

ISSUE



11

VIVAIDS MAGAZINE



WHACK

SPRING





1999
HEP C
EXPO











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SEND US YOUR STUFF

Whack magazine thrives on your energy:
stories, poems, artwork, photos, articles,
letters, questions, queries,
raves rants and rhetoric...
bring it on!!!

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Welcome to another edition of Whack. This edition looks at users' health, not only physical health but general quality of life. All too often it is thought that using heroin means throwing your health out the window and leading a totally dysfunctional life. This picture is often portrayed by the media, and whenever they do a story on a heroin use, it's always about someone who's "down and out". Many users lead functional lives. They work, are parents or engaged in some other social activity. Obviously, due to the illicit nature of drug use, these people may be hesitant to expose their drug use and bear the stigma and discrimination that society places on injecting drug users. Often the people that are the most open about their drug use are those who have nothing left to lose, therefore it is thought that everyone who injects drugs has a life like this; in total disarray.

This issue tells the stories of functional users, who use heroin on a regular basis, but are able to do it in a way that does not adversely effect their lifestyle. Such stories need to be told, so as we can paint a more honest picture of illicit drug users. They are also needed as positive user role models, so that people can see that

it is possible to use drugs and live a functional and fulfilling life, and that your life doesn't have to be destroyed by drugs, although the illicit status of drugs can make this a difficult task.

This edition also contains health information related to hepatitis C and other health concerns that can arise due to drug use. Many of the health problems that do result from illicit drug use are not directly caused by the drug; they are caused by the circumstances in which the drug is used. For example, many of the health problems that heroin users have, such as hepatitis C, vitamin deficiencies, tooth decay, vein problems, dirty hits, bacterial infections or blood poisoning relate to the way in which people inject. Hepatitis C and dirty hits are not caused by heroin, and neither are any of the other ailments listed. The illicit nature of drugs means that they are expensive, and therefore impact on the amount of money you have to spend on maintaining a healthy diet. Unsafe injecting is often related to the fact that you have nowhere safe and clean to inject and have to do it in a hurry, without the necessary sterile equipment and environment. This results in hepatitis C and dirty hits, it also

can result in overdoses.

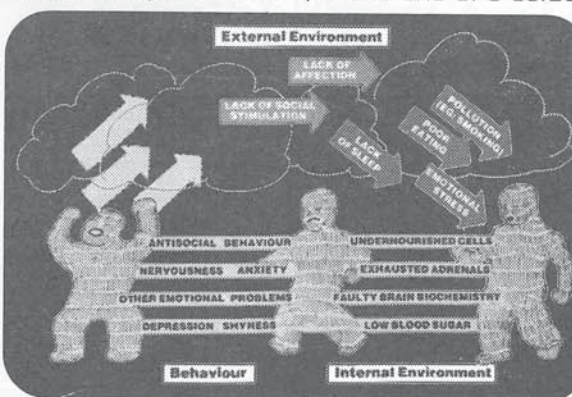
Therefore whilst injecting drugs such as heroin and speed are illegal it is going to be difficult to prevent many of the health problems associated with injecting drug use. However, some of the onus is on injecting drug users to use in ways that minimise or avoid the risks, and maintain their health.

You'll also find in this edition updates about what's been happening around VIVAIDS. The place has been buzzing throughout '99 and I think we've made some real achievements in peer education and advocacy for drug users. Things seem to be looking pretty good politically in Victoria with the Labour government, and the moves towards opening safer injecting facilities are certainly moves in the right direction. I encourage any of you to drop in and get involved with VIVAIDS, as VIVAIDS can only be as good as the users who make it what it is, so write us a letter or give us a bell and tell us what's happening in your neck of the woods, and the issues that concern you. Happy reading, and play safe.

Kirsty

editor's blah blah blah

hey there everyone out there in readership land • well, at the end of a berserk millenium getting this issue of Whack done almost broke i'm not dead yet • this issue kinda vibe for the mag • for write about their bad drug user group mags are people who have allowed their smack • while there's no their smack habits get out of users out there who fit their a fucking great time doing it • some of your favourite drug big thanx to all this issue's the crew at VIVAIDS • special yvette, rha, vac, and of course zush+wasabi+shinju [the furry posse] • oh, and the humble opium poppy •••



me • but anyway it's done and marks a shift to a more positive some reason people love to experiences with drugs, and inevitably full of stories from lives to be 'destroyed' by denying that some people let control, there are also many using into their lives and have so how about writing down stories and sending them in • contributors • thanx again to all thanx to sonia, nic, simon, me • but anyway it's done and marks a shift to a more positive some reason people love to experiences with drugs, and inevitably full of stories from lives to be 'destroyed' by denying that some people let control, there are also many using into their lives and have so how about writing down stories and sending them in • contributors • thanx again to all thanx to sonia, nic, simon,

As most of you readers are no doubt aware, the Victorian Government plans to open 5 injecting facilities as part of its drug policy. A Drug Expert Committee headed by Dr Pennington has been established to oversee the implementation of safer injecting facilities. This committee comprises of:

Dr David Pennington—Chair

**Professor Margaret Hamilton—
Director of Turning Point**

**Professor Pat O'Malley—Professor of
Law and Legal Studies LaTrobe
University**

**Mr Robert Richter QC—Leading
Queen's Counsel**

Cr Dick Gross—Mayor of Port Phillip

Dr Rob Moodie—VicHealth CEO

**Mr Bernie Geary—Jesuit Social
Services**

Glaringly absent from this committee is consumer representation. Furthermore, the committee's failure to recognise VIVAIDS as essential to this process, is of grave concern when you consider our role as the State's user representative organisation. This raises serious doubts in relation to their commitment to the interests of injecting drug users in the development of safer injecting facilities. We will be expecting the User Group, and therefore the interests of illicit drug users, to be significantly more included in the process in coming weeks, in order to alleviate these concerns and doubts regarding the agenda of this committee.

Obviously, injecting drug users are the ones who are going to be using the facilities, and are the target group of the drug policy. If the service does not meet the needs of injecting drug users, and drug users are unhappy with the service, they will not use it. It is ridiculous to design a service without the extensive involvement of those who are going to be the sole service users.

Some of the concerns that have already been raised by users relate to legal issues. For example, if someone is holding and they are on their way to the facilities what happens if they get busted by the police? Furthermore, what is there to stop police from

targeting people on their way to the facility, knowing full well that they are going to be in possession. Some people have stated that they would only use the facility if they had some kind of amnesty, or if there is going to be some broader law reform.

Many of the harms related to injecting could be markedly reduced by broader drug law reform. If the self-administration charge were abolished, as was done in Holland and Switzerland, people could inject in a relaxed manner, taking their time to inject safely, in the knowledge that they cannot be charged for what they are doing. Such issues of concern to users need to be addressed.

It seems that users' health and their concerns are taking a lower profile in this debate, and the priority and focus is on the political issue, in which the main concern is to "clean up the streets".

The focus of Safer Injecting Facilities should be to improve the situation for many users who are currently forced to inject in laneways and public toilets. However, they need to be facilities that are user-friendly and that users feel safe to go to, and comfortable to be in. This isn't going to happen unless the 'powers that be' and the wider community starts listening to users. After all, aren't we the experts on defining our needs?

An advertisement appeared in *The Age* on Saturday, 20th November, calling for submissions from the community and organisations, asking them to put forward issues or concerns regarding safer injecting facilities. This opportunity for consultation is welcomed; however, this hardly qualifies as user consultation, and I doubt that many users actually saw the advertisement and will make submissions before December 17th.

VIVAIDS is currently consulting with users in order that we can have as much user input as possible in our submission. We have put surveys in the needle exchanges and have peer educators going out to speak to users in street-drug market areas, and have

held a forum with our membership, so at least some of users' thoughts and concerns will make their way to the committee.

A consumer representative working party has been formed, of which VIVAIDS is a part, and we will be extensively consulting with users and feeding these views to the Drug Expert Committee. It is yet to be seen as to how this consumer input impacts on the committee's final outcomes. We should get some indication of this at the end of the first stage of the process. Stage one requires that the Drug Expert Committee provides a report on:

- 1 The implementation of a local drug strategy, targeted at municipalities with high levels of illicit drug use; the strategy to be capable of integration with an overall local health plan
- 2 The implementation of a trial of safer injecting facilities, in consultation with local government and communities, and with linkages to relevant services and an appropriate evaluation design.

The first stage of the report is required by the end of March 2000.

The next few weeks and months are going to be critical in determining the outcome of safer injecting facilities, and it is critical that users have a strong influence over this process.

We encourage all users to contact us with their thoughts regarding safer injecting facilities, and what they think safer injecting facilities should be like.

**So, write, telephone, fax,
or email us!**

VIVAIDS

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**VIVAIDS is your User
Group, your voice, use it!**

YIPEA!!! Update

Since August VIVAIDS' YIPEA! (Young Injectors Peer Education & Awareness) Project has been engaged in a community arts & mural program (CAMP). The project has used art to:

- ✎ communicate drug education concepts through an unusual and exciting medium
- ✎ attract young, creative drug users to our project
- ✎ provide them with a creative outlet to express their ideas

The project employed eight young drug users. They have attended workshops and discussion sessions examining many different drug related issues, as well as adult education concepts, and particularly how to communicate ideas visually. Their training involved a day tour of Melbourne, examining murals and mosaics at sites across the city.

Working with a qualified community artist, the team designed and then painted an 8 panel mural. Massive congrats go out to our art coordinator, Bridget McCormack, for pulling together a fantastic painting out of galactic chaos. A glowing reference and my wishes of good luck will accompany her on her future artistic travels.

We hope to exhibit this piece at festivals, youth centres, needle exchanges and community health centres. By the time this mag is in circulation we should have held our first one as part of the High Street Festival in Northcote.

During exhibitions we will be distributing our 'Urban Survival Kits', cloth bags printed with our project logo. In the kits you will find a magazine examining the issues raised by our mural and containing some funky images, relevant information produced by VIVAIDS and

other agencies, and a 'lucky dip' donated item ranging from movie tickets and fast food vouchers, to toiletries and stationery.

In addition to our activities with the mural, participants have begun to learn the use of Fractal Painter 5, an excellent graphics creation program. The outcome of these sessions will be a boardgame, a cross

their lives, drugs, and their involvement in CAMP.

Whack: Andria & Paul, you've just recently started playing together in the band Slow Lorus. Could you share some thoughts about the band,

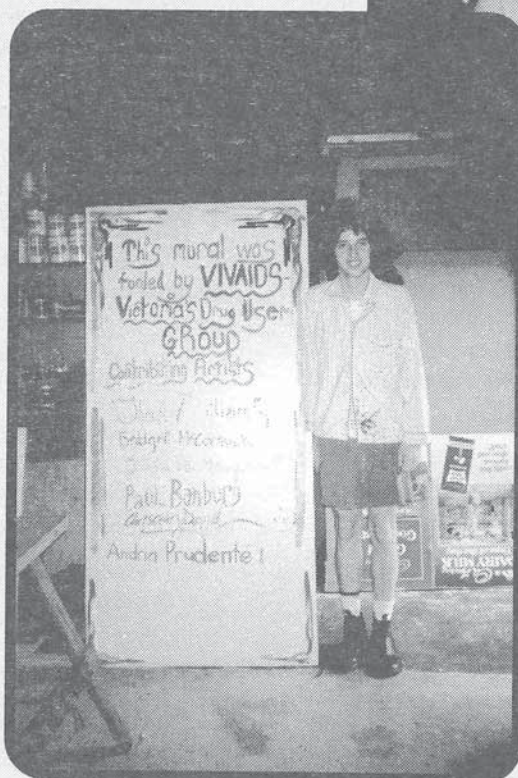
and what you get from your music?

Andria: It's been wonderful, this past month of October, as I've found myself back in a working machine and with two beautiful people. Paul and Rob made up Slow Lorus until I came along, and the music they make is pure noise, which to me, equals honesty.

Unfortunately the band I moved to Melbourne (from Woollongong, in 1996) with, Arrosa, took a turn for the worst!, and I found myself a little lost. I played some drums in Fiona's band Boo Who (see below) but my sound of choice, and what I do best, is guitar. I started hanging out with Paul and

our jams were going really well. The surprise question of "do you want to join Slow Lorus" was met with an instant "YES!". I have a lot of respect for the band, the people, and their beliefs, and to now be a part of them has been one of the best things this year. (Along with this great course, of course. Go VIVAIDS!) When I play music it's where I want to be. It's where I feel safe, confident, happy, secure and, mainly, me. Music is pure and honest, and this is what appeals to me, well, I don't feel I really have a choice! Music has chosen me.

Paul: Slow Lorus has gone through many stages, but now is, I feel, the most exciting phase for our instrumental noise/indirock band, playing under the name for two years now. Our debut demo cd "less than nothing" was recorded earlier in the year and distributed to pubs and friends. Slow Lorus are currently recording a track for a 3RRR radio compilation cd, and will soon record two songs for an Au GO GO Records compilation. The new line up are looking to



between snakes and ladders and trivial pursuit, called Going Up & Coming Down. The game will be available to VIVAIDS workers as a tool in our training sessions and workshops.

As a worker I never fail to be

amazed at the wealth of creative vision and breadth of ideas which comes to the fore through projects like this. It plants a severe boot in the arse of mass media stereotypes of users living a "wake-fix-seam-score-shoot-sleep" existence. I spoke to some of my team about their urges to create, other interesting aspects of



Figure 12d-11 The effects of treating a Dachshund dog with extract of the anterior pituitary gland. The animal on the left is a normal dog; the animal on the right is from the same litter, but was treated with pituitary gland extract. Evidence like this shows that the anterior pituitary produces a hormone that controls growth.

playing lots over summer, with the possibility of touring Canada-USA and Europe within the next 12 months.

M: Wayan, a lot of the characters in the mural were painted by you. Have you enjoyed your involvement in this project?

W: Most definitely. Since starting my involvement with VIVAIDS I have obtained a greater understanding of the issues relevant to young drug users, and have learnt heaps. Working in a group with other young users has meant we communicate at a universal level, where we feel free to express our ideas and creativity with each other.

Since the project began we have formed friendships, been educated about our lifestyle, and now have the pride and satisfaction of being a part of something that will hopefully inform other young users in the community about risks in their using habits, with a goal of minimising harm.

M: Fiona, you're releasing a CD shortly. What was your main motivation in creating it?


F: My CD's called "With the Whip God Gave Me". It's my first full length album and I have been able to release it with the help of Patsy Records. My motivations? I make music because I love to! It feels natural and supported by good vibrations. I feel I have a point to prove—to myself, and to those who damn the music or lifestyle. And to prove to myself what I know of real perseverance and beauty.


HUMUNGOUS thank you of course also goes out to Christian, Chris, Kane & Shane (who I didn't get a chance to speak to in time—they're too busy painting!) for your involvement.

Team members will continue to be involved on a rotational basis in assisting at exhibitions and workshops, which will be great.



Other interesting areas of VIVEA work since the last Whack have included:

 a Tuesday morning residency on KISS FM during their last broadcast in September-October. We addressed the effects of a different drug each week, and did a little talkback on a couple of the shows. It was great to get back to doing radio (even though it was only half an hour per week) after having to give up my PBS Saturday night show at the start of the year due to exhaustion. They have booked me back again for their next broadcast in March next year, watch out for it

 semi-regular talks and workshops. A professional development session attended by VIVAIDS staff in September looked at how to really spice up workshop delivery. This was a great help to me and I've found my workshops to be a lot better since then.

