'zine, so the pressure is on to keep up the high standard of wit and grace, balanced with hard facts and exposure of the truth! I'll do my best, and also invite you to give me your feedback if there are aspects of Hepatitis C I am not covering, and you want me to write about. Don't forget that you can write about your experience with Hep. C too and we will put it in the 'zine. So, I am Hermione Jefferis, the HCV Outreach Worker (HCV is the virus that gives you Hepatitis C). I have worked at the xchange for nearly two years and then in July was also hired to take on the new HCV Project. Some of you may also know me from PEERS.

The point of the HCV Project is to get relevant information out to the people most at risk of catching this virus, to those who already have it, and to local health care and service providers. It is estimated that 80 to 90% of people who shoot dope already have HCV! The other part of this project is making sure that all of us who are already infected are as well informed as possible so we can take good care of ourselves, and protect our friends and loved ones from becoming infected. Information is power!!!

Part of the plan is to get a Hepatitis C discussion/support group going on a regular basis. Starting October, we will meet the first Wednesday of every month, from 7 - 9 pm. I've had some feedback that once a month is not often enough. What do you think? Is anyone willing to run a second group? Let me know. Don't forget that there are other support groups in town; it's true they are generally pretty straight, and have, in the past, been unwelcoming to users, but that's all the more reason to attend them, in my opinion, and it is something they are actively trying to change.

Another important part of this project is getting an advisory committee together to work on building a training program for users who are willing to speak in the community about having Hepatitis C (and when I say community I mean your dealers as well as your doctors). I am hoping to get that up and happening really soon. Let me know if you are interested in being involved.

The most important thing about the HCV Project is that it belongs to you. What I am saying is that your input and feedback and participation and decisions are vital, are what will make this program, and are what the whole project is about. My job in all this is to put myself out of a job! Please phone me, see me, write me notes, leave me messages etc. and tell me what you want out of this project and what you are willing and able to put in. There is a 'feedback' box (fancier than Kate's!!) on the counter or you can reach me at the xchange # 384-1345 (mostly daytime). There are also a couple of big files about Hepatitis C and HCV/HIV co-infection at the xchange; just ask to see them if you are looking for info.

Don't forget to check out the Living with Liver Disease Workshops being offered for FREE by the Canadian Liver Foundation and AIDS Vancouver Island. They start on Tuesday September 19, 6:00 to 8:00pm, are being held at AVI (#304-733 Johnson Street), and will run every Tuesday at the same time for six weeks. Topics include nutrition, co-infection, coping with illness, and alternative medicine.

Did you know:

- That just like HIV, there are lots of different genotypes, or 'strains', of Hepatitis C?
- That it is spread through blood to blood contact?
- That Hepatitis C is a tough little virus that can live outside the body for up to 14 days, may take as long as 10 minutes or more to kill when bleaching rigs, and can be spread through things like cookers, pipes, filters, water, and ties as well as rigs?
- That there is no vaccination available but there is treatment?
- That the street nurses can test you for Hepatitis C, can vaccinate you for Hepatitis A and B, and are a wealth of information if you are worried or confused about whether or not you are at risk of catching Hepatitis C?

Keep in touch, let me know what you think about all of this, and take good care of yourselves. Hermione



STOP! READ THIS BEFORE YOU USE:

Gather information. Find out which drugs, by which routes and how much time has passed since they took them.

Are they SLEEPING?

If they require constant or increasing stimull, are agitated, sweating profusely or syptoms progress, *call 911*

reasses responsiveness every 2 minutes if symptoms progress call 911

Are they AWAKE? (nodding?)

Reasses responsiveness every 2 minutes if symptoms progress, *call 911*

Continue to check their skin, look for colour changes, (paleness, blueness) and increase in sweating if this occurs, *call 911*

Check BREATHING

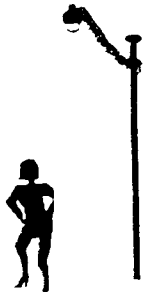
If less than once every 5 seconds, *call 911*

If more than once every 5 seconds but seems tto be going down, they should be watched closely

Any absolute symptom or combination of profuse sweating and another symptom, *call 911*

ALWAYS CALL 911 IF:

- ☠ Lips, tongue, nail beds, earlobes or skin are blue or purple.
- ☠ Breathing is less than once every five seconds.
- ☠ If you think what you're seeing isn't the worst it will get.
- ☠ Person is unresponsive to pain, i.e.:
 - squeeze a pencil between persons fingers.
 - using a fist, rub knuckles on the bare sternum as hard as you can.



PAGE POETS PAGE POETS PAGE

Making Bread

I look outside
I see the rain

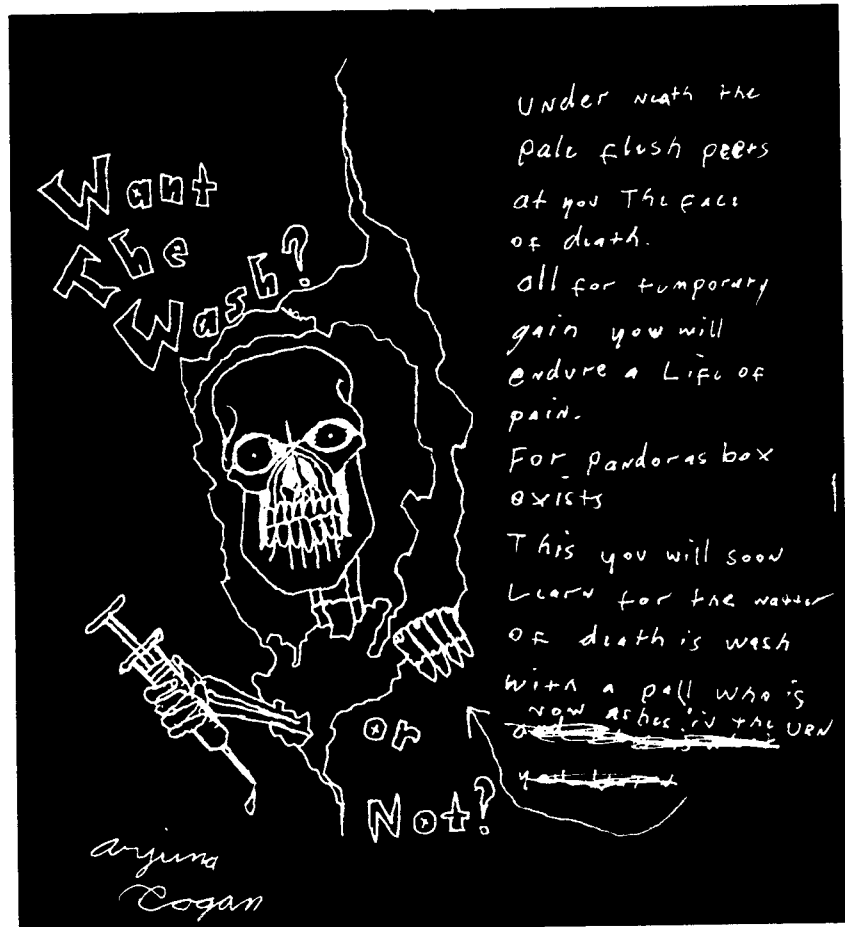
The money grubbers
Seething pain

Good things, bad things
done for gain

Who to trust
who ain't insane?

Lo' the truth to wheat--
is in the grain.

--Anonymous



I write. Not always. But some of the time. I sleep. Not always. Just some of the time. I drink. Not always. Just some of the time. I drink coffee. I drink tea. I drink beer. Usually beer. I swear. Sometimes. Not all of the time.

I like Pinten. I like soccer. I like sunshine. I like rain. I fart. I shit. I eat. I laugh.

Sometimes I use like or as. Sometimes I use metaphore. I've never worn a pinafore. I sometimes open doors for women...I'm insecure. I'm secure. When young I spread pig-manure around roses. I was born. I think! I feel! I hope. Everything is in between. I'm dependant upon breathing and water. I'm addicted to films, sports-watching, femme fatales, the Pogues and soft cushions. I know a lot. I know nothing. Guess I'm human.

--Paul Frank



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HURT: Not just a physical pain in life; emotions are included. Why hurt someone? It will happen to you, too!

--By A New Person

I have fallen upon
troubled times
days of sorrow and anger
feelings of fear & falling tears
I was awakened last night
naturally reached out for you
I discovered that in your place
there was just empty space
The time on the clock
flashes 3am on & off
Then visions & pictures
dance around in my heart
The room feels colder
with you not here
Can't seem to explain
Wait...
What's that noise that I hear
Can it be it's your key
turning gently in the door
Stop
No more need for any questions
The only need is for you
I feel the fear start to fade
The weight of your body in bed
Now the room is warmer
Just because you are here.
—Debbie

god is a lame excuse

god is a chemical imbalance
in the brain
kept alive by men in dresses
who don't pay taxes
by choice become deaf and
mute
they preach from inside stone
fortresses
paid for by rich and poor
built by the poor
to keep us in line and ignorance

god is a chemical imbalance
in the brain
spread by those
who knock on doors uninvited
guarded by those in denial
who pray to altars of war
to celebrate the dead
and fondle the children and
guilt the living

god is a concept
washed over children
too small to fight back
repeated to those, who
are on their deathbeds vulner-
able
by these voodoo men in dresses
who think that they read minds

god is a lame excuse

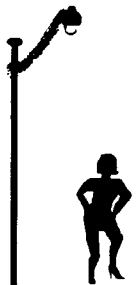
Paul Burnside

Jay

Jay, Jay, what happened to you
lost your mind
The genius we knew
you had to die, didn't you
I know it was your time
Heroin was your drug
that you loved
but it didn't kill you
by cancer and Hep of all kinds
what a bad mixture
we friends, can't get you off
our minds
we will all miss you very
much so
Sunday was the day your body
fled
we all love you Jay
you were a really good friend
like a brother to most
we will miss you buddy!!!!

Molly and Paul

Poems are entered into the computer without being changed in any way except the type of letters used. If you want your name on it, add your name to your poem. If you want to remain anonymous, please send a little note with your work and we won't name it.