Michael Arnold (AKA DJ MiBrane)

or "Annie Get Your Own Gun"

by Stinky D

Despite all that we've learned over the last century about human rights, women's rights, children's rights and the rights of the disadvantaged, there is phenomena that occurs in a using setting that has never stepped into the 20th century let alone learned how to stride into the next millenium. It's what I refer to as the 'Omega Syndrome'. An omega in a wolf pack is the dog that is ultimately submissive and subordinant to its fellow pack members. It's role in the wolf pack is very important, maintaining the calm and waiting for all the pack members to eat a fresh kill before she, and I say she as the omega is generally a female, feeds herself. The alpha, the pack leader, a male, hunts the kill and brings it back for the pack to feast. The omega, I guess you could say, gets the dregs.

So what does all this mean in a using context? No, I'm not equating the habits of users to the habits of wolves. Well, not in the context in which the media would anyway, more like over the 16 years or so of using drugs, I've witnessed this occurring in my own using settings and now that I'm in a position of listening to other people's using stories, particularly women, I see it's been the same for a lot of people.

The male (alpha) scores, mixes up the tastes, hits himself up first, then, using the same fit, draws up the woman's (omega) taste and then proceeds to 'doctor' her ('doctoring' is hitting someone else up). And guess what? It's hardly ever referred to as sharing.

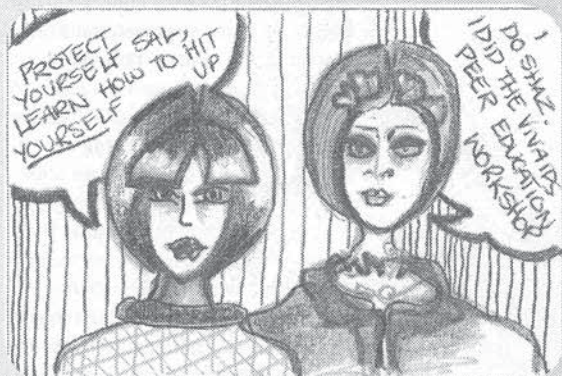
Now, before you jump down my throat and accuse me of being a tad hetero oriented, this phenomenon can be transferred to all relationships. Hetersexual, gay, lesbian, friends and family. You just need an ALPHA, the dominant one, and an OMEGA, the submissive one. You may even have the pack too.

So, what am I getting at with this you may well ask. What I'm getting at is all through my own injecting life I was the OMEGA. I was the youngest—I went last. I was a girl—I went last. I was someone's partner—I went last. I had no money so I was hanging around for a freebee—I went last. I didn't know how to hit myself up coz no-one was patient enough before a taste or together enough after the taste to show me how—I went last. I was the only girl in a group of male users—I went last. I was a needle-phobe—I went last. It was someone else's shout—I went last. It was only when I had been using for a few years that I taught myself how to do it. By that time it was already too late. I had already, unconsciously, infected myself with every one of my using friend's hep C strains and sub-strains!

If you identify with the OMEGA, here are a few suggestions for you AND your friends & lovers

sista's, do it
for yourselves

It is believed that the very way we are taught how to hit up may be the way we transmit hepatitis C. All it needs is an exit hole from a hep C positive person into the entry hole of someone else. So, if your partner whacks themselves first, rubs the hole with their finger, then whacks you, the slapping for a vein before your whack and the rubbing of the hole after the whack may be the very way hep C is transmitted.



In relationships, we share lots of things. That's what relationships are. You share the good stuff, and you share the shitty stuff. That's life. If you ARE sharing or assisting someone in the art of injecting, please consider the risks involved and protect yourselves. Wherever blood has been, hep C might be there too. SHOOT CLEAN.

If you are being 'doctored' insist that your helper washes their hands **BEFORE** and **AFTER** their own taste. Hepatitis C is a clever old virus, and can adhere to fingers, tourniquets, spoons, fits, filters, the works.



If you are hitting someone up, maybe your partner, be aware of your blood. The tiniest amount of virus is all that is needed for infection—you may not be able to see it. If you assist in any way, it IS a form of sharing.

For the absolute lowdown on hep C in the user-friendliest possible way, call Stinky Denise Haldane, the Hepatitis C IDU Peer Project Coordinator at VIVAIDS.....

VIVAIDS office
9381 2211

Stinky D's Mobile
0409 162 097

The VICS Study—the Victorian Injecting Drug Users Cohort Study—was a 5-year follow-up study of users conducted by Macfarlane Burnet Research Centre between 1990 and 1995. The chief investigator was Dr Nick Crofts.

The study generated a wealth of information about drug use and users, at a time when an epidemic of HIV/AIDS was anticipated amongst users in Australia. Happily, it never happened. But the VICS study was the first of its kind to identify the 'silent' Hepatitis C epidemic unfolding and, until that time, undetected, in the user community.

I was one of the outreach workers employed to recruit and interview respondents every 4 to 6 months for the study. Despite a comprehensive questionnaire, the outreach workers also kept journals to record information which did not fall within the 'net' of the questionnaire. The journals were also conceived of as a way of keeping the study 'human', especially for the office bound research staff who had no contact with the people whose lives we were studying.

The journals, then, were a spin-off from the formal research program. However, they evolved into rich and vibrant documents, woven from the fabric of users' lives, their struggles and their stories, and coloured with their blood, sweat and tears.

The following are a selection of excerpts from my journals recorded over the 5 years of the study. I have deliberately selected excerpts about participants who do not conform to the 'junkie stereotype'. Of course, there were users involved in the study who did, in some way, or at some times, fit the stereotype. But, they were in the minority. And, since we were following users over time and 'dipping' into their lives every 4 to 6 months, we were in a position to observe the fluid nature of patterns of injecting drug use. Drug use is not a fixed state, but something that people move in and out of and experience to different degrees at different times during their using careers. There were often enormous differences from one participant to the next, and one interview to the next, but the vast majority of participants in the study bore little resemblance to the stereotype. They were leading full and productive lives, and engaged in complex social relationships (much like the rest of the community!)—a far cry from the anti-social, dysfunctional

individuals who are responsible for stealing your video and whose deviant drug use constitutes their sole life purpose.

Feb 4

It seems to have been a week of 'nice', 'functional' participants, who well and truly belie the stereotype. Of course, they are the most 'hidden', the most invisible, of all users. You would never pick

everything. They (the last couple) were able to put me in touch with J031? I had started to fear I had lost her for good. She is living back home with her parents.

By contrast, J006 and 7 are always easy to keep track of, they lead such stable lives. I think they have lived in the same house for nearly 10 years!

Feb 18

Interview with J006 and J007. Lots of gossip and cups of tea at the kitchen table. There is something somewhat suburban about their grasp of life, their hopes and dreams are all so moderate and measured and reasonable—a new car or a weekend at the beach. No expeditions to Asia or travels to distant lands for them!! Yet they appear happy. And they do paint such a cohesive picture of a happy family! They are the real thing—a real nuclear family, that dying social unit. Their drug of choice—heroin—would appear to be their one deviation from the 'norm'. They use within their financial means, if and when the budget can afford it, and after the bills are paid and the savings account remains untouched in the bank. It does appear to be his thing more than hers, though she

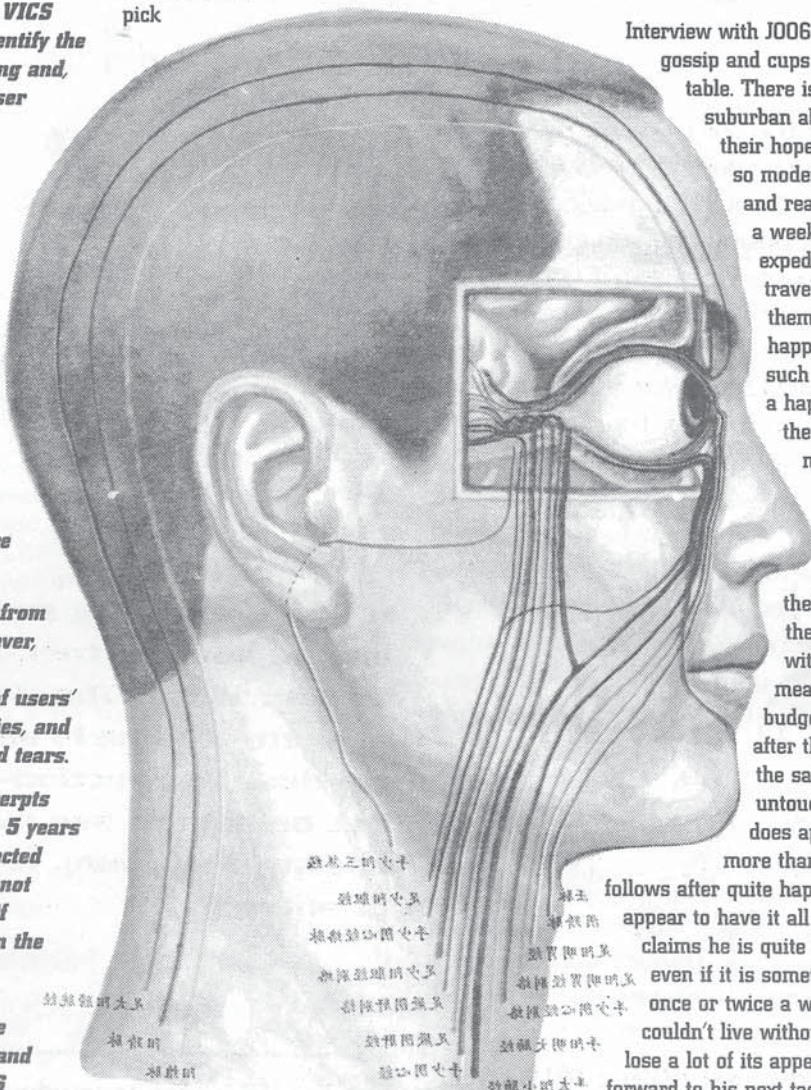
follows after quite happily. And whilst they appear to have it all under control, he claims he is quite obsessive about it, even if it is something they do only once or twice a week. He says he couldn't live without it or that life would lose a lot of its appeal if he couldn't look forward to his next taste. It is something they do very much together, at night when the children are asleep; one would not dream of doing it—using—without the other.

Déjà vu. Another happy family! Or is it?

Completed 2nd round interviews with J043 and 44. Spent a very pleasant evening with them. But once again, I could not help but think about the toll it takes on people's lives.

Feb 24

I laughed with them about how they too paint the total picture of the happy little family in a week full of happy families—with their nice



them. I bet their neighbours never dream they are living next door to drug addicts! Not that it is all wine and roses for these 'nice' people. I kept hearing the same story, from one participant after another, all week. Different names and different details, but the story is always the same. They all live with the fear of disclosure constantly hanging over their heads—although for different reasons. For one, it may be fear of losing a job or the respect of professional colleagues, for another the ultimate fear of losing a child (to the authorities) or the love of one's family and friends. Whatever it is, it casts a shadow over

little house and their 1.2 children. They would in fact appear to be the very epitome of everything that is 'normal' and 'decent' and 'proper'. And they do manage a degree of happiness together. There is a veneer of cohesion and integration, but underneath, not far from the surface, the shadows lurk. His recent breakdown still figures largely. It seems to sit with them in the room, like a third person. She, especially, seems to bring it up all the time. She reminds him of it, reproaches him with it, and puts him back in his box. He shuts up and lets her have the last word. And if it weren't for the drugs. At this point, it all seems to start to unravel. It was in the section of the questionnaire on social networks that this other more alienated picture began to emerge. They both answered 0 to questions about numbers of male and female friends. Their drug use is their secret and it distances them from non-users. They almost fear any outside involvement, for fear that their secret will be revealed. It is easier to keep up appearances when you keep your distance and avoid close contact with anyone. And it is a strain, having to be on guard, watching what you say, lying... D apparently admitted his drug use to several people during his breakdown, his boss and a close friend, and he has lived to regret it dearly. He sees it as a major error of judgement and evidence of his 'madness' at the time. His breakdown seems to have been the result of mounting pressures before the baby was born, with D feeling responsible for everything, working 3 jobs, trying to save, to buy a house, denying himself totally, trying not to use. It was all too much!

Maybe addiction to heroin is not the worst fate in the world after all! There are others, much worse, that will swallow us up. We reach for the pain killers for good reason.

3rd round interviews with J019 and 20. So often I get the impression of lives stretched and strained to breaking point and beyond. The price we pay—and it is a high price that is exacted.

March 1

They go through what they call their 'good' and 'bad' times, periods of non-use followed by periods of heavy use. They are both on methadone and they claim it takes the edge off the whole desperate cycle. But if it is a

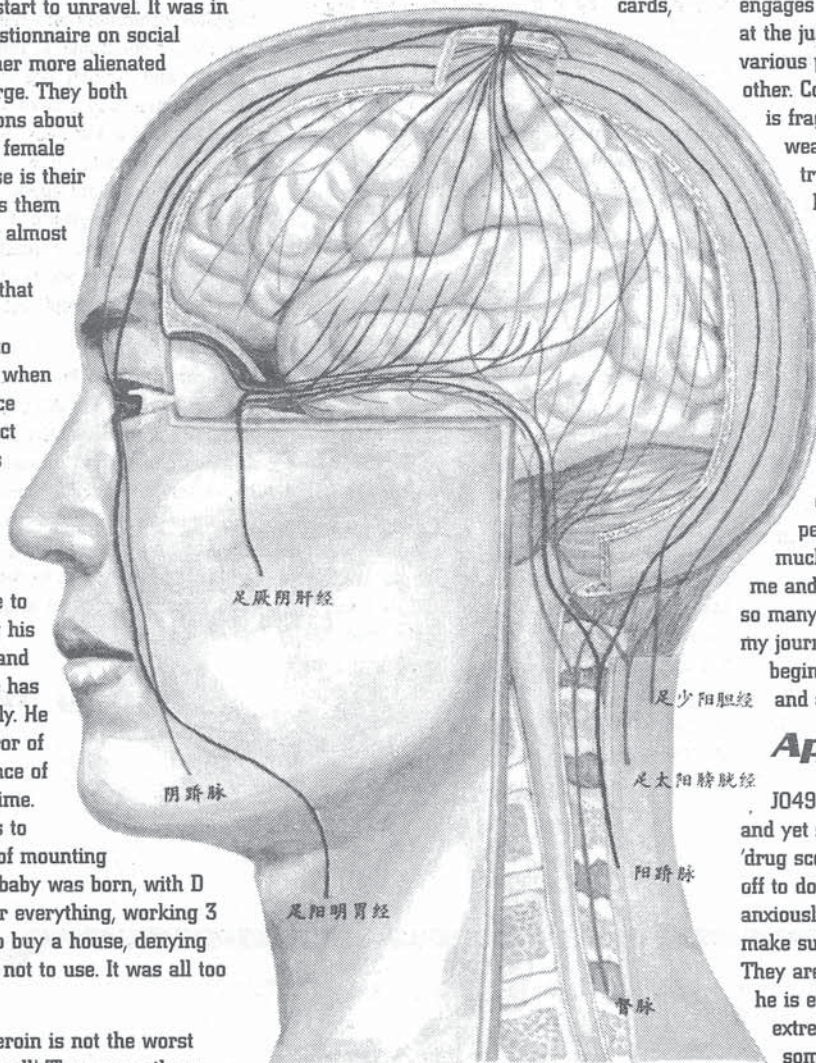
salvation of sorts, it does not stop them hungering after heroin. I caught up with them today during a time of prolonged, heavy use. Their joint earning capacity is substantial and they have been putting it all up their arms, they complained. As much as they love their heroin, it does not make them happy. J, especially, constantly flagellates herself. It is all the money they spend on dope that she torments herself with. It is all legal money, money they earn, money they work hard for, wages, salaries, money they borrow. They are well and truly caught up in a credit spiral, a veritable merry-go-round of bank loans, credit cards,

questionnaire or the yes/no answers required by some of the questions. To some extent it was a valid attempt to convey the truth or to give an accurate representation of how he feels. But at other times it was just C being his own perverse 'Zen' self. He was inclined to shape his answers so as not to disclose too much of himself. He chose to be vague in his description of his job or profession. To be more specific, he feared, would be to describe himself in an identifiable way. The woman he lives with does not use and does not like him using. Consequently, he keeps his drug use very dark, in fact, he engages in great subterfuge and works hard at the juggling act required to keep the various parts of his life separate from each other. Consequently, his life is fragmented, he is fragmented. He sees his drug use as weakness, at times like this when he is trying, unsuccessfully, to stop. He hates himself for giving in to it and will try to go for longer and longer periods without, in an effort to make his life more integrated. He merely succeeds in making himself more miserable!

I am always heartened by a week like this. So much happening and I feel like I am getting somewhere. I seem to have dipped into so many different lives, different realities, perspectives, in the last few days, so much to take in, to absorb. Details haunt me and continue to float around in my head, so many stories, I rush to get it all down on my journal, before it begins to fade and I begin to forget where one participant ends and another begins.

April 11

J049 has been using for 10 years or more and yet she has no contact at all with the 'drug scene'. She always sends H her husband off to do the scoring, while she waits anxiously at home. Though it is her job to make sure they have a supply of new fits, etc. They are quite fastidious in their drug use. If he is even 10 minutes late, she becomes extremely agitated and convinced that something terrible has happened. Once, when H overdosed, she had no idea what to do. She remains strangely naive, apart and protected from it all. She prefers to remain in her safe place. Her drug use she sees as merely eccentric, and something she does in the privacy of her own home. And no-one would ever guess. She describes herself as 'slightly eccentric but eminently respectable'. She is also the mother of 3 small children, as well as pursuing a successful career in publishing. H, her husband, whom she describes affectionately as "off with the fairies" is a successful landscape gardener. And for once charity does begin at home—their small garden, where H spends most of



debt of all descriptions. They should be well off, she complains, and yet they keep themselves poor and up to their ears in debt.

Arrived home exhausted after a long day and night of interviewing. So many thoughts and stories I have heard in the course of the day crowd into my head, I cannot sleep.

March 4

2nd round interview with J011. What a maddening creature he can be! C equivocated at length over every question, refusing to be categorised or constricted by the

CONTINUED →

his time, is a small paradise. That is, in fact, where we did the interview, the warm wind blowing and pages flying.

It never ceases to amaze me just how different one interview is from the next. Seldom a sense of sameness or repetition.

April 13

I cannot help but smile and think to myself, as I watch B pull up in his white Mercedes, that no-one would ever dream he was an injecting drug user. B is a very together individual. He is also a very wealthy man. He owns his own successful company and it is his wealth, I think, which has insulated him, enabled him to pursue his drug use secretly, separately, successfully. Few of his friends know anything of it—his drug use—and his wife, too, he keeps at arm's length, to protect her from the truth, which, he claims, would only distress her. I suspect he is protecting himself, too. He makes these brief forays into this other world where he must go to procure his drugs, but always covers his tracks, watches his back, and then home again.

A frustrating week of unkept appointments, disconnected phone numbers and disappearing participants. 2 participants who did make an appearance, showed up drunk, so that the interview was fast becoming a long and tedious affair. In the end I called it off, only to be confronted by the same thing all over again, the following night! Though, when I think about it, it is surprising that it doesn't happen more often. I mean, I can hardly expect my participants to be the souls of sobriety!!

I cannot help but compare D with many of the people I have interviewed of late. To know him is to know he is a 'junkie'. His life is an open book, no attempt or desire on his part to

conceal a thing. He does not perceive his drug use as a problem. He is just so god damned well adjusted about his chosen deviation from the so-called 'norm'. He insists on his absolute right to make his own choices and he sees them as just as valid as anyone else's.

It is about self-love, I guess, accepting who you are, liking who you are and being at peace with yourself. Unfortunately, it is so hard for users to feel good about themselves, and D is the first to concede this.

But, meanwhile, D gets on with his full and creative existence, with laughter and good humour and his drug use does not appear to detract from any of it, but rather to add to it—he was a breath of fresh air!

D was able to help me track down several 'missing' participants. He seems to know everyone! It was great to be able to put J054 and 55 back on the active list. Almost 10 months since our last interview!

May 30

They are an intriguing couple—talk about chalk and cheese. Though I don't doubt for a moment that they adore each other. The unity of opposites. N is the one in their relationship who takes on the mantle of responsibility. She worries about their drug use and regularly books them in to detox. She says she looks forward to the day they are both drug free. He roars with laughter, but he goes along with her dreams and schemes. He does not perceive his drug use as an albatross around his neck. Just the opposite, in fact. He loves his drugs and makes no secret of it, much to her consternation. Somehow, they manage to navigate a middle course. The interview took forever—they kept interrupting each other and contradicting each other.

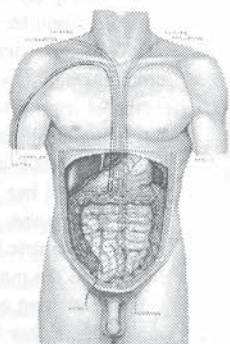
Caught up with J074 this week to do 3rd round interview. I always enjoy the time I spend in her company though you really have to compete with her 3 small boys for her attention!

June 1

Whilst M would appear to be a tower of strength and to have a healthy self image, and to have come to terms with her drug use, it is obviously a tall order and not an easy task she has set herself. She says sometimes it—her drug use—is just not compatible with other parts of her life, her home and family and specifically, her boys. Although she holds it all together, seemingly effortlessly, she says it is not always conducive to the sort of domestic stability and security she wants for herself and her boys. Still, I have a great respect for her, I know it is not easy. You only have to look at her boys to know she is a great mother. They do not appear to be lacking or missing out on anything. The oldest one, especially, is an exceptional child, much older and wiser than his years—he is only 4, I think. And the baby has slept right through the night from day one!

To accompany a participant through the questionnaire is to take a journey into and through his or her entire life, in all its facets and complications, memories from the past, hopes for the future, it touches on so much. It no longer surprises me that I find interviewing so exhausting, or so fulfilling. And it is gratifying to be welcomed into their lives—I see it as an act of great faith and trust on their parts.

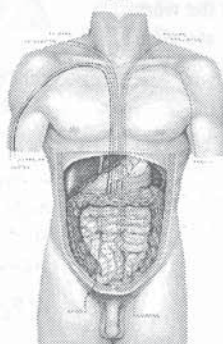
jenny kelsall



ANATOMY OF A HU-MAN



anatomy of a dog



anatomy of an IDU

the legal victims of 'victimless' crime

As every substance-user is made aware, pretty early in their chosen, temporary escapes from our often overwhelming, confusing and stressful social-order of things, 'The Law' is deadlier than the drug.

Often, on top of the handicaps borne upon financial uncertainty, resulting from 'criminal' prices, and, no less than that proof of social insanity which is casino-economics; no less than socially accepted gamblers; left malnourished by poverty, whilst also being forced to accept substances of dubious quality and purity—on top of social desperation and

legislation itself—no-one did!—but I always presented myself for what I knew myself to be: Innocent. Fortunately, the magistrates and the judges were able to see the same. Except they all felt they still had to penalise me somehow, in any case.

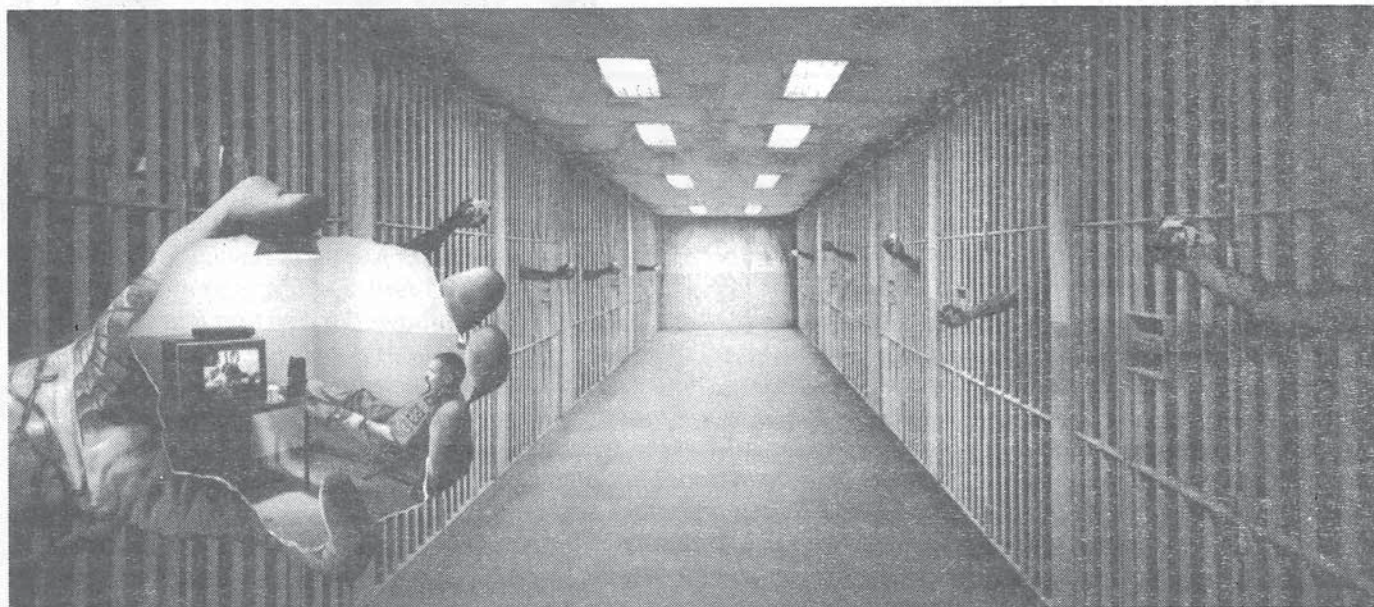
Having to pay a fine of \$100 for less than two grams of seedless head, I even asked the magistrate for the dope back if I had to pay a price like that. He was amused (in 1981 or 2), but not sufficiently to say "Yes". Perhaps the spectators were the problem?

Anyway, I have wondered for many years; and would appreciate any additional

certainly divided upon its opinions of prohibition, is it not well past time that we, the ever growing minority, found Unity?

A change in the Law would certainly make life a lot easier. I could have my speed and my smoke, and Eat My Cake too! (As well as pay my bills and know to my health assurance that 5–10mg of meth or dex-amphetamine was not .95gm of epon salts, .04gm of phenol, and bits of ephedrine pseudofed mix!

I was lucky, in my own situation under the law, to have avoided crimes with a victim such as violence and theft offenses (apart



threats to actual survival, too many people are familiar with the term: 'Busted'.

Having experienced being 'busted', as often as five times in one year of the 70's, and many more times as a total over the past 25 years—and never to have been gaoled, nevertheless, I consider myself a bit of an authority.

Fines, probation, extended probation, suspended sentence, more fines, community service, and for my last effort (charged with "Traffick, Use & Possession of Amphetamine"—because I was holding someone else's \$50 when a house was raided for interstate speed and smack), with 10 hours "Positive Lifestyle Program" under the Salvation Army—but No Gaol Time!

I must have been doing something right.

For all my protests against the legislation in the late 70's and early 80's (mostly cannibals),

I succeeded in nothing with regard to the

information from other fellow 'Subjective Alchemists' out there: is there clause in the Australian Constitution, some part fo an Aussie Bill of Rights, which places the Pursuit of Pleasure up there as a legal Human Right; and therefore, makes all drug legislation in this nation unconstitutional.

South Australia and the ACT have some reform on the legislative front, but both remain a long way behind the Netherlands, all the same. We know that "The Law is an Ass", but how do we convince the frightened world community? Drug legislation as it presently sits, is not only as pointless as trying to outlaw Sex, but it also generates most of the damages, socially and individually, of itself, of the problems prohibition brings of its own very nature!

It is an old quote that: "A united minority always wins through against a divided majority." Given that the alcoholic majority is

from some petty thefts of food and such), so as to be able to stand before my judge excusably innocent.

From my experience, it is completely pointless if not actually counter-productive, to expend any effort arguing with police in any state (in Queensland, no bail was permitted prior to court for any drug charge in 1981). Once 'done', beyond silence or the absolute barest of information, the only option for argument is the courtroom itself.

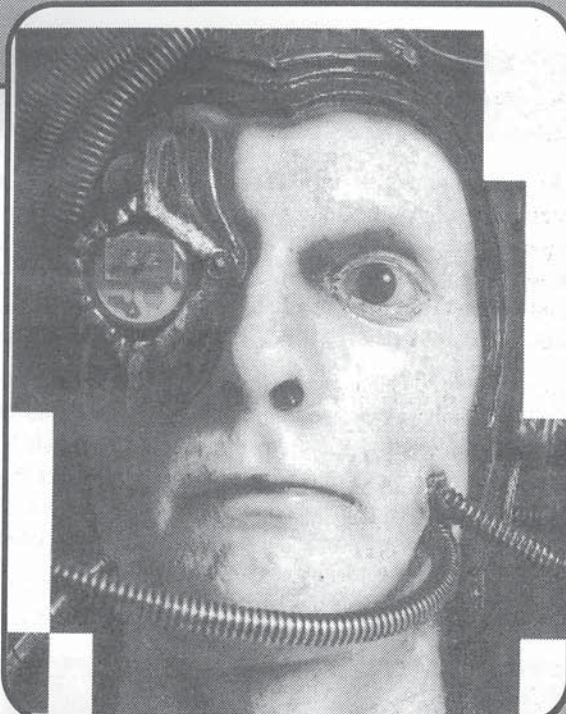
If the only 'victim' to your 'crime' is the victim which the law itself makes of you, then the only option available is to take it to court and to argue for mercy and common sense, from the social order, to see sense enough not to add its insults to miseries it has already caused.

ray stephens

LOCKDOWN DRINK

UNLOCK AIR TIMEWORDS BLEACH INVISIBLE DOORPRISON NIGHTSEED
AWAIT MACHINE RIVER DESERT DORMANT COLOUR GROW IN
DARKNESS MOUTHS HAUNT THE WIND BONES. CAPTURE CAVE
SUSPENSION MEDITATION OF STONE MAGICK VAMPIRES MATERIALISE
AS CAMELEON AS DEALERS. SINOUS-LIGHT CRAWL INTO THE
BRANCHES. DIVINITY OF SECRETS YAWN LIKE PRAYERS THE STREETS
ARE THE OUTER ARTERY OF NERVES. "CITY, I AM LOST IN YOU". IN
YOUR ARMS. YOUR NEURONS INVADE PERIPHERY OF RED DREAMING
BLUEPRINT OF BLACK OMENS. SLUMS OF THE MACHINE. SILHOUETTES
BREATHE; GATHER LIKE ELECTRONIC DUST ANATOMY OF PSYCHIC
WINTER. FOWL CLINICAL SURGICAL LIQUID SUGARY CORDIAL ADDED
TO THE CHEMISTRY OF MEDICINES MASK. THE TREATMENT OF PAIN A
KIND OF TORTURE. TRICKSTER MIRROR MORPH LIKE AGEING. WORD
HARVEST SLEEPLESS OPIATE. DEMON PAIN-CLOUD.

by DB



buprenorphine: a user's experience

Currently new opiate replacement drugs are being trialled in Victoria. Unfortunately nobody will trial the real thing: pharmaceutical heroin! Perhaps in about 5-10 years we will have a choice in our opiate replacement therapies; maybe LAAM, or buprenorphine instead of the dreaded 'Hitler juice' (methadone).

Buprenorphine was trialled in 1996 and 1997 in NSW through the National Drug & Alcohol Research Centre and many trials have also been done overseas, proving it to be safe, effective and successful. I participated in this trial and received buprenorphine for 18 months. I will attempt to respond to many questions which other users ask me in regards to this drug, its uses and effectiveness.