The History of Cocaine

Long before cocaine was extracted from the coca plant, the leaves were chewed by the Indians of Peru and other South American countries. This practice began before recorded history, so our knowledge is derived totally from archaeological sources. Line drawings on pottery found in northwestern South America show evidence that coca chewing was part of the culture before the rise of the Incan Empire, perhaps as early as 3,000 B.C., and that its effects on mood and behavior were very profound and much appreciated by the Indians.

The coca plant was considered to be a gift of the gods and was used during religious rituals, burials and for other special purposes. By the time the Spaniards arrived in the 16th century, the Incan Empire was in decline. By this time, coca was no longer used only by the ruling class or only in association with ritual. The Spaniards, at first, tried to prevent the Indians from using coca, because they believed it was a barrier to conversion to Christianity. Later, it became a practice to pay the Indians in coca leaves for their work. The Spaniards could thereby force enormous amounts of work from them in the gold and silver mines despite difficult conditions in the high altitudes.

Coca leaves, along with coffee, tea, and tobacco, were brought to Europe from South America by the explorers in the 16th century, but unlike the others, coca leaves were unpopular

until the 19th century. This may have been due to deterioration of the leaves during the journey, causing a great loss of potency. In 1862, Albert Niemann finally extracted a purified cocaine from a crystalline substance derived from coca leaves.

Cocaine was highly regarded in the 1880's and 1890's, and many prominent figures advocated the therapeutic use of cocaine: Pope Leo XII, Sigmund Freud, Jules Verne, and Thomas Edison all endorsed its use and in 1888, Coca-Cola, which originally contained cocaine, advertised itself as "the drink that relieves exhaustion." (Coca-Cola has since removed cocaine from the contents of their drink and replaced it with caffeine.) The abuse of cocaine was largely non-existent in the United States until the 1960's, except among entertainers and jazz musicians. The use of the drug has been prohibited, both in patent medicines and for recreational use, since 1914.

The natives of the Andes still chew the unprocessed leaves for their stimulating effect. They often mix these with ashes or lime and, it is said, they can go for days without feeling hunger or fatigue. The habitual chewer, however, has an unsteady gait, green-crusted teeth, incurable insomnia, and general apathy.

Cocaine produces anesthetic effects by interfering with the transmission of information from one nerve cell to another. Although used as a local anesthetic in eye surgery, it was soon found to damage the cornea and had other unwanted side effects.

Cocaine is a potent vasoconstrictor, which narrows (or constricts) the blood vessels. It increases the respiration rate and body temperature, and also induces vomiting. At high dosages, tremors and convulsions may result. These stimulating effects can rapidly lead to a collapse of the central nervous system, which may then lead to respiratory failure and/or cardiac arrest and finally to death.

After repeated exposure to cocaine, certain areas in the limbic system (a group of structures of the brain

that are concerned with emotion and motivation) are more susceptible to a type of seizure that resembles an epileptic fit.

Cocaine causes profound loss of appetite, leading to severe weight loss and nutritional imbalance. It also causes sleep loss. The symptoms of cocaine psychosis usually include paranoia; delusions of persecution; visual, auditory, and tactile (touch) hallucinations; an increase in irrationality; restlessness; suspiciousness; depression; and a lack of motivation.

Because of increased demands on the heart during cocaine use, people with heart problems, such as hypertension or cardiovascular disease, are more prone to fatal reactions. There are rare cases of cerebral hemorrhages (bleeding from the brain) occurring from acute in-

creases in the blood pressure.

If cocaine is taken through the veins, unsterile syringes can cause infections and disease. These infections can include Hepatitis B, blood poisoning, inflammation of the lining and valves of the heart and, of course, HIV infection.

Smoking cocaine paste produces severe complications: bronchitis, persistent coughing, blurred vision, and pulmonary dysfunction of circulation. Chronic and compulsive cocaine use leads to depression, anxiety, irritability, and other psychological complaints along with those previously mentioned. Despite the fact that continued use may not reduce the undesirable effects of withdrawal, as long as the drug is available, users find it very difficult to do without cocaine.

Effects of Cocaine on the Body

this is a pretty harsh look at cocaine's effects on the body. information was pulled off of the internet where there's a lot of user-bashing and does not necessarily reflect the views of SOS who aren't about scaring users or making ya feel bad cuz ya wanna feel good once and a while. the it forgets to mention the euphoria and the sociability and all of the other things about coke that we like. coke isn't all bad—what's bad is that drug use is illegal so drug users are criminalized for their behaviour choices—kate



Cocaine is one of the drugs most dangerous to unborn babies. Over the past ten years, there has been a dramatic increase in the number of pregnant women who use cocaine and, consequently, an alarming rise in the number of babies born affected by the drug. The U.S. Department of Health and Human Services estimates that more than 50,000, and perhaps as many as 375,000, cocaine-exposed babies are born each year in the United States.

Cocaine Use, Pregnancy, and Children born exposed to Cocaine

Babies exposed to cocaine before birth sometimes have feeding difficulties and sleep disturbances. Beginning at birth, some exposed babies go through something similar to "withdrawal" from the drug. Many are very jittery and irritable, and startle and cry at the gentlest touch or sound. Consequently, these babies are

very difficult to comfort and often are described as withdrawn or unresponsive. Other cocaine-exposed babies "turn off" surrounding stimuli by going into a deep sleep for most of the day.