My heroin habit at the time of commencing the program was about \$50-\$150 per day and I was not using methadone. The trial drugs were FREE in NSW (methadone included if you were randomised to this group). I was started at 2mg of buprenorphine which rapidly increased to 16mg over about 10-12 days.

'B' is a combination of an opiate agonist (similar to heroin, pethidine, methadone, etc.) and an opiate antagonist (similar to naran, naltrexone, etc.) Thus when combined in the one drug it somewhat has a blocking effect on opiates (like naltrexone) but also acts at the opiate receptors and prevents opiate withdrawal symptoms. So, in user speak: it doesn't make you stoned or drowsy (like 'done can'), but it does prevent withdrawal symptoms. So, it made me feel totally normal, no drowsiness and no withdrawals; it also seemed to 'hold' me emotionally.

I experienced no side effects from buprenorphine, unlike methadone. 'done caused welts on my skin which would burst and become itchy, a drastic lack of appetite (lost 3kg in 3 months), profuse sweating and reduced effect from heroin. Buprenorphine does not cause any of these side effects although if you are stoned on heroin and then take 'B' you may go into withdrawals for about 8 hours before it will hold you. This is because the antagonist works first and rips the 'stoned' feeling away b4 it holds you. If you have

a taste just after having 'B' you don't feel it for the same reasons as above but don't go into withdrawals. This is bound to vary from person to person but this was my experience.

The other great thing about 'B' is that the dose can be doubled (in my case from 16 to 32mg), and then I was dosed every 2nd day. This was excellent as I had a full-time job, studied 15 hours per week and had a straight boyfriend!!! So I only had to collect a dose from the clinic 2 times one week and 3 the next, including one take away. The 2nd day dosing meant I found I could safely use on the non-'B' day and get stoned with no negative effects.

'B' is SO MUCH BETTER than 'done and it is more than unfortunate that after such a successful trial in Sydney and O.S. that it is not heroin now being trialled and buprenorphine that is already available as an alternative option to the dreaded DEATH AND MORN (methadone!).

by Harriet



A seductive little number that won't cost you a fortune.

*For centuries, addiction was regarded as an unavoidable inconvenience of opiate consumption and rarely considered a problem: 100 years ago doctors frequently referred to users, without any alarm or censure, not at addicts but as 'habitués'. Addiction was not seen as evil but a minor social vice although there was often an underlying apprehension it might lead to worse. This misgiving very slowly grew as the notion of addiction came to be feared and the addict came to be regarded as a corrupted, perverted menace. This change of opinion, the addict metamorphosing from harmless misfortunate to loathsome criminal, came, as did the first moves for international control, from the USA. [from *Opium: A History*, by Martin Booth]*

Everything one does in life, even love, occurs in an express train racing toward death. To smoke opium is to get out of the train while it is still moving. It is to concern oneself with something other than life or death. [Jean Cocteau]



crazed Palestinian gunman
whingeing Pommie bastard
thong-wearing beer-gut winfield-dragging chiko-munching wife-bashing Yobbo
greasy stinking Wog
goon-swilling petrol-sniffing Boong
slanty-eyed flat-faced yellow-peril Chink
filthy disease-ridden break-and-enter purse-snatching syringe-bandit dole-bludging Junky

WHY BORN
THEY POISONED MY MIND
THEY MADE ME TO FIGHT
BUT NOT THAT KIND
THEY SAID I WAS DEER
BUT I DID NOT MIND
IT'S A CASE OF THE WEAK
FOOLING THE BLIND

I SEE THE STARS HAVE SAID YOUR NAME IN THE SKY
I WROTE IT TOO DOWN HERE ON THE SAND
WHEN I FIRST MET YOU
YOU STARED NOTHING AT ALL
SEE THE CARDS IN YOUR HAND

OH IF I COULD FLY
OH IF I COULD FLY
I'D TAKE TO THE SKY

I FEEL SO SPECIAL WHEN I'M MAKING YOU CRY
BUT I REJECT THE THINGS I THREW IN YOUR FACE
THIS THING WILL KILL YOU DARLING
THIS IS NO LIE
THIS BECOMES THE CARDS
THIS BECOMES THE CHAIR

GOO LIVES AND A GHOUGE

FATHER HOLD YOUR BREATH
CAUSE I WILL NEVER BE
ANY OF THE THINGS YOU PLANNED FOR ME
FATHER HOLD YOUR BREATH
CAUSE I AM NOT THE
MY FACE AND MY MIND
CURSED ME SOON
BUT I SAY

WHO LIVES AND BREATHE THIS AIR
DON'T BE THE HOLY ONE
CAUSE IF HE COMES AGAIN
YOU'RE NOT THE ONLY ONE
AND GOD DON'T HOLD A GHOUGE

FATHER HOLD YOUR BREATH
CAUSE I WILL NEVER BE
THE IMAGE OF YOURSELF
NO PERFECT FAMILY
FATHER IT'S TOO LATE
TO MAKE A MAN OF ME
I LOVE AGAINST THE GODS
BUT I DON'T LEAVE TOO EASY

CHORUS

STATE YOUR NUMBER AND YOUR NAME
YOUR NAME SHOW ON YOUR MEMORIAL
YOU'RE CANCER YOUR IDENTITY
YOU'RE NOT SO DIFFERENT TO ME

EVIL IS SO CIVILIZED

FAR OUT ACROSS THE ROOFTOPS
WHERE THE TELEVISIONS SEEM
BEHIND THE PERFECT PICTURE
THE FINANCIAL BELIEFS
WHITE SHEETS AND BURNING CROSSES
STRANGE FRUIT, BLOOD ON THE LAWN
FREE WILL TWISTED RELIGION
DO YOU LOVE YOUR FELLOW MAN

drug fucked in new york new york

A couple of years ago I went to New York City to meet up with my then partner who was already in the United States for a study program. I'd been to New York twice before and loved its sense of excitement. It had always held a fascination with me; its greatness, its standing as the *ultimate* city, its twenty-four hour lifestyle. It was this marvellous example of mankind's ability to construct the ultimate metropolis that I had to show to my partner, who had been stuck in a university environment in a part of the US that I find terribly tedious and artificial. There was only one catch—opiate addiction.

I had withdrawn too rapidly off a methadone program which, at that time, wasn't being particularly helpful in my struggle against heroin addiction. For most of the time that I'd been on methadone I had been also using heroin, although I must concede that I did use less. (I also feel it necessary to point out that I am not particularly anti-methadone; it *has* finally ceased my heroin addiction.)

I had a limited time to withdraw off the heroin substitute that had well and truly made a home for itself in my body. In hindsight, I reduced off it too quickly, (against my doctor's advice) which led to me finding solace from the pain of withdrawal in heroin's kind warmth; the lower the methadone got, the more heroin I had to use to counter the side-effects. Consequently, I arrived in New York City in a state of severe withdrawal from both heroin and methadone.

My partner had been in a similar predicament when he left for the US. Although never on methadone, he'd had

what I would consider to be a mid-level heroin addiction when he left Australia for the first time in his 20 something years. He went through withdrawals in a strange city, trying to enrol in a strange university and trying to find accommodation that had been promised to him but didn't seem to exist.

It is our experience with heroin use in New York City that I want to speak about; an experience that must *never* be repeated in Australia in the form of a 'zero-tolerance' attitude to drug use. There is a warning in the experiences that myself and my partner went through that should be heeded by politicians and public servants alike—'zero-tolerance' is not an option that anyone with an ounce of humanitarianism in them would consider.

Upon arrival in New York I felt damned awful. My partner had gone through his lesser withdrawal months earlier and understood what I was going through, but that never really helps. All that one desires when going through the physical and mental agony of withdrawal is something that can sooth the body and mind, and being ankle deep in snow doesn't help a junkie going through withdrawals, as warmth is the desired climate. So for about four days I tossed and turned in a seedy hotel room in downtown Manhattan, sleeping maybe one or two hours a night, sweating cold sweat which simply froze against my body when I went outside and forcing down whatever food I could bear. Ultimately it was my attempt to actually get out and show my partner the city I loved that brought us towards a seemingly endless supply of heroin, dealt much like Smith Street in Collingwood; on the street. I took my

partner to a bar next to the (in)famous punk rock club CBGB's for a drink, and when we got intoxicated enough we drummed up the courage to ask the bar tender where we could find some smack; she gave us detailed instructions.

So my partner and I ended up with full-blown, hardcore heroin habits in a country where we had no health care privileges, no friends, no family, and ultimately, no way of getting home as we had been so wasted that our tickets out had expired. I first realised we were in real trouble when my partner, who in Australia could've competently taken \$60 or \$70 worth of heroin, overdosed on \$15 dollars worth—a bag and a half. We were on the fourth floor of a dingy hotel and the only telephones were on the first floor. I kept him breathing but if I had run down the stairs to call 911 he would've died; and even if I had been able to get to a phone, an ambulance would've been followed by the police and we would've been put on the next plane back to Australia and (probably) banned from the US forever. He survived.

We supported our habits by working illegal jobs and staying in really cheap accomodation. We trudged through the snow every day to score off the street dealers, and occasionally we would find a 'trustworthy' dealer with a pager; ironically it was one of these men that probably saved our lives.

The relationship between us is now long over, although we are still friends, this probably being partly due to what we went through together. I can still see my partner's face as we walked from FDR drive to 12th Street (about 6 kms) in the snow after being sold salt instead of what we urgently needed. We *had* to walk because we only had thirty dollars left which we had to save for when we could get in touch with one of our 'pager guys'; so there was no chance of a taxi. My partner turned to me, just as we reached Hudson Street, with a look that I've never seen on another human being before, and said ever so calmly: "I'm just going to lie down in the snow here and die, I can't handle this anymore". The pain of that statement still brings tears to my eyes. Needless to say I managed to summon up the strength to drag him back to the hotel. It was only two weeks later that I felt the same.

New York City in the snow can be a beautiful place, but when you are drug addicted it is, pardon the cliché, hell. I was so frustrated. I'd called all of my friends at home and told them of our plight—we couldn't come home because we didn't have the money to get a flight back to Los Angeles to meet up with our connecting QANTAS flight to Australia because we didn't have enough money, and even if we did we couldn't possibly stand the agony of heroin withdrawal in economy seats on an international flight (economy is bad enough as it is!), I searched every avenue, rang every drug-help line in the Manhattan phone book, and they could offer us nothing. We weren't citizens of the US, and even if we were we'd have to spend at least 6 months in a public drug rehabilitation facility. I remember the particularly cold night when I made these enquiries; after I had received no results I gazed down out of my hotel window and looked at the wrought iron fence below—one jump and it would all be over; if I

didn't die instantly I would surely freeze to death—the pain would be gone.

So how am I writing this? One of our regular dealers, who I can honestly describe as a genuine man with a drug problem of his own and children to support, gave us his methadone take-aways. He'd saved them up over a few weekends and it was enough to sustain both of us in getting home. With this news we called every friend we had and raised the money for the tickets back to LA and on to freedom.

So why am I writing this? Australia has a relatively 'tolerant' attitude to drug addiction. Don't get me wrong, I think that things could be a lot better... but they could also be a lot worse. It took us *ages* to find a needle exchange and I had to give details to become a 'registered user' so that I wouldn't be charged with carrying around fits if I was pulled up by the police. The exchange was open *very* limited hours, and although the staff were extremely helpful (they even said that they envied the situation in Australia), they couldn't really help us much more than to tell us to buy

methadone illegally off the street so we could withstand the plane trip home. They told us that no doctor would prescribe us Doloxene (or whatever their equivalent was) or sleepers, because of the stigma attached to junkies. Before we actually found the exchange, which was *really* hard to find, we used one syringe between us for two weeks; (we'd both been tested prior and knew that we didn't carry any blood borne viruses, but looking back, I don't know if that would've made any difference anyway) imagine how blunt it was. When the exchange wasn't open, which was most of the time, we had to buy fits off long term 'registered users' who had bags of the things and sold them for \$10 a bag, (yes they were sealed *really well*, I checked). This whole situation made me consider the HIV transmission rates amongst New York City IV drug users, not to mention Hep B & C. What our governments need to learn from the US, is what not to do. We need a complete opposite situation to what happened to me and my partner in New York.

As a conclusion to this piece, I have to make the obvious point that neither of us were forced at gun-point to do what we did. As many of you reading this will know, addiction is a powerful force. I learned a lot about inner-strength from my time in New York City; I made a mistake by not withdrawing from methadone in the correct way, and arriving in a city that is famous for it's drugs in a state of withdrawal. Lesson learned: NEVER go to New York in winter to hang-out, it's a fuckin' nightmare. But, on the opposite side of the coin, I had some experiences there that I can look back on now, and laugh about; I would like to write about these in the future.

J Brown

Lesson learned: NEVER go to New York in winter to hang-out, it's a fuckin' nightmare...

who said drugs are baaad???

The first acid trip I ever took changed my life, showed me madness, showed me life from a childhood perspective. Everything was amazing, playful, expansive, sensory and hysterical. We ran naked through the park, laughed for hours and experienced a depth and bonding which was spiritual and opening.

Hanging upside down on top of Mount Albert watching the clouds & the sheer mass & depth of the sky on acid.

My first acid trip bodysurfing over hundreds of people, bouncing (moshing) off people soft as pillows, walking on clouds, smearing ourselves with fluoro green zinc cream & pissing ourselves laughing & beer never tasted so good!

beavis and buttheads rolling on the ground the earth feeling so warm solid amazing laughing at everything + nothing hysterical hilarious crazy ecstatic all together huge glowing vibrant faces watching sun rise over Sydney Park

wildest rush: banging up half a green mitsubishi—ooh la la! lushest time: kissing touching licking fucking on acid+e+pot. trippiest trip: dmt+pot+e+speed+smack—just how many dimensions are there anyways??? most blissful sense of peace: just that right combination of smack+pot—mmmmm, yum.....

My favourite drug experience I think will always be the first time I took morphine. My housemate got some tablets and we each took some. I was probably a bit drunk as well, most likely on gin or champagne. A while later the lusciousness was slowly wrapping itself around me, then visions of magnificence unfolded like a dreamscape—the most vividly lustrous image was a yoni. It's hard to transcribe the beauty or sublimate the feelings into words, I can only say it is the most indelible image of transcendent beauty inked into my memory—whiteness, radiance, silky, petals, softness, blossoming, abundance, pure—just a few words to leave you with a hint of it.

Powerful acid dropped just before dawn in Lamington National Park's rainforest. Soon I was naked. The trip was an incredible Oneness with nature and the universe. By midday I'd made my way to the Blue Pools. I plunged in and turned to look up. The golden sunlight shimmers had me spellbound as I drifted down, shoulder first, looking up past my feet. I could see the sun blurred on the other side and shifted my eyes to focus on it. And WHAM! my consciousness zoomed up with it. I became the universe in deep space. No ego, no body. Infinity. Timeless. Meanwhile my body was sinking further. Eventually the arm drifted in front of me. Zoosh! Consciousness back down. The domain shift was incredible. Now like a bacteria in a puddle. After that I remembered who I was, where I was. My lungs were bursting. It changed my life and understanding of the world.

New Year's Eve 1985. Clearlights @ music festival in Snowy Mountains—drinking champagne with clearlights—good friends—music dancing—fucked my new man so much that our tent ended up falling down on top of us. Next mornings major hangover come-down was less painful swimming in ice cold Snowy Mountains stream.

THE FIRST TIME I HAD SEX ON SPEED.

1st time on magic mushies. The first (& only!) time I had real coke—which was after I'd had a taste & a joint. I snorted a line & the next 15 minutes was a complete trip upwards to total euphoria. Then we spent the next 2 hours playing dress ups.