In either case, the baby's reaction to cocaine, frequently coupled with the mother's continued dependence on the drug,

makes bonding between mother and baby difficult. Bonding is believed to be important to a baby's emotional development.

What Other Problems Are Faced by Babies Whose Mothers Used Cocaine During Pregnancy?

We do not know all of the special problems that these children will face. Some, but not all, studies suggest that they may have a greater-than-normal chance of dying of sudden infant death syndrome (SIDS).

Studies to date suggest that cocaine-exposed babies may be more affected emotionally than intellectually, according to the National Institute of Child Health and Human Development. For example, recent studies have found no difference in early measures of intelligence between cocaine-exposed and non-exposed babies. However, at three months of age, cocaine-exposed babies show more distress (crying and irritability) in response to unfamiliar sights and sounds than non-exposed babies. This oversensitivity could make caring for these children difficult in the early years and, possibly, contribute to later learning problems.

Studies that have followed cocaine-exposed children through age three continue to find that the majority score within the average range for intellectual ability. However, some studies suggest that cocaine-exposed children may have difficulties with language development and paying attention. Because these children just began to enter the school system in large numbers in the early 1990s, there are no studies on the long-term educational outlook for them. Preliminary observations, however, suggest that many may need specialized attention to reach their full potential.

How Can a Woman Protect Her Baby From the Dangers of Cocaine?

The birth defects and other problems caused by cocaine are completely preventable. The March of Dimes Birth Defects Foundation advises women who use cocaine to stop before they become pregnant or to delay pregnancy until they believe they can avoid the drug completely throughout the pregnancy. The March of Dimes also encourages pregnant women who use cocaine to stop using the drug immediately, because of the harm *continued* cocaine use can cause. Women who stop using cocaine early in pregnancy appear to reduce their risk of having premature or low-birthweight babies.

again, this is a grim look at coke. not every woman who uses during pregnancy is gonna experience all of these things. as with all pregnancies, it's soooo important to have good health care during and after pregnancy. the street nurses are a fabulous resource and can help you find a good doctor or midwife to look after yourself and your unborn baby.

How Does Cocaine Hurt an Unborn Baby?

Cocaine can affect a pregnant woman and her unborn baby in many ways. During the early months of pregnancy, it can cause a miscarriage. When the drug is used late in pregnancy, it may trigger premature labor. It also may cause an unborn baby to die or to have a stroke, which can result in irreversible brain damage.

Studies show that women who use cocaine during pregnancy are at least twice as likely as other women to have a premature baby. And because cocaine cuts the flow of nutrients and oxygen to the baby, it may be much smaller than it would be otherwise. Cocaine-exposed babies also tend to have smaller heads, which may indicate a smaller brain.

Cocaine use also can cause the placenta to pull away from the wall of the uterus before labour begins. This condition, placental abruption, can lead to extensive bleeding and can be fatal for both the mother and her baby. The drug also may increase other complications of labor and delivery.

How Does Cocaine Use During Pregnancy Affect Newborns?

Babies exposed to cocaine before they are born may start life with serious health problems. Babies of women who use cocaine regularly during pregnancy are between three and six times more likely to be born at a low birthweight (less than 5.5 pounds) than babies of women who do not use the drug. Low birthweight can result from poor growth before birth, premature birth, or a combination of both. Low-birthweight babies are 40 times more likely to die in their first month than normal-weight babies. Those who survive are at increased risk of life-long disabilities including mental retardation, cerebral palsy, visual and hearing impairment.

Some studies suggest that cocaine-exposed babies are at increased risk of birth defects. The government's Centers for Disease Control and Prevention (CDC) reported that mothers who used cocaine early in pregnancy were five times as likely to have a baby with a malformation of the urinary tract as mothers who do not use cocaine.

Some babies exposed to cocaine before birth have brain damage. A number of studies have found that cocaine-exposed babies tend to score poorly on tests given at birth to assess the newborn's physical condition and overall responsiveness. They do not do as well as unexposed babies on measures of motor ability and reflexes, attention and mood control, and they appear less likely to respond to a human face or voice.



Hep Help Hurray!

Make your sick liver shine with ancient wisdom and a dose of cleansing herbs.
By Bob Roehr

A silk scroll from a tomb of China's Han dynasty records the first description of hepatitis and its treatment. Now, some 26 centuries later, Bao-en Wang, MD, of Beijing Friendship Hospital, is examining the rich trove of traditional Chinese medicine with the eyes of a modern scientist. At a recent National Institutes of Health conference in Bethesda, Maryland, Wang joined other researchers and practitioners who shared their latest findings about alternative treatments for liver disease, a vexing problem for many HIVers.

HOME-GROWN COMBOS

The ancient news is good. One traditional Chinese 10-plant combo known as Herbal Medicine 861 - not only normalized liver enzymes in three-quarters of the 84 hepatitis B (HBV) patients enrolled in Wang's six month study, but also seemed to slow liver scarring and in some cases even reverse it (a feat previously thought impossible), leading to liver recovery.

Japanese traditional medicine may also work against HBV. Lab studies found that a boiled-herb combo called Hochu-ekki-to (TJ-41) appeared to cause apoptosis, or induced cell death in liver cells made cancerous by HBV). And in a atest-tube study of Hepatitis C treatment, Japan's Ninjin-youmei-to (TJ-108) prevented infection of new cells. A study of Tokyo patients found results comparable to those of interferon therapy - roughly 25 percent of HCV clearance - with fewer side effects.

These Chinese and Japanese formulae are available through some U.S. practitioners trained in Chinese and Japanese medicine. But a dose of caution is called

for: You can take too much of a natural product, and some herbs may also interact badly with pharmaceuticals. Talk with your doctor before heading East.

HERBS AND NUTS TO ROOT FOR

Asians weren't the only enthusiasts of anti-hep alternatives at the NIH conference. Yankee Andrew Rubman, a naturopathic physician from Southbury, Connecticut, also backs an "aggressive natural immune-enhancing program to help the liver process the debris" from fighting infections. The following nutrients and herbs (available at health food stores and buyers clubs) have been shown to offer benefits for liver problems, whether of viral or drug origin.

Vitamins B-6 and B-12 are key for general maintenance of liver function. Several other nutrients boost liver function. Several other nutrients boost levels of glutathione, which liver stress depletes. In one small study, N-acetyl cysteine, or NAC, when combined with interferon, normalized liver enzymes in people with HBV previously unresponsive to interferon alone. Glutamine is an amino acid essential to a healthy liver. As little as 400 international units (IU) of vitamin E twice a day can reduce liver enzymes by 60 percent in HCVers, according to a Mayo Clinic study. Other important liver-strengthening antioxidants include vitamin C and aspha-lipoic acid.

Among the herbal liver cleansers: Silymarin (milk thistle extract) inhibits inflammation and reduces insulin resistance in people with cirrhosis (severe liver scarring). Dandelion and artichoke encourage the flow of bile from the liver.

Glycyrrhizin (licorice-root extract), an approved hepatitis treatment in Japan, was recently found to keep HBV particles from binding in the liver and can inhibit the growth of HCV-related cancer cells. But see your doctor for warnings about who should avoid this extract and for necessary monitoring.



Health Alert For Sex Workers!

The United Nations Programme on AIDS recently presented some scary results of a study on the risks associated with the use of Nonoxynol 9 microbicide which is found in some brands of lubricated condoms. Nonoxynol 9 is a viricide as well as a spermicide: it was thought to be effective in killing the HIV virus as well as sperm, thus preventing both HIV and unwanted pregnancies. In reality, Nonoxynol 9 has shown to increase the likelihood of women testing positive for HIV--the exact opposite of its intent.

Nearly 1000 HIV-negative sex trade workers took part in a four year study measuring the effectiveness of Nonoxynol 9 in preventing HIV transmission. These women were shown how to use condoms and lubricant that contained the Nonoxynol 9 and were encouraged to use condoms every time they had intercourse. At the end of the study, researchers found that women who used the Nonoxynol 9 products had become infected with HIV at about a 50% higher rate than women who didn't use it. The more often women used only the N-9 products, the greater their risk of becoming infected with HIV. The reason for this is that the chemical in N-9 was so harsh and sex workers have to use protection so often that it created sores and lesions inside the vagina--sores are openings for the HIV virus to get into your blood stream. So, Nonoxynol 9 did not protect these women--it put them at greater risk.

In Canada, some products are available which contain Nonoxynol 9, such as some brands of condoms, spermicides, vaginal foams, vaginal sponges and oil and water-based lubricants.

Products currently for sale that contain N-9 are: Trojan Ribbed Condom with N-9, Gynol II Contraceptive Jelly with N-9, Lifestyles Spermicidally Lubricated Condom with N-9, Hardcover Ultra Condom with Spermicide N-9, Advantage 24 Vaginal Contraceptive Gel, and Delfen Foam. It's important to know that *none of the products supplied through SOS or through the Street Nurses* contain Nonoxynol-9 spermicide. If you are in the habit of buying condoms, make sure you read the labels carefully to make sure they do not contain N-9. — kate


Name: Address: City: Province: P.C. Phone &/or fax # (PLEASE INCLUDE with area code!)	Scale: Non-profit Business	Per Copy: \$2.75 \$3.75	Per year: \$10.50 \$14.50	Gift subscrip. \$10.25 \$14.25
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 c/o AIDS Vancouver Island
 304-733 Johnson Street
 Victoria, BC
 Canada, V8W 3C7
 Phone: (250) 384-1345
 Fax: (250) 380-9411



HO'S & HYPES

WHAT IS ACUPUNCTURE?

Acupuncture is a form of traditional Chinese medicine that has been practiced for thousands of years. It is based on the principle that energy flows through the body in specific channels.

Interruption of that energy can lead to illness. Acupuncture works by prodding the body to heal itself and to release the body's own natural painkillers.

Acupuncture involves inserting very thin, sterile needles at specific acupuncture points to stimulate energy flow in particular channels.