*[S]peeding
[P]erilously
[E]verywhere
[E]nding up
[D]riving
[I]diotically in a
[N]ational Park
[G]rabbing for the trees*

[this article is reprinted with permission from Mainline, the magazine of New Zealand's Rodger Wright Centre]

This is my last editorial. The reason for this is simple—I am leaving the employ of the Rodger Wright Centre (hanging up my guns I suppose) and seeking fame and fortune in the outside world in the guise of someone normal.

Strangely, this leaves me at a loss for words. I had planned to write something retrospective which was to end by pointing to the undoubtedly glorious future of Mainline, but it seems so fucking cheesy and would probably bore you to tears. The world has enough of that shit already.

After some thought, I now know what my final message must be. I must make up for these years of editorial abuse in which, without any pretence of objectivity, I have allowed this magazine to hint, imply or simply state outright that anyone in any position of authority is evil, sadistic and the moral equivalent of a Nazi.

I must undo the damage done by suggesting that all of our institutions are feudal and dangerous, that 'democracy' is some sort of sick joke, that academics all have their heads up each other's arses and that humanity, as a species, ranks as slightly less worthwhile than broccoli.

In other words, I should leave on a positive note.

Indeed, I can now reveal that I don't believe any of those things. Life is great and wonderful. People are nifty. Politicians, cops and judges are all hard-working, dedicated, and caring people who you would really like if you met them socially.

Not only are things great now, but they're getting better. So to make up for all the negative stuff that has been written in Mainline (which was, in fact, pure sensationalism in pursuit of higher circulation) I will now present to you my vision of the future!

In order to do this, I would like you all to join me in a little meditation. Are you ready?

First, relax yourself. Breathe deeply. Loosen your muscles. Let go of any burdens such as money worries, relationship troubles, or sacks of cement.

Study the picture below, and fix it in your mind's eye:



Now join me in a Chant:

La la la la la, sing a happy song.

La la la la la, smurf the whole day long.

La la la la la, smurf along with me.

La la la la la, smurfy as can be.

Now, I realise that by this stage most of you will have a strong urge to run outside and play smurfball, but I must ask you to restrain yourselves.

Instead, I would like you all to let your minds wander to that smurfball game. I want you to see yourself with all the other little smurfs, laughing and playing.

"Catch, Grumpy smurf!", you say, as the ball bounces off Grumpy's folded arms.

"I hate smurfball", says Grumpy smurf, and all the little smurfs laugh.

"Catch, Junky smurf!", says Hefty as the ball bounces off your nodding head.

"Wazzabrgnst", you mutter, and all the little smurfs laugh.

But the smurfs' laughter is one of acceptance. They are not callously laughing at you, but are lovingly laughing at you, and at that part of themselves that they see in you.

That is my vision of the future—the future is one where all smurfs are accepted and loved by their fellow smurf.

The use of opiates will be seen as nothing more than a lifestyle choice, and addiction will be no more than any other bad habit such as necrophilia or accountancy.

You, Junky smurf, will be an average member of smurf society without any stigma or degradation. Elderberries will be bigger and juicier than ever before, and, following in the footsteps of the cat, the hedgehog will become domesticated and forever keep our cabbages free from the evil slug menace.

Utopia will be ours.

Acceptance will not just be confined to Junky smurf, but will be universal, to all smurfs and by all smurfs.

Worker smurf will accept that Dole-Bludger smurf is going to sleep in until 2 o'clock every afternoon and just piss around doing whatever they want the rest of the time.

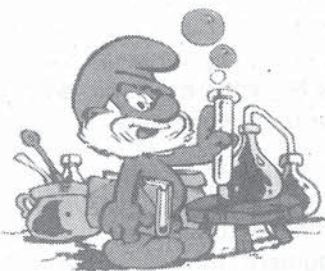
Dole-Bludger smurf will accept that Worker smurf is a self-righteous pratt who should just try it if they think that living in shitty flats, scraping to pay for food let alone bills, and never having any money for liquorice allsorts is so much fun.

Cop smurf will accept that Protester smurf is only shouting "You fucking sadistic pig!" because other policesmurfs have acted unpleasantly in the past. In turn, Protester smurf will accept that Cop smurf is only striking him repeatedly in the kidneys because he's very sick of being called a "fucking sadistic pig!" (and presumably he's not very bright).

Judge smurf will accept that in any real moral sense you, Junky smurf, have done nothing wrong by choosing to use substances that are deemed illegal, and that any wrongdoing that you have committed to facilitate the use of these substances would probably not have occurred if said substances were legalised. He would also understand that imprisonment would be unlikely to do you or anyone else any good.

You in turn would understand that when Judge smurf sends you to prison for a handful of misties and/or bootful of household appliances, he is just doing his job and it is nothing personal. In fact, far from being personal, he actually doesn't give a shit, and furthermore he drives an expensive car, lives in a very nice house and sleeps very soundly at nights.

You will no doubt be thinking that I am just a dreamer, a hopeless optimist, but I truly believe that all of this will come to pass.



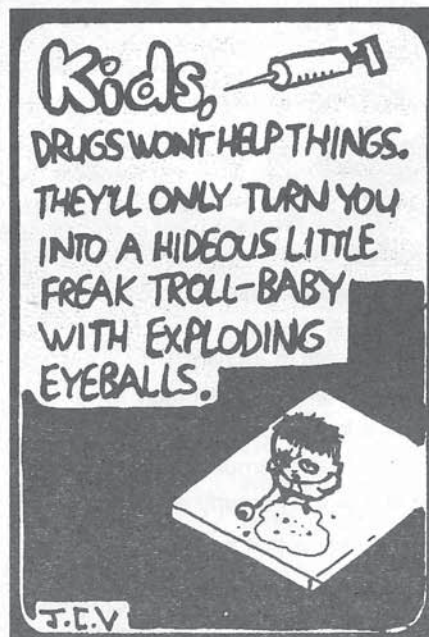
why not be a happy healthy drug user???

Heroin is often associated with death. A commonly held perception is that if you use heroin you are going to end up very sick, and your life and body are going to be totally screwed up. Heroin in its pure state, when used safely, actually has very few negative effects. Unlike amphetamines and hallucinogens, it rarely causes any psychosis, and is not particularly taxing on your body. Most of the negative effects of heroin use relate to the cost of purchasing the drug and its illicit status.

Let's just imagine for a moment that people didn't have to pay exorbitant amounts of money for heroin, and could consume it in their own home like any other medication. They would have more money to buy healthy food and their diet would be much better, they would have stable housing because they could pay the rent, and they wouldn't have to commit crime. They wouldn't have trouble maintaining employment because they wouldn't be hanging out and wouldn't have to spend all their time running around trying to find money to buy their heroin.

Presumably, if people consumed heroin like a medication, they would be able to get it from a chemist or clinic. Therefore, they would know the exact purity of what they were taking. This would eradicate the risk of accidental overdose, and eradicate any of the impurities that can be in street heroin. If people were able to get their own supply of heroin, and didn't have to share it with anyone, it is also unlikely that they would share their injecting equipment with anyone. Diabetics inject everyday, however there isn't a hepatitis epidemic amongst people with diabetes.

In such circumstances, heroin users wouldn't be underweight, would have stable housing and employment; they would be unlikely to overdose or contract hepatitis or other blood borne viruses. From this simple de-



construction, it is obvious that it is the circumstances surrounding heroin use, not the heroin itself, that cause the individual and social harms that result from heroin use.

But in the real world of today, when heroin use is illegal, how can we as heroin users reduce the harms associated with using? There are a whole range of risks that are commonly associated with heroin use: overdose, hepatitis C and other blood borne viruses (70% of people who have been injecting for 2 or more years have hep C), tooth decay, weight loss and general poor health, dirty hits, infections, and imprisonment.

Although it takes a bit of work, we can reduce the risks of many of these harms.

Overdose

Overdoses are most commonly caused by poly drug use, such as using alcohol or benzos and heroin within the same day or two. Or by using heroin after having a few days or weeks off. If you like to use pills or alcohol as well as heroin, be aware of how pills and alcohol multiply the effects of heroin and use much less heroin than you normally would. If you want to use more heroin later you always can, but if you've had too

much you can't take it out again, and having narcan ain't a nice experience. Worse still, you could end up in the morgue.

Hepatitis C

Hepatitis C is a blood borne virus. Even if you already have hepatitis C you can still be infected with other strains, and this is something you don't want. The more times you re-infect yourself with other strains of hep C, the more likely you are to end up with liver damage. To prevent this you need to avoid contact with anything that might have come into contact with other people's blood when you are injecting. Not only do you need to make sure you have a sterile syringe, you need to make sure that the spoon and water haven't come into contact with anyone else's used syringe.

You also need to make sure that your hands have been washed or swabbed thoroughly. When you swab something, wipe the swab in one direction; otherwise you are just rubbing the germs backwards and forwards. You also need to wait for the alcohol from the swab to evaporate, as this is what kills the germs, they won't necessarily die on direct contact with the alcohol. It's best to make your own filter. If you get someone else to make the filter they may have had a hit earlier and could still have traces of blood on their fingers; even if you can't see the blood they could contaminate your filter with the virus. Only use your own tourniquet, as a tourniquet can have traces of the virus on it, that can then get into your system when it comes into contact with your injection site. Then wash or swab your hands thoroughly after your hit.

Tooth Decay

All opiates reduce the saliva in your mouth. Saliva naturally has good bacteria in it, that helps attack the bacteria that causes tooth decay. Brush your teeth as

often as you can to prevent plaque build up, as you are not going to be as capable of doing this naturally because of the reduced saliva in our mouth. Chewing sugar free gum can help to produce more saliva. Eating less sugary food can also help to prevent tooth decay.

Weight loss and general poor health

Often weight loss and general poor health are simply due to poor diet. Sometimes in the process of trying to finance a heroin supply, very little money is left to spend on good food. If a person is regularly hanging out and often sick, it can also effect their appetite and leave them with little energy to prepare good meals three times a day. Fresh fruit and vegetables are generally cheaper than junk food, even \$20 a week can go a long way. If you can get into the habit of stocking up the refrigerator with fresh fruit & veg every pay day, at least when you run out of money you'll still have food to cook with. Understandably a lot of people hate going on a methadone program, but if you're having real trouble supporting your habit and it is severely compromising your health and you want to continue using, methadone maintenance is an option worth considering. Methadone can make it easier to live a functional life, so that even if you can't get a taste you won't be sick.

Dirty Hits and Infections

Most people who inject have experienced a dirty hit at some time or another, and if you haven't, believe me you never want to. The effects are nasty, and include sweating, nausea, vomiting, cramps, migraines and other flu-like symptoms. Dirty hits can be caused by impurities in the gear but most commonly they are caused by bacteria getting into the bloodstream along with the hit. Dirty hits can be avoided by sterile injecting. Often bacteria can be on

your skin and then when the needle pierces the skin the bacteria gets into the blood stream, so it is most important to swab the injection site 60 seconds before you hit up. Bacteria can also get into your mix when making a filter with unsterilised fingers, so it's important to wash or swab your hands thoroughly. Also swab the surface where you are preparing your hit and swab the spoon. Once again only wipe the swab in one direction otherwise you are just spreading the germs back and forth. Wait for the alcohol to evaporate.

Unsterile injecting can cause abscesses, and more serious conditions such as septicemia. Never inject through an abscess.



Once bacteria gets into your bloodstream it can spread right through your body and you may have to be hospitalised and put on high-strength antibiotics. Bacteria and particles getting into your hit can also cause an infection of the heart known as endocarditis, which is a very serious condition. Always filter your mix to minimise the injection of small particles, but don't use cigarette filters as they can contain small glass particles. Also, never use lemon juice to mix your gear as this contains a bacteria that can send you blind with a fungus that grows over your eyes. If you get beige or alkaline gear use powdered citric acid to help it dissolve.

Imprisonment

Unfortunately whilst heroin is prohibited, imprisonment is one of the risks associated with illicit drug use. To minimise the risk of imprisonment, obviously you want to attract as least attention from the police as possible. Unfortunately, although it is legal to carry syringes, police will hassle you much more if they find syringes on you, even though they shouldn't. If you're holding gear, get a friend to carry the syringes for you, or make sure you're prepared and get syringes before you go and score, so you don't have to carry around both.

Unfortunately, police also judge you on first appearances, so try and look as straight as possible when you are holding. You're also less likely to be caught if you're not hanging around hot spots. If you score from the street, get out of there as quickly as possible once you've scored. Also be familiar with the laws and know how much is a personal quantity—it's much better to be caught with a personal quantity rather than a trafficable quantity—and don't admit to scoring for other people. In Victoria, you can now get a warning instead of being charged, if you're caught with a small personal quantity of heroin and you don't have too many previous charges. Be aware of your rights so that if you do get busted, you don't incriminate yourself. Most people who get charged with use have admitted to using. Never admit to using now or in the past, as you can be charged even for saying you used to use heroin.

Kirsty

SLASHING!

1 THE ACT

THE QUESTIONS BEGIN...
HOW COULD YOU DO THAT TO ME?
HOW COULD I LET YOU?
I NEVER DID ANYTHING TO DESERVE IT
MAYBE I DID.
I HATE YOU.
I HATE MYSELF.

THE ANGER IS BUILDING
I'M ANGRY AT YOU
I'M ANGRY AT ME.

SO CONFUSING
I TRY TO BUSY MYSELF
CAN'T CONCENTRATE
FUCK THIS, WHERE'S THE RAZOR?
NO, NO, NO.

WHY ME?
WHY YOU?

CAN SOMEONE PLEASE FUCKING HELP ME
I CAN'T SLASH, I JUST CAN'T
WHY DON'T YOU UNDERSTAND?

I CAN'T CONTROL IT
I CAN'T HELP IT
THERE IS NO CHOICE ANYMORE.

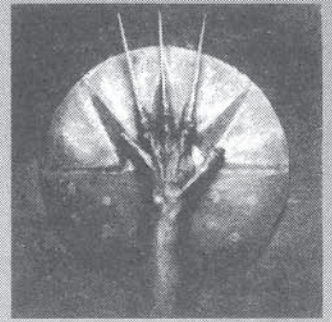
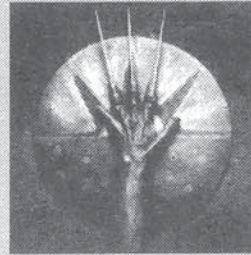
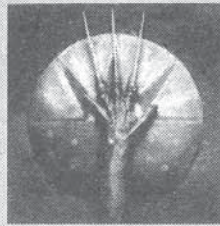
IT HURTS BUT NOT AS MUCH AS THE ANGER
IF I JUST CUT A LITTLE IT WILL BE O.K.
AND THEN I CAN FUNCTION AGAIN.

SHIT! I REALLY DON'T WANT TO DO THIS
BUT WHAT THE HELL ELSE CAN I DO?
I'M DESPERATE, I'M AFRAID
THIS ANGER IS GOING TO KILL ME
I NEED TO DO SOMETHING... NOW!

A FEW MINUTES OF PAIN
BUT NOT A DAY OF FRUSTRATION
BUT I'VE OVERDONE IT AGAIN
I BEGAN AND COULDN'T SEEM TO STOP
IT FEELS GOOD

I LOVE WATCHING AS THE BLOOD FLOWS
OH SHIT, NOW I'VE DONE IT.

I PANIC, FUCK A HOSPITAL TRIP AGAIN
NO-ONE THERE EVER FUCKING UNDERSTANDS
I'M FEELING RELIEVED, CONTENT
BUT WISH I HAD HAVE BEEN ABLE TO STOP
BUT I COULDN'T
I JUST COULDN'T STOP...