There are also other methods that might be used, like moxibustion (carefully burning herbs on your skin), massage, or acupressure (pressing on specific points with fingers instead of needles).

You should allow about 1 hour per treatment. Usually people experience some change right away, but acupuncture is most effective as a series of treatments.

ACUPUNCTURE CLINIC AT S.O.S.

TUESDAYS, THURSDAY, 7:00 - 9:00 pm

\$2 donation, or pay what you can

ANYONE WELCOME
NO NAME REQUIRED

Every case is different, so the best thing to do is talk with the acupuncturist and design a treatment plan that is right for you. The needles used in acupuncture are very thin. Usually they don't hurt much apart from a twinge as the needles first go in. If it hurts a lot, tell the acupuncturist - they can change the position or take it out.

The World Health Organization

recognizes acupuncture as treatment for a wide range of emotional & physical problems. While it works better for some people than others (just like standard medicine), acupuncture can be really helpful for.

- hepatitis
- insomnia
- detoxing
- all kinds of pain
- immune boosting
- low energy and fatigue
- depression

and many other problems. To find out if acupuncture can help you, come in and check it out.

WHAT THE STREET NURSES CAN DO FOR YOU!

1. **Anonymous HIV/AIDS testing.** You don't need to give your name - just 3 initials & a date of birth that you can remember so the nurses can find your file when you come in for results.
2. **STD counselling, testing, and treatment.** If you're wondering whether that last sexual encounter you had left you with bumpy warts, a weird little sore spot, dripping gonorrhea, or anything else, come get tested.
3. **Hepatitis testing and Hepatitis B vaccine.** You can get tested for Hepatitis A, B and C, and get vaccines that will protect you from Hep A & B.
4. **Vaccines.** Vaccine for Hep A & B, influenza, and tetanus/diphtheria booster. Avoid getting lockjaw from a minor cut by getting your tetanus booster every 10 years.
5. **Free pregnancy testing.** The nurses will give you a pregnancy test and can refer you to a tailored service to help you manage if you are pregnant.
6. **Vein maintenance/harm reduction issues; abscesses, endocarditis, and 'blown' veins can be prevented!** Come talk to the nurses about the best way to shoot safely.
7. **Vitamins, Tylenol, cold medicines, etc.**
8. **Alcohol and drug referrals.** When you're ready to slow down, nurses can help you go in a direction that will help.
9. **Finding a doctor.** Check out the list of doctors accepting new clients. Nurses can also help you get a B.C. Carecard. Everyone who lives in B.C. is entitled to medical care regardless of \$\$.
10. **TB testing.** Find out whether or not you have TB, and how to stay healthy if you do.
11. **Got itchy scratchy bugs?** We have Kwellada.
12. **Wound management.** We have bandages and cleaning solutions.

Schedule for Street Nurses:

Tuesday	1:00 - 2:00 pm	Sandy Merriman House
	2:00 - 4:00 pm	Victoria Street Community Association
	4:00 - 6:00 pm	Alliance Club
	5:30 - 6:30 pm	YM/YWCA van
	7:00 - 9:30 pm	AVI's Street Outreach Services
	9:30 - 10:30 pm	Stroll
Wednesday	4:00 - 4:30 pm	Inner City Youth Works
	4:30 - 6:00 pm	Alliance Club
	5:30 - 6:30 pm	YM/YWCA van
	7:00 - 9:30 pm	AVI's Street Outreach Services
	9:30 - 10:30 pm	Stroll
Thursday	2:00 - 4:00 pm	Open Door
	4:00 - 6:00 pm	Alliance Club
	5:30 - 6:30 pm	YM/YWCA van
	7:00 - 9:30 pm	AVI's Street Outreach Services
	9:30 - 10:30 pm	Stroll



Good numbers to know

WHERE TO EAT

9-10 Club 740 View St.
Breakfast served 7-10 am, Mon to Sat.

AIDS Vancouver Island - Garden of Eatin' Cafe
384-2366 #304-733 Johnson St.
Lunch by and for people who are HIV+, 10 am-2 pm, Mon to Fri.

Alliance Club
382-7553 behind Pizza Hut, Yates St.
For youth under 19.

Mustard Seed Food Bank
953-1575 625 Queens St.
Food hampers for families on Mon, Wed & Fri, 9:30 am-2 pm, except the week after welfare cheques.

Open Door 385-2454 502 Pembroke St.
Food cupboard, free clothes, drop-in centre.

Our Club 384-2261 1225 Hillside Ave.
Meals for \$1.50, for people with schizophrenia.

Salvation Army Community Services
386-8521 1911 Quadra St.
Mon to Fri, 9 am-4 pm. Emergency food hampers, tickets to the Upper Room.

Salvation Army
384-3755 525 Johnson St.
Meals served at Wharf & Johnson entrance Sundays, at noon & 6 pm. Snacks Mon & Thur 1:30-3:30, Tues 5:30-7:30pm

Streetlink Emergency Shelter
383-1951 1634 Store St.
Breakfast at 7 am, lunch at noon, dinner at 5 pm. Non-residents are first-come, first-served; pick up tickets at 3:45 for 4 pm dinner.