2 THE HOSPITAL

2

FIRST YOU TELL THEM YOU HAVE SELF-HARMED
THEN YOU TELL THEM YOU ARE AN IDIOT
THEN YOU TELL THEM YOU HAVE HELP &
YOU ARE FUCKED BEFORE YOU EVEN
BEGIN TO GET TREATED. YOU CAN TELL
THEY'RE JUDGING YOU. ALL THEY SAY
IS "OH", THEY TAKE A STEP BACK
AND THEIR FACIAL EXPRESSIONS
CHANGE. THEY ONLY TALK TO YOU
WHEN THEY NEED TO KNOW
SOMETHING AND THEY ONLY TOUCH
YOU IF THEY ABSOLUTELY HAVE TO
AND HAVE NO OTHER CHOICE.
UNIVERSAL PRECAUTIONS NEED TO
BE TAKEN, BUT I DON'T NEED TO
BE TREATED LIKE A FUCKING
LEPER...

3

THE SCARS

I HATE THE SIGHT OF THEM
THEY REMIND ME OF THE PAIN, HURT,
ANGER AND ABSOLUTE FUCKING
DESPERATION. THE MEMORIES—THEY
HURT THE MOST. I CAN NEVER
WEAR SHORT SLEEVES AGAIN. I
WILL NEVER, EVER WEAR SHORT
SLEEVES AGAIN. IMAGINE WHAT
WOULD GO THROUGH SOMEONE'S
MIND IF THEY SAW THEM! GOD,
HOW DO YOU EXPLAIN THEM TO
ANYONE WITHOUT THEM THINKING
YOU HAVE COMPLETELY LOST YOUR
FUCKING MIND? I ONCE THOUGHT
I WOULD HAVE PLASTIC SURGERY
TO GET RID OF THEM. BUT NO!
THEY ARE A PART OF ME, SOME
SORT OF LEGACY. I HOPE ONE
DAY I WILL BE ABLE TO WEAR
THEM WITH SOME KIND OF
PRIDE OR SOMETHING...



REMEMBER...

- ★ DON'T JUDGE
- ★ LISTEN
- ★ RESPECT

It was not you I hated
 It was not you I feared
 It was not your attitude
 toward
 my using—
 It was your love.
 Your love was much like the
 drug—
 here today and the day
 before,
 and just like the drug I was
 becoming dependent on it for
 tomorrow.
 But what if tomorrow came
 and
 it was gone?
 That being the reality all my
 life—
 people I love
 people I rely on for love
 leave—
 just go.
 No more "I love you".
 It was never your fault
 It was my fault—
 my pain—
 it was my fear and nothing
 has ever changed that.
 You died—

I tried blaming myself
 I tried blaming others—
 I tried turning it off
 I was so scared
 I still am.
 I drive people away
 deliberately
 just like I did you,
 I still carry the pain, my
 heart remains shattered
 and yes I still hide behind
 the coldness of a pick.
 I wish there was some other
 way Pat—
 I yearn for some other way
 to take away the pain
 and heal time's scars
 that seem destined to
 remain.
 I still create faces to hide
 from myself—
 in my own confusion
 in my own fear
 and in my own loneliness.
 I idly chatter to others
 telling them everything that
 is nothing—
 nothing that is everything
 crying with in me.

I'm afraid to reach out,
 afraid
 of judgement,
 so much of me is screaming
 for release, I am a prisoner
 of the pick—dying slowly
 in a dark eerie existence
 I want all the things you
 wanted for me Pat—
 Somehow I will find the
 way to cast the shadows
 from my life, I really miss
 you, I want to walk in the
 sunshine
 happily embraced by the
 warmth of your smile
 and the gentleness of
 your touch—
 Pat I'm so sorry,
 I wish I had of told you
 I loved you and cared
 for you so very much.
 Thankyou Pat for
 being everything....
 With love Libby.

Libby Doyle

The Health Services Commissioner

If you've been treated like shit by any kind of health service provider (this includes doctors, dentists, hospitals, nurses, ambos, social workers, rehabs & detoxes, etc.) and you want to make a complaint, the Health Services Commissioner might just be the ticket.

Anyone mad enough can make a complaint, and you can even lodge complaints on behalf of a friend or relative.

"The Health Services Commissioner, your health ombudsman, turns complaints into opportunities by using the information supplied to help improve health services in the future."

That's the theory anyway. In any case it's about time a hell of a lot of health service providers got a good kick up the arse for the way they mistreat drug users, and IDUs in particular.

It may as well be your leg directing the boot, so why not give it a try I say!

for more information or to initiate a complaint against a health service provider, call:

**Health Line
 (03) 9655 5200 or
 1800 136 066 (toll free)**

or you can write to:

**Health Services Commissioner
 10th Floor
 55 Swanston Street
 Melbourne 3000**



Traditional Chinese Medicine has been around for over 5,000 years

Background

Chinese medicine is one of the most inspired healing systems on earth. It combines the use of acupuncture, herbs, massage, diet, exercises, lifestyle advice & other methods to improve health. Thousands of years of practical experience, research and development have fine-tuned its diagnosis, theory, and techniques. For example the Chinese pioneered immunology, immunisation, orthopaedics, anaesthetics and surgery over a thousand years before their

western counterparts. Chinese medicine has a long history in treatment and control of infectious diseases, febrile diseases (characterised by heat), jaundice etc, as well as chronic disease in general. Emotions and states of mind and spirit are equally important to the physical aspect in diagnosis and treatment.

Scope of treatment of Hepatitis C

Although the hepatitis C virus is usually not eliminated from the body by TCM, it is theoretically possible. The good news is that at the same time as relieving symptoms, TCM can treat and nurture the liver (and any other organ systems that require balancing) and boost the immune system's capabilities. The severity and progression of the disease, and its many possible symptoms, can be reduced and prevented. General health is enhanced too.

TCM's treatment of asymptomatic hep C positive people can postpone or prevent symptoms occurring. Acting on lifestyle advice and receiving treatments can also stabilise a symptomatic hep C positive person into an asymptomatic state by calming and nourishing the liver and improving the immune system. Enhancing other weakened organ systems helps diminish symptoms and support the liver. Acute episodes of hepatitis can be alleviated and liver health optimised. For those aware of ALT tests, there are herbs that specifically reduce the level of liver enzymes escaping into the blood during states of hepatitis, alleviating the episode.

Symptomatic relief

Great relief can be obtained from associated aches, pain, cramps, and digestive symptoms such as nausea, fullness, belching, sour regurgitation, vomiting, diarrhoea and constipation, a bitter taste in the mouth, poor appetite etc. Headaches, anger, frustration, red sore eyes, fatigue, depression, sleeping difficulties, dizziness, muscle spasms, poor circulation and cold extremities, discomfort around the edge of the ribs etc. can be relieved and prevented. Painful, irregular or absent menstruation can be rectified.

Major factors that aggravate the liver and build up too much heat include alcohol, stress, anger, frustration and oily, fried, rich, creamy or spicy foods, coffee, black tea, cocoa, colas, chocolate, smoking, drugs and stimulants in general. Dairy products are noted as not being Hep C friendly (but soy milk is good). Nuts and nut butters, avocados, chips of all kinds, garlic, bananas, turkey and red meats should be avoided.

It cannot be emphasised enough that minimising and eliminating these factors will protect the liver and greatly reverse/prevent the nasty effects of hepatitis.

Other food/drink tips

Eat very little primary protein including dairy and meat. A lighter almost vegetarian diet is preferable. Eat plenty of grains and legumes. Drink plenty of warm water and fluids in general. Soups and boiled/steamed foods are suggested.

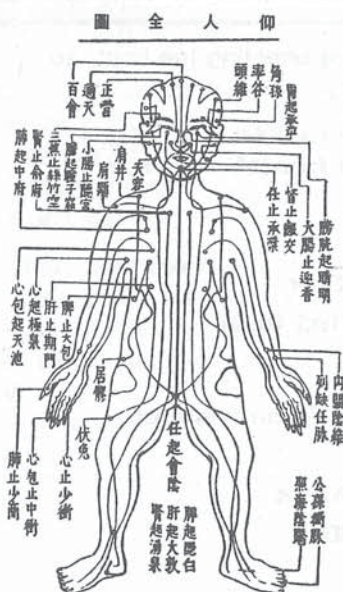
Foods that decongest and aid the liver include vegetables (not raw—harder to digest), bitter foods, lemons, and dark leafy greens such as kale, collards, dandelion leaves (very common weed—the one with yellow flowers and the fairy-puff ball), mustard leaves and beets, chickweed, malva, watercress, and lamb's quarters leaves, (what?—take the list to the market) all of which give the kind of energy to the Liver that boosts its blood-detoxifying and Qi regulating functions. The results are even more marked when eaten over springtime.

Chrysanthemum flower tea (big bags of these dried flowers are cheap in Asian groceries)—with mulberry leaves & twigs if possible—is excellent to free up stagnated Liver energy. Drink it all day long.

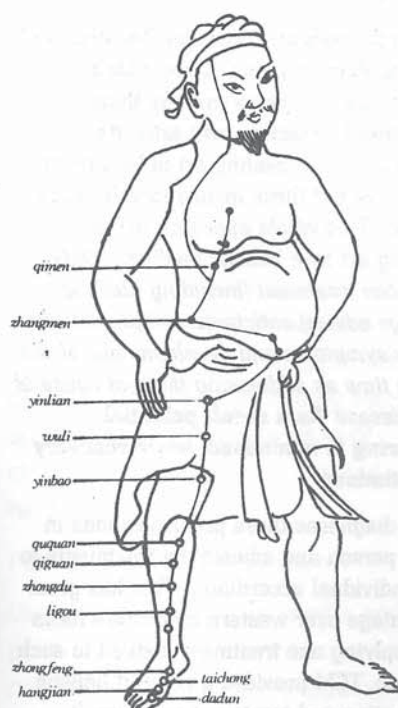
Contrary to most literature on good hep C diets, Chinese medicine advises against eating garlic. Although it is beneficial to the immune system garlic generates strong heat. **Hepatitis is already a Heat/Fire-based condition so avoid garlic.**

Flaxseed, evening primrose, borage, black current seed oils are also appropriate. Avoid bananas!

Avoid iced & refrigerated food & drinks as these in fact create more heat.



Suprisingly tofu should be avoided for the same reason. Warm water with a small pinch of salt first thing in the morning, at least 20 minutes before breakfast helps a sensitive stomach prepare itself for food and settle upsets. A good morning liver cleanse is a fresh squeezed lemon in warm water with 1 or 2 teaspoons of olive oil and a couple of cayenne pepper capsules. This is followed by fennel seed tea. For those with strong heat conditions eat room temperature watermelon, cucumber, mung beans and drink dandelion root (fresh or dried—dig it up yourself) & chicory tea.



The Liver

Chinese medicine holds that the liver's main function is to regulate a smooth free flow and proper direction of energy (Qi) and blood around the body. The liver needs to be 'happy' for this to best occur. When the energy won't flow well, as is common in those with hepatitis, one is most likely to experience symptoms associated both directly with the Liver System (see below) as well as the other systems of the body as they experience a stagnation of their energy flows too.

Typical examples include:

- ⊕ **sporadic fatigue**—Qi stagnation in the body, as if the energy is not there

- ⊕ **aches, tightness and pain** (pain=stagnation, free flow=no pain)—especially at the sides of the ribs, the breasts, lower abdomen and groin
- ⊕ **digestive upsets**—stagnation of Liver Qi very easily disrupts the digestive system
- ⊕ **muscular and joint discomfort**—the liver also rules the tendons
- ⊕ **anger, frustration, agitation, irritability and aggression with a need to control many situations; outbursts of shouting, emotional swings, PMT and depression**—the mental aspects associated with the liver disturbance.

The liver is important in **regulating the quality and flow of the blood**, so an 'unhappy' liver easily leads to stagnation of the free flow of blood and body fluids. **This equates to pain and reduced functioning.** This kind of pain is fixed in location and more stabbing in nature, and could be in any part of the body, e.g. headache, joint or muscle pain, stomach ache etc, but especially in the breasts, flanks and lower abdomen. Fixed masses in the abdomen and breasts can result, as well as **prostate problems or menstrual pain, irregular menstruation, scant menstrual bleeding, clotting, absence of the period** and even fertility issues.

Impeded body functioning associated with stagnation of Blood can manifest as poor memory, dry itchy skin, confusion, constipation, dry eyes, blurred vision and easy bruising which fades slowly, numbness of the extremities, spasms, muscle cramps, tremors of the hands and feet, stiff joints. Unfortunately the immune system is less effective when Qi and Blood are impeded.

The Liver "opens into the eyes, and imbalance can result in red, swollen, dry, painful, blurred or burning eyes, or develop night blindness, short-sightedness etc. The liver also influences the ears so **ringing ears, dizziness** or hearing difficulties are possible.

As a liver that is out of balance most often generates **excessive heat in the body** which adversely effects many organ systems, a whole host of heat related symptoms can manifest, including skin rashes, red, dry eyes, night sweats, thirst,

hot palms, chest and feet, dry mouth, excessive menstruation, really smelly poo, diarrhoea or constipation, short dark-coloured urine, insomnia, dream-disturbed sleep, a feeling of floating before sleep or a vague fear of falling asleep, ulcers in the mouth and tongue and even mania etc.

What you can do

It is therefore important to keep the liver as 'happy' as possible by **reducing/eliminating the things that aggravate the liver.** Apart from diet, lifestyle changes are very important.

Avoid excessive activity, sex & exercise. Overworking (including mental) when energy levels feel low will make the stagnations, and a challenged immune system, worse and sap whatever other weak links there are in the body.

Stop and rest. Switch to a new task and return to this one later, do deep breathing and perhaps eat a snack to revive the energy, go for a walk to free up the meridians, don't hunch over, practice smiling eyes, **do whatever it is that chills you out** and manages your stress—meditation, music, yoga singing, daydreaming, tai chi, laughing etc. It's a good idea to make these suggestions a part of your day. They make your liver 'happy'. In addition, regularly going to bed late at night (after 11pm) and working jobs one doesn't like also imbalance the Liver.

Protect yourself from windy weather which easily causes headache and a stiff neck for those with Liver disharmony.

Emotions

Inappropriate anger, frustration, mood swings, resentment, irritability, stress, depression, being impatient & self-centered indicate, **and can cause, Liver energy imbalances.** Therefore, it is important to discover the underlying cause for these feelings and find constructive outlets to express & release them. Above all, do not repress these (or any) emotions.

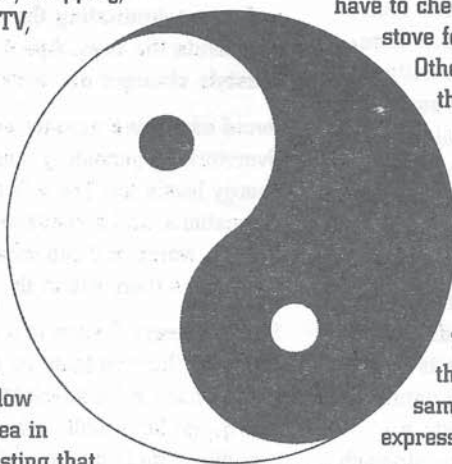
The keys are fostering relaxation, stress control and direct, appropriate and thorough emotional expression. The expression of emotion should be immediate, complete and powerful then

CONTINUED →

vanish without a trace. The energy must be directed outward. Use healthy creative outlets of expression. Not expressing the emotions holds them in, compounding them. If a baby is angry it wails like a banshee without internalising or feeling guilty. But then it lets go very quickly. Can you imagine a baby feeling guilty about its anger? They let it flow then let it go. This is the right use of energy.