St. Vincent De Paul Society
382-0712 840 View St.
Mon to Fri, 9 am-4 pm. Emergency food, max once every 30 days. Tues afternoons for women only

Upper Room Society
388-7112 919 Pandora Ave.
12 & 4 pm, Mon-Sat. \$26/month or \$1/meal.

YM/YWCA Youth Outreach
386-7511, ext. 114 or page 388-6275, #1351
880 Courtney St.
Food, clothing, toiletries for youth 13-21. On street at Douglas & Yates 6-7pm Mon-Thurs

WHERE TO SLEEP

Streetlink Emergency Shelter
383-1951 1634 Store St.
For homeless people who are sober & over 18. 44 men's beds, 11 women's beds in segregated quarters. Check in 3:30-8:00 pm; must be in by 11:30 pm. Three meals/day, laundry & showers, counselling.

YM/YWCA
386-7511 880 Courtney St.
Residence at low rates, central kitchen. Young moms' groups, youth outreach; youth shelter Saturday nights, 11 pm-7 am (drop-in basis).

Casa Maria Emergency Housing
361-4613 #21, 1241 Balmoral Rd.
Provides emergency temporary housing for homeless families, with cost based on income.

Hill House Transition House 479-3963
Emergency shelter for women, with or without kids, escaping family violence. Open 24 hrs/day.

Victoria Transition House
385-6611; Crisis line
Temporary shelter & support for women & kids fleeing physical/emotional abuse.

Sandy Merriman House
480-1408 809 Burdett Ave.
Emergency shelter for homeless women, women who have been in jail, women who work as prostitutes, women with mental illness, and women with drug/alcohol issues. Open 7:00 pm-11:00 am; women's drop-in during the day.

Kiwanis Emergency Youth Shelter 386-8282
Short-term shelter for youth 13-18.

Gateway 361-1323 1400 Quadra St.
Overnight shelter for people over 19 who are drunk or high. Showers, laundry. First-come, first-served.

Salvation Army Rehabilitation Centre
384-3396 525 Johnson St.
Emergency shelter & hostel for men. Office open 8:30 am-4:00 pm. Cafeteria provides 3 meals/day.

ADVOCACY

Action Committee for People with Disabilities
383-4105 926 View St.
Individual advocacy, and lobbying.

Law Centre 388-4516 CIBC Bldg
Douglas & View Sts
Legal aid, other legal services.

Prostitutes' Empowerment, Education & Resource Society (PEERS)
388-5325 #414-620 View St.
Peer counselling and advocacy by people who have

been in the sex trade. Non-judgemental.

Together Against Poverty Society
361-3521 #415-620 View St.
Advocacy on issues involving welfare, employment insurance, and tenancy. Open 8:30 am - 12:00 noon.

Tenants' Rights Action Group 480-7881
Education and advocacy about tenants' rights; provides referrals to other tenant agencies.

AIDS Vancouver Island

HEALTH CARE

Acupuncture Clinic 384-1345 at SOS
See p. 18. Chinese medicine for what you can pay.

AIDS Vancouver Island
384-2366 #304-733 Johnson St.
Support, education, advocacy, prevention info, and other services for anyone affected by HIV/AIDS.

BC Medical Services Plan
386-7171 1515 Blanshard St.
The free/low-cost medical coverage that every BC resident is entitled to.

Birth Control Clinic
388-2201 1947 Cook St.
Birth control, pregnancy testing.

Capital Health Region Street Nurses
384-1372 at SOS 1220 Commercial Alley
See p. 18. Free & confidential HIV/AIDS, Hepatitis, pregnancy, STD/TB testing; adult immunization; vein care; condoms; needle exchange; vitamins; referrals; and any other health concerns.

Hepatitis C Society
388-4311 1611 Quadra St.
Support, education, and advocacy for people with Hep C and their friends/families.

Swift Street Medical Clinic
385-1466 465 Swift St.
Medical care for anyone with no other health care.

Victoria AIDS Respite & Care Society
388-6220 2002 Fernwood Rd.
Services for people with AIDS and their caregivers, medical advocacy, help with daily tasks, respite care.

Victoria PWA Society
382-7297 541 Herald St.
Support, treatment info, and other services provided by and for people who are HIV+.

Victoria Youth Clinic
388-7841
Medical care for youth 12-24 years old, including pregnancy testing, STD testing & treatment, and any other health concerns.



HO'S & HYPES



Good numbers to know (cont.)