Often, to some degree, we use drugs—chocolate, coffee, heroin, sugar, movies, party drugs, colas, shopping, alcohol, benzos, TV, nicotine, pot, whatever—to waylay frustration or depression. Of course there's much more to drug use than this. And there's nothing wrong about it in itself. With the "let it flow then let it go" idea in mind, it is interesting that some of our lifestyles consist of behaviours that put off directly or thoroughly expressing ourselves, whether we're aware of it or not. This highlights how much of a challenge there is in remoulding the way we live, think and express, and to keep in mind the need to be creative with it. Motivation to listen to and express one's true self is extremely important to the health of the body/mind.

Avoid multiple infections of Hep C strains. Becoming infected with more than one of the many strains of the hep C virus compounds the attack upon the liver. i.e. you can get hep C more than once at the same time! Having one strain of hep C doesn't make you immune to the others.



Apart from these different strains, other bugs can cause inflammation of the liver too, like hep A and hep B. They are contracted in different ways to hep C.

So check out how to reduce the likelihood of future infections. If someone is multi-infected it's even more important to keep the liver as happy as possible.

On a side note, a good idea for **those drying out or doing detox** is to take in your own herbs to boil up. It'll make the whole thing easier and more comfortable. If it's in a live-in setting you'll obviously have to check out whether they have a stove for you to simmer them on. Otherwise get a friend to bring the potion in to you all cooked up already!

Why do people with hep C have different symptoms?

TCM doesn't diagnose all those with hepatitis C in the same way. Individuals will express it differently.

Variable symptoms

Different groupings of symptoms appear in different people depending on their physical and mental dispositions & the way they live. Weaker links existing in the body, lifestyle, mental habits, genetic make up, past medical history, level of exercise, diet etc. all influence which symptoms may manifest in some people but not others.

In the acute stage it can manifest as "pathogenic Damp-Heat, or Stagnation of Liver Qi often with Disharmony of the Liver and Spleen/Stomach, possibly with Toxic Fire". Prolonged cases usually develop "Spleen Qi Deficiency with Stagnation of Liver Qi, general Qi and Blood Stagnation perhaps with

Deficiencies of Qi and Blood, and/or Liver and Kidney Yin Deficiency". Cute jargon, huh?

Most common symptoms

Digestive symptoms (nausea, fullness, vomiting, burping, diarrhoea, cramps etc) are very likely as an upset liver very easily disturbs the digestive processes. Muscular aches and joint pain, headaches, fatigue, soreness in the lower ribs, and being easily angered etc. are very common side effects relating directly to a troubled liver. These discomforts often get worse after a bout of anger.

But don't worry, it's very, very unusual for people to experience all the symptoms listed in this article.

As an individual's physical, lifestyle and mental dispositions dictate which symptoms and progressions their hepatitis C infection will take, it's important for a healing art to be able to figure out these inclinations for each person. This whole approach defines a healing art as a holistic medicine. *Only then can treatment (including lifestyle change advice) anticipate and prevent the likely symptoms and developments, at the same time as addressing the root cause of the disease. As a result potential suffering is minimised, while recovery is optimised.*

TCM diagnoses these predispositions in each person and adjusts the treatments to the individual accordingly. This has great advantage over western medicine's focus on applying one treatment method to each disease. TCM provides a tailored holistic prevention and treatment program. It really has a lot to offer!

Simon Rosyarden

Bulk billing and health insurance

In 1998, after the government's two-year review of TCM's efficacy, Jeff Kennett announced that TCM doctors should be on equal par with GPs, and that it would take about two years to pass legislation enabling bulk billing of TCM through Medicare. In the meantime, most private health insurance funds cover (varying) proportions of TCM fees. A few GPs have some training in acupuncture and can bulk bill on Medicare, however their training often took place only over a matter of a few days. TCM doctors who are also western doctors are an obvious exception.

The morning it dawned and I found myself in the secure ward of the City Hospital, was a day of immense relief.

I even managed to chuckle to myself at the similarities of Ward 3C Psych and the people therein had to the movie *One Flew Over the Cuckoo's Nest*, and after spending half an hour convincing the house psychiatrist that I was no longer contemplating suicide, I was glad to see the sunset from the window-side bed of the City's one and only six bed detox ward at another hospital across town.

A place I had spent time in once before, when I volunteered to detox prior to beginning on naltrexone, this time it was different. After 20 years of living with degrees of drug use—withdrawing from addiction, from near addiction, living periods of abstinence, always finding myself again using my favorite drug of choice, my longest and hardest held secret was out.

I am a long-term drug user.

Unlike the mainstream media and politically driven description, I was not and had never been feeding my

habits by the proceeds of crime or on-selling drugs (Well maybe once or twice. Circumstance, you know.) Instead, like many others out there in drug-land, I was fully employed most of the time, because to earn the \$\$ required to be a drug user, habit or no, with no compunction for other options, I worked my arse off for years at all sorts of jobs, including 8 years running my own business, and spent a huge percentage of my earnings purchasing drugs.

I must have been mad.

I led a life of duck and weave.

Duck away for a taste and weave a web of deceit to cover my trail. Spend money on drugs which was meant for something else (rent, food, car rego, electricity, taxes...), shoot-up in strange and dangerously secretive places. And the whole time seemingly able to keep my activities a secret. Certainly many of the people I dealt with professionally had no idea of my double life, and would not have been so accomodating if they had (media-driven stereotype!). Most members of my large family were

genuinely surprised/shocked and I was always proud of my stealth.

Morally and ethically I feel my dilemmas stemmed as much from political legislation and public conceptions as personal choice. No doubt if drugs had not been a black market commodity with the associated cost, my roller-coaster life of highs and lows may have been more tolerable, but I wonder if the outcome would have been any different. It was the fear of another withdrawal that drove me to attempt suicide. Modus Operandi was of course self-administered overdose.

The final up.

By then the cost had become irrelevant to a degree. What was more relevant was my desire to no longer have to continue the charade. Unfortunately, public perceptions made death seem like a better option. Fortunately I failed.

12 months later, I've been clean since.

Another total change of environment and employment has enabled that for me. But hey—I've been 12 months down this road before, and as much as I love life

so much more without the daily traumas associated with addiction, I'm realist enough to know that my next one might only be around the ensuing corner of life.

I hope not.

To the rest of you out there in drug-land: Good luck and Gods' speed!

anonymous



Figure 12b-5 A young monkey, deprived of its real mother during infancy, clings to a substitute made of soft towelling. This is preferred to other objects that are less soft and warm, even if those objects provide food.

mmm, i feel a bit queer...

There has been a lot of flak lately in the media about users and drugs. Lots of stories about crime waves, and death rates, and people shaking their heads. Lots of debates about safe injecting facilities and heroin trials, and the state of our society.

Many stereotypes and assumptions are raised which are troubling. Look around you and see how many people actually fit that "drug user" description. Not many...

dykes and queer folk" who use drugs. And we recognise that people who use can also be "poofers, dykes and queer folk". And that there are many people in the middle grey area.

Whichever way we label ourselves, in the end, we are all people. People who are affected whether directly or indirectly by HIV/AIDS. And for the IDU Project, we are committed to this as our starting point.

we know we should be doing. And there is more to being human than just "fuck safe, shoot clean".

"I was hot and horny and there was no time."

"I was hanging out and the cops were around."

"We're mates, you know. We're in this together... I trust him with my life."

We are not here to judge whether you did the right thing or not. We get



All of this reminds me of the stereotypes and assumptions and the flak that goes on about "poofers, dykes and queer folk". Words are hurled like stones from "poofers, dykes and queers" to "junkies"; and from "junkies" to "poofers, dykes and queers". And it seems as if these two camps are separate and distinct.

You on this side and them on the other side... and never the two shall meet.

What a load of *%^!

The Injecting Drug Use project at the Victorian AIDS Council/Gay Men's Health Centre is committed to an open and inclusive approach. We recognise that there are "poofers,

Now, HIV/AIDS has been around for a long time. Many people have heard the message: "fuck safe, shoot clean". And perhaps a lot of people might say, "we're over it!".

However, knowing this and actually doing it can be two very different things.

"I know I should have safe sex all the time but..."

"I know I should use a clean fit every time but..."

In this new climate where we may perhaps be "over it" with HIV/AIDS, the Injecting Drug Use project is interested in hearing about the "but..." Because sometimes it can be damned difficult to do the things that

enough flak from other people so we don't need to wag the finger at each other.

The IDU Project is interested to understand—where does HIV/AIDS figure in your life?

And if "fuck safe, shoot clean" still has some importance, let's see how we can keep it together with all the other important stuff in our lives...

For more information about the Injecting Drug Use Project contact:

David Voon on 9865-6700

or John Ryan/Laurie Hudson on 9593-8254

Your Liver is a Very Important Body Part

If you are out there in drugland and concerned about your hepatitis C status, remember that VIVAIDS has two qualified pre+post test counsellors who you can chat with about hep C. As well as giving you the lowdown on hep C from a user perspective (and not treating you like a filthy junky scumbag in the process), we also have a lot of written information we can copy for you.

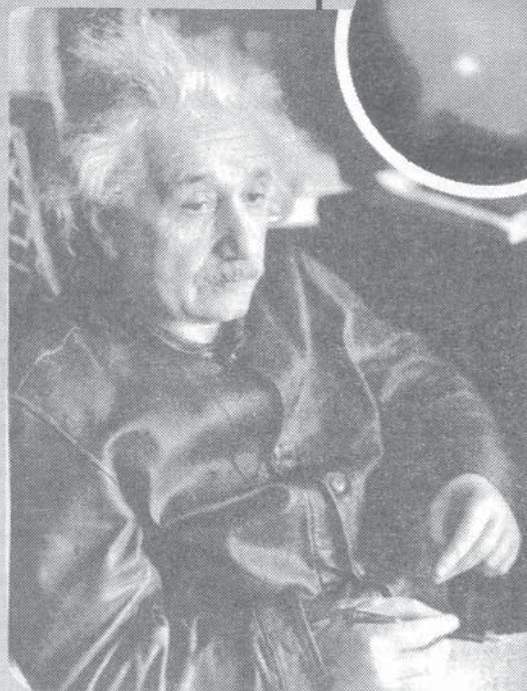
You wouldn't know it from the deathly silence in the mainstream media, but hep C is one of the biggest problems injecting drug users face. Stats suggest that anyone who has been an IDU for more than about 2 years has a 70% chance of catching the virus and testing HCV positive. And whilst many HCV+ people remain symptom free, around 1 in 5 people will develop serious liver damage in years to come. This means a shitload of very sick people and is not good.

As IDUs it is vitally important that we deal with hep C proactively and don't stick our heads in the mud and ignore it. Most HCV+ people I know don't consider it much of an issue and haven't changed the way they treat their bodies... But it's important to keep in mind that by looking after your body/mind/spirit better you can help ensure that your liver doesn't end up seriously fucked up (along with the rest of you).

Remember also that there is a growing number of strains and genotypes of hep C, and that you can be reinfected with the same or a different type of hep C virus altogether. Our bodies are pretty clever at dealing with viruses, but some viruses are tricky and can mutate quickly and/or infiltrate and sabotage our defense systems. Hep C is one of these viruses and the less of it there is in your body the better, methinks.

So if you think it's time to figure out what the hell is going on with hep C, give Denise or Kirsty a call at the office on 9381 2211 for a user-friendly chat or to make an appointment.

In any case, life is much more fun or at least less unpleasant when your body is healthy. Drugs are more enjoyable too!!!




free hep c test

**user friendly
confidential**

**anyone who
injects drugs
may be at risk of
being infected**

**who can get
tested?**

- ⊕ anyone who has never been tested or has been but did not get a result
- ⊕ or, anyone whose last test was negative, and over a year ago

 **if you have tested positive
before there is no point having
another test**

**see Michael at WRAP
Needle Exchange, 226
Nicholson Street Footscray
mon-fri 11am to 5pm**

no appointments necessary

**if you want a test or have any
questions about hep C, please call
in and speak to Michael**

**or ring on mobile:
0417 385 859**

for 24 hour information on needle exchange locations, you can call Direct Line on 9416 1818 or 1800 136 385 (toll free)

Metro NSEPs

Western Metro Region

- * Altona
9398 1309
- * Altona Meadows
9360 7555
- * Ascot Vale
9376 5244
- * Braybrook
9364 9622
- * Carlton/Melbourne Sexual HC
9347 0244
- * Carlton/Melbourne University
HS
9344 6904
- * Carlton/The Carlton Clinic
9347 9422
- * Deer Park
9363 4202
- * Footscray/Green Cross Project
outreach only: Thurs & Fri
7-10pm
0407 523 424
- * Footscray/WRAP
9687 5202
syringe disposal hotline:
9689 6115
- * Gisborne
5428 3000
- * Kensington
9376 0523
- * Melbourne/APHAP Foot Patrol
outreach only: Mon-Fri
11.00am to 6.30pm
1800 700 102
- * Melbourne/Open Family
outreach only: Fri & Sat
9:00-10:30pm
mobile drop in centre for
street kids
0414 966 820
- * Melbourne/RMIT-City Campus
HS
9925 2723
- * Melton
9747 0700
- * Niddrie
9379 4794
- * St Albans
9296 1200
- * Werribee/Anglicare & Werribee
Family Services
9742 5300
- * Werribee/Werribee Mercy
Hospital
9216 8600
- * Williamstown
9932 4043

Northern Metro Region

- * Broadmeadows
9356 5000
- * Brunswick
9387 6711
- * Carlton North/North Yarra CHS
9347 0022
- * Carlton North/VIVADS
9381 2211
- * Coburg
9350 4000
- * Collingwood/MINE
9417 1466
outreach: every night
7:30-11:30pm
0418 179 814
syringe disposal hotline:
9417 5125
- * Collingwood/North Yarra CHS
9419 6155
- * Eltham
9431 1333

- * Epping
9408 6333
- * Fitzroy/North Yarra CHS
9419 5266
- * Fitzroy/Turning Point
9254 8050
- * Fitzroy North
9481 0671
- * Glenroy
9300 2644
outreach: every night
7:30-11:30pm
0418 170 556
syringe disposal hotline:
9304 2140
- * Greensborough/Banyule CHS
9471 3155/0417 349 309
- * Greensborough/Millumbik Shire
9433 3303 contact: Becky
Gray
- * Heidelberg West
9459 8833
- * Northcote/Hanover Inner
Northern
9486 6811
- * Northcote/Darebin CHS
9489 1388
- * Reservoir
9471 3155
outreach: every night
7:30-11:30pm
018 545 789
syringe disposal hotline:
018 545 789
- * Richmond/Buoyancy
Foundation
9429 3322
- * Richmond/North Richmond
CHC
9429 5477
- * Sunbury
9474 4455

Eastern Metro Region

- * Belgrave
9754 8963
- * Blackburn
9877 2525
- * Box Hill/ACCESS
9895 3348
- * Box Hill/Whitehorse CHS
9890 2220
- * Hawthorn
9214 8483
- * Healesville
9562 3681
- * Hughesdale
9568 2599
- * Lilydale
9735 4188
- * Nunawading
outreach: 24 hours every day
9878 3782
- * Ringwood East
9879 3933
- * Wantirna South
9298 8800
- * Warburton
9554 7500
- * Yarra Junction
5967 2681

Southern Metro Region

- * Aspendale
9580 5777
- * Bentleigh East
9579 2333
- * Bunyip
5629 5204
- * Caulfield
9523 6666