DRUG & ALCOHOL STUFF

- Alano Club** 383-9151 1402 Broad St.
Alcohol/drug-free environment; food, lounge, games room, 12-step meetings. Membership is \$6/month. Open Mon-Fri 8 am-11 pm, Sat 8 am-1 pm.
- Alcohol & Drug Services** 387-5077 #228-1250 Quadra St.
Drug & alcohol counselling, info & referrals to treatment programs.
- A.V.I. Street Outreach Services (SOS)** 384-1345 1220 Commerical Alley
Needle exchange, info on AIDS/Hepatitis prevention and safer drug use, free condoms. Open 3:30-6:00 pm Mon-Sat, and 7-11 pm every day.
- Dallas Society** 727-3544 #304-1095 McKenzie St.
Drug & alcohol counselling for people in Saanich and Sidney. Youth substance Youth substance abuse program. Full Circle Women's Day Program.
- Outreach Services Clinic** 480-1232 2004 Fernwood Rd.
Methadone program, referrals to other services.
- Pacific Centre** 478-8357 3221 Heatherbell Rd.
Programs for youth, adults, families.
- Pemberton House Detox** 592-5554
Supervised detox; must be over 16. Phone several days ahead to get a bed.
- Streetlink Emergency Shelter** 383-1951 1634 Store St.
Alcohol & drug counselling during day, including referrals to other services.
- Victoria Life Enrichment Society** 381-4343
Residential program; must be over 19. Open 8:30 am-noon and 1:15-4:30 pm.
- Victoria Native Friendship Centre** 384-3211 220 Bay St.
Counselling, education, prevention.
- Victoria Youth Empowerment Society (VYES)** 383-3514 533 Yates St.
Alcohol/drug counselling, drop-in for youth.
- Alcoholics Anonymous** 383-0415 • • • • • **Narcotics Anonymous** 383-3553 24 hr lines

COUNSELLING / SUPPORT

STUFF TO DO

- BC Society for Male Survivors of Sexual Abuse** 381-0493 #302-531 Yates St.
Victim services, individual/group therapy.
- Esquimalt Neighbourhood House** 385-2635
Youth, family, & peer counselling; programs for pregnant women; parent support; clothing.
- Family Violence Project** 380-1995 2541 Empire St.
Help for men who abuse their partners, and women who are abused by partners.
- John Howard Society** 386-3428 2675 Bridge St.
Counselling for anyone in conflict with the law, and their families.
- NEED Crisis & Info Line 24 hr** 386-2635
Crisis intervention, counselling, info & referrals. Access to emergency mental health services.
- Open Door** 385-2454 502 Pembroke
Counselling, support, food bank, advocacy.
- Our Club** 384-2261 1225 Hillside Ave.
Support, counselling, advocacy, drop-in for people with schizophrenia.
- Pacific Centre Family Services Association** 478-8357 3221 Heatherbell Rd.
Counselling for whatever you can pay.
- Prostitutes' Empowerment, Education & Resource Society (PEERS)** 388-5325 #414-620 View St.
Peer counselling by ex-prostitutes.
- Salvation Army Family & Community Services** 386-8521 1911 Quadra St.
Family counselling. Also emergency food, transportation, clothing, & furniture.
- Sandy Merriman House** 381-2847 809 Burdett Ave.
Support for women, available at both the shelter (7 pm-11 am) & the drop-in (11:30 am-7 pm, Mon-Fri).
- The Women of Our People Society** 652-2788 #3-7855 E. Saanich Rd.
Counselling, info, & support for native women.
- Victoria Native Friendship Centre** 384-3211 220 Bay St.
Employment & drug counselling, support.
- Victoria Transition House** 385-6611: Crisis line
Support for women & kids fleeing abuse.
- Victoria Youth Empowerment Society** 383-3514 533 Yates St.
Counselling, information, housing referrals.
- Women's Sexual Assault Centre** 383-3232: 24-hr line
Services for women who've been assaulted/abused.
- YM/YWCA Street Outreach Program** 386-7511, ext. 114/Page 388-6275, #1351 880 Courtney St.
Counselling, advocacy for youth 13 to 21.
- Alano Club** 383-9151 1402 Broad St.
Alcohol/drug-free lounge & games room. Open Mon-Fri 8 am-11 pm & Sat 8 am-1 pm. \$6/month.
- Downtown Community Activity Centre** 383-0076 755 Pandora St.
Free drop-in sports & weights. Open Mon-Thurs 2-5 pm, and some nights.
- Movie Monday** 595-FLIC EMI Pavilion
A free movie every Monday (donations appreciated).
- SOS** 384-1345 1220 Commerical Alley
Acupuncture 7-9 pm Tues/Thurs/Sun; drop-in Art Mon 7:30-9:30 pm; Beginner's bellydancing Wed 7:30-8:30 pm; HIV/AIDS Peer Support Thurs 7-9 pm.
- YM/YWCA** 386-7511 880 Courtenay St.
Subsidized coverage for Y facilities: weights, swimming, etc.

DROP-IN SPACES

- AIDS Vancouver Island: for HIV+ people; 384-2366
Alliance Club: for youth under 19; 382-7553
AVI Street Outreach Services: 384-1345
Our Club: for people with schizophrenia; 384-2261
Sandy Merriman House: for women; 381-2847
Victoria Street Community Association: 386-2347

JOB STUFF

- Cool-Aid Job Services** 388-9396 #407-620 View St.
Casual labour listings, employment preparation training, self-employment program.
- Esquimalt Neighbourhood House** 385-2635
Employment training programs.
- Inner City Youth Works Society** 381-0598 537 Chatham St.
Bike repair, drum-making, and a whole lotta stuff.
- Victoria Native Friendship Centre** 384-3211 220 Bay St.
Open drop-ins for urban natives, including work experience & employment counselling.
- Victoria Street Community Association** 386-2347 1517 Quadra St.
Pre-employment program, resume preparation.