- * Cockatoo
5968 8146
- * Cranbourne/Chris Warne
Pharmacy
5996 2455
- * Cranbourne/Cranbourne &
District CHC
5996 6411
- * Dandenong
9794 0790
outreach: Thurs & Sat
7:30-11:30pm
0418 566 147
syringe disposal hotline:
0418 566 147
- * Doveton
9791 5700
- * Frankston/SHARPS
9781 3111
outreach: Thurs & Sat
7:30-11:30pm
1800 642 287
syringe disposal hotline:
0417 345 750
- * Frankston/Civic Centre
9784 1888
- * Frankston/Youth Resource
Centre
9784 1868
- * Frankston/Frankston CHS
9783 6077
- * Mornington
5975 1644
- * Pakenham
5940 1866
- * Prahran/Inner South CHS
9214 1300
- * Prahran/Swinburne University
of Technology
9214 6721
- * Rosebud
5986 5147
- * St Kilda/St Kilda Crisis Centre
9525 4100
- * St Kilda/Inner South CHS
9534 0981
outreach: every night
7:30-11:30pm
0419 204 811
syringe disposal hotline 0418
175 249
- * St Kilda/Youth Health Bus:
outreach in St Kilda, Port
Melb, Sth Melb & Prahran
018 551 324/9534 0981
- * St Kilda/Open Family
outreach only
mobile drop in centre for
street kids
0414 966 820
- * St Kilda/Positive Living Centre
9525 5866
- * St Kilda/Prostitutes Collective
of Victoria
outreach for sex workers in
St Kilda only
9534 8166
- * St Kilda/Solly Lew Pharmacy
9534 8084
- * South Melbourne
9690 9144
- * South Yarra
9865 6700
- * Springvale
outreach only (foot patrol)
1800 650 116

- * Warrnambool/Gunditjmarra
Aboriginal Cooperative
5561 2648/0419 552 028
- * Warrnambool/Independent
Young Persons Support
Services
5561 8888
- * Warrnambool/The WRAD
Centre
5562 0022

- * Anglesea
5263 1952
- * Apollo Bay
5237 6994
- * Colac
5230 0100
- * Drysdale
5251 2291
- * Geelong Area/Corio CHC
5273 2200
- * Geelong Area/Geelong CHS
Campus
Site 1
5222 1700
- * Geelong Area/Geelong CHS
Campus
Site 2
5221 5166
- * Geelong Area/Geelong CHS Inc
5248 6080
- * Geelong Area/Wathaurong
Aboriginal Cooperative
5277 0044
- * Hamilton
5571 0277
- * Lorne
5289 1508
- * Ocean Grove
5256 1311
- * Point Lonsdale
5258 0888
- * Portarlington
5259 2537
- * Portland/Portland CHC
5523 4000
- * Portland/Portland and District
Hospital
5521 0333
- * Terang
5592 1745
- * Timboon
5598 3049
- * Torquay
5261 3001
- * Warrnambool/Gunditjmarra
Aboriginal Cooperative
5561 2648/0419 552 028
- * Warrnambool/Independent
Young Persons Support
Services
5561 8888
- * Warrnambool/The WRAD
Centre
5562 0022

Grampians Region

- * Ararat
Phone 5352 1007
- * Ballarat Area/Ballarat CHC
5333 1635
- * Ballarat Area/Ballarat CHC
Sebastopol site
5335 7801
- * Ballarat Area/Ballarat CHC
Cooinda Centre
5338 1277
- * Daylesford
5348 2523
- * Horsham
Gooloolooloo Aboriginal
Cooperative
5382 5033
- * Horsham
Palm Lodge Rehabilitation
Centre
5381 1062
- * Horsham
Wimmera Base Hospital
24 hours, 7 days a week
5381 9275

- * Stawell
Grampians CHC
5358 3700

Loddon Mallee Region

- * Bendigo Area/Community
Health Bendigo
Eaglehawk site
5434 4300
- * Bendigo Area/Community
Health Bendigo
Kangaroo Flat site
5430 0500
- * Castlemaine
5472 4044
- * Echuca/Echuca Regional
Health-Community Division
5480 6111
- * Echuca/Njernda Aboriginal
Corporation
5482 3075
- * Inglewood
24 hours every day
5438 3100
- * Kyneton
Cobaw CHS
5422 3011
- * Maryborough/Maryborough
DHS
5461 3222
- * Maryborough/Maryborough
DHS
24 hours every day
5461 0333
- * Merbein
5025 2518
- * Mildura
5023 7511
- * St Arnaud
5495 1200
- * Swan Hill/Swan Hill & District
Aboriginal Cooperative
5032 2964
- * Swan Hill/Swan Hill District
Hospital
24 hours every day, in the
casualty unit
5032 1111

Hume Region

- * Alexandra
24 hours every day
5772 1000
- * Benalla/Benalla District and
Memorial Hospital
5760 2222
- * Benalla/Delatite CHS
5762 2299
- * Bright
outreach by negotiation
5755 1022
- * Cobram
5871 1888
- * Corryong
(02) 6076 1355
- * Eildon
5774 2404
- * Mansfield
5775 2111
- * Marysville
5963 3244
- * Moyhu
outreach by negotiation
5727 9324
- * Myrtleford
outreach by negotiation
5752 1822
- * Seymour
5793 6100
- * Shepparton
5831 2012
- * Tallangatta
(02) 6071 2205

- * Wangaratta/Ovens & King CHS
outreach by negotiation
5722 2355
- * Wangaratta/Wangaratta
District Base Hospital
24 hours every day
5722 0261
- * Whitfield
Ovens & King CHS
outreach by negotiation
5729 8387
- * Wodonga
(02) 6056 1550
- * Yarrawonga
5743 8111
- * Yea
5797 2500

Gippsland Region

- * Bairnsdale
5152 0222
- * Cann River
5158 6274
- * Churchill/Hazelwood HC
5122 2555
- * Churchill/Latrobe CHS
5122 1400
- * Korumburra
Gippsland Southern HS
5654 2702
- * Lakes Entrance/Health Link
5155 1151
- * Lakes Entrance/Lakes Entrance
CHC
5155 1314
- * Leongatha
5667 5527
- * Loch Sport
5146 0349
- * Mallacoota
5158 0243
- * Moe
5127 5555
- * Morwell/Central Gippsland A&D
Service
5134 8000
- * Morwell/Davies & Moller
Morwell Amcal Pharmacy
5134 3072
- * Nowa Nowa
5155 7294
- * Orbost
5154 1277
- * Sale/Central Wellington HS
Gippsland Base Hospital
5144 4111
- * Sale/Central Wellington HS
Wellington Community Care
5149 6800
- * San Remo
5678 5388
- * Traralgon
5171 1400
- * Warragul/Access Centre
5623 4168
- * Warragul/West Gippsland
Healthcare Group
Accident and Emergency
Department
24 hours every day
5623 0611
- * Warragul/West Gippsland
Healthcare Group
Community Services Division
5623 4488
- * Wonthaggi
5671 3333
- * Yarram
5182 0242

Country NSEPs

**Barwon South Western
Region**

- * Aireys Inlet
5289 6432

remember there are also around 600 pharmacies in victoria that now sell fits...



need some help?! try these.....

for 24 hour information, counselling and referrals, you can call Direct Line on 9416 1818 or 1800 136 385 (toll free)

Hepatitis C

- ① VIVAIDS Hepatitis C IDU Worker
9381 2211
- ① Hepatitis C Helpline
9349 1111
- ① Hepatitis C Council
9639 3200

Queer

- ① Also Foundation
9510 5569
- ① Police Gay and Lesbian Liaison Committee
9247 5244
- ① QUID Queer Users of Illicit Drugs
9429 3322
- ① Victorian AIDS Council/Gay Men's Health Centre
9865 6700
- ① Asianline
confidential support telephone line for info and referral on sexuality and STD/HIV issues by Asians for Asians
9534 2142/1800 622 795 (toll free)
- ① Boy's Project (PCV)
provides info and referrals, advice, advocacy and safe sex/injecting equipment for male and transgender sex workers
9534 1046 (ask for Kirk)
- ① Gay and Lesbian Switchboard
info, counselling and referrals
9510 5488/1800 631 493 (toll free)

HIV/AIDS

- ① AHAG—AIDS Housing Action Group
9417 4311
- ① AIDSCARE
9531 4742/9509 2889
- ① AIDSLINE
9347 6099/1800 133392 (toll free)
- ① Dept of Human Services Victoria
STD/BBV Program
9412 7777
- ① Positive Living Centre/People Living With HIV/AIDS
9525 4455

- ① Whole Health Clinic
9459 7258
- ① Victorian AIDS Council
9865 6700/9827 3733
- ① Dandenong Hospital AIDS Prevention and Support Unit
9794 0790
- ① HIV Assistance
9534 7419
- ① Melbourne Sexual Health Centre
9374 0244/1800 032 017 (toll free)
- ① Positive Women
9276 6918

Aboriginal Services

- ① Victorian Aboriginal Health Service
9419 3000
- ① Galiambie Recovery Centre
9534 1602
- ① Ballarat and District Aboriginal Cooperative
53 315 344
- ① Central Gippsland Aboriginal Cooperative
51 344 616
- ① Gippsland and East Gippsland Aboriginal Cooperative
5152 1922
- ① Geelong and District Aboriginal Cooperative Ltd
5277 0044
- ① Goolum Goolum Aboriginal Cooperative (Horsham)
5382 5033
- ① Gundijmara Aboriginal Cooperative (Warrnambool)
5562 9729
- ① Jumburra Alcohol and Substance Abuse Centre (Bairnsdale)
5152 2040
- ① Mildura Aboriginal Cooperative and Bacchus House
5023 0893
- ① Ngwala Willumbong Cooperative Ltd
9510 3233
- ① Resource Centre (Shepparton)
5831 3124

- ① Swan Hill and District Aboriginal Cooperative Ltd
5033 2964
- ① Wathaurong Aboriginal Cooperative (North Geelong)
5277 0044/0417 216880 (ah)

Youth Services

- ① Centre for Adolescent Health
9345 5890
- ① Frontyard Youth Services
9658 9363
- ① Youth Substance Abuse Service (YSAS)
9244 2450/1800 014 446 (toll free)
- ① The Shack (Springvale)
9548 2355
- ① Noble Park Youth
9547 0511
- ① Dandenong
9792 1313
- ① Dandenong South
9706 7612
- ① Grassmere
9704 8377
- ① Visy Care (Dandenong)
9793 2155
- ① Crossroads—St Kilda Crisis Centre
9525 4100
- ① Cambodian Chinese Youth Association
9789 1110
- ① Impact Youth and Family Counselling
9791 3677
- ① Melbourne Youth Support Service
9650 3304

Sexual Health

- ① Melbourne Sexual Health Centre
9347 0244/1800 032 017 (toll free)
- ① Action Centre
9654 4766
- ① Infectious Diseases Service Royal Melbourne Hospital
9342 7212
- ① Springvale Community Health Centre
9548 3255
- ① Dandenong Hospital AIDS Prevention and Support Unit
9794 0790
- ① Sexual Health Clinic (Frankston)
9784 7777
- ① Family Planning Clinic
9429 1177
- ① VIVAIDS
9381 2211
- ① Carlton Clinic
9347 9422
- ① Royal Women's Hospital Communicable Diseases Clinic
9344 2000
- ① WIRE (Women's Information and Referral Exchange)
9654 6844/1800 136570 (toll free)
- ① PCV (Prostitutes Collective of Vic)
9534 8166
- ① Women's Health Vic
9662 3755/1800 133 321 (toll free)
- ① Drug Info Line for Women
9344 2277
- ① Springvale Community Health Centre
9548 3255
- ① Dandenong Community Health Centre
9791 9299
- ① Royal Women's Chemical Dependency Unit
9344 2363/9344 2386
- ① Positive Women
9276 6918
- ① Women's Legal Resource Centre
9642 0877
- ① Women's Refuge Referral Service
9329 8433/1800 015 188
- ① Women's Domestic Violence Crisis Service
9329 8433/1800 015 188
- ① South Eastern Centre Against Sexual Assault
9594 2289
- ① Young Women's Health Service
9548 3255
- ① Young Women's Project
9563 2022
- ① SWCHS (Statewide Women's Community Housing Service)
9387 1033

Legal

- ① Women's Legal Resource Group
9642 0877
- ① AlphaLine (youth service)
9419 7427
- ① Legal Aid
9269 0234

Drug and Alcohol Information/Counselling/Detox/Advice

- ① VIVAIDS
9381 2211
- ① Grief Line
9596 7799
- ① Crisis Line
9329 0300
- ① Lifeline
13 1114
- ① Direct Line
9416 1818/1800 136 385 (toll free)
- ① Asian Line
9534 2142/1800 622 795 (toll free)
- ① Narcotics Anonymous
9525 2833
- ① Odyssey House
9519 5394/9529 1511
- ① Moreland Hall
9386 2876
- ① Buoyancy Foundation
9429 3322
- ① Windana Society
9529 7955
- ① Connexions
9415 8700
- ① Turning Point
9254 8061
- ① Task Force
9532 0811
- ① Salvation Army Bridge Centre
9521 2770
- ① Wimmera Family Services
9791 3733
- ① Westernport Drug and Alcohol Service
9794 8338
- ① De Paul St Vincent's Hospital
9288 2624

how long for a clean piss test

alcohol	8-12 hours
amphetamines	2-4 days
barbiturates	
short acting (e.g. seconal)	1 day
long acting (e.g. phenobarbital)	2-3 weeks
benzodiazepines	3-7 days
cannabis (marijuana, hash, hash oil)	3-30 days (up to 11 weeks for chronic use)
cocaine	2-4 days
codeine	2-5 days
ecstasy (mda & mdma)	1-3 days (not detectable in standard tests—special test required)
lsd	1-4 days (detectable in standard tests, but only if specifically requested)
methadone	3-5 days
opiates (e.g. heroin, morphine)	2-4 days
pcp	10-14 days

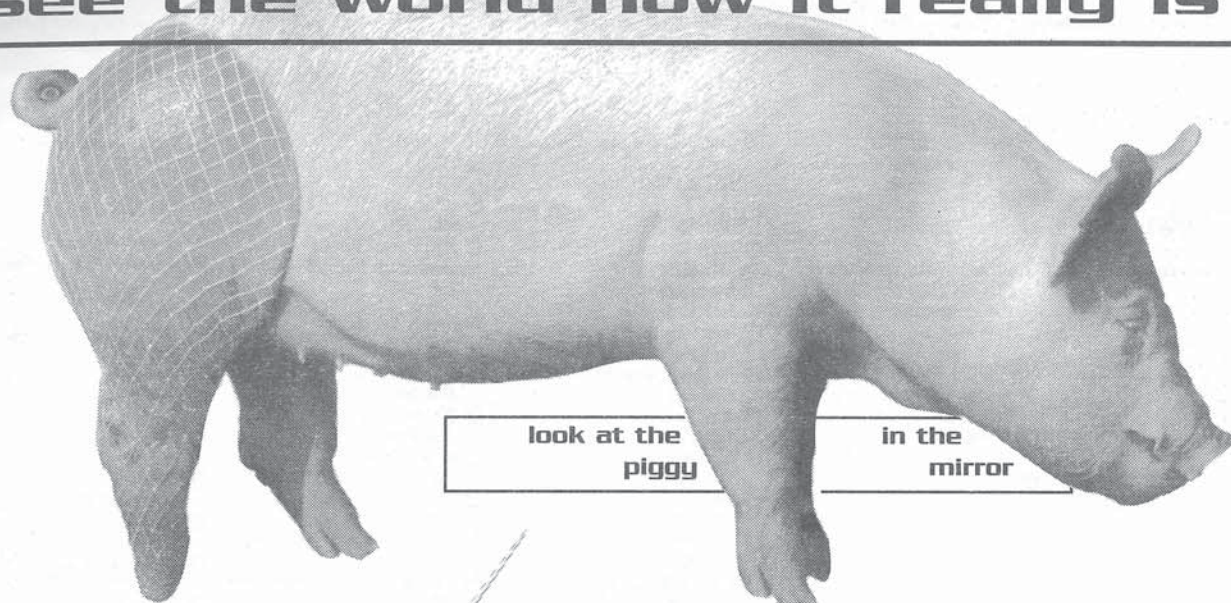
this info is a general guide only and cannot be guaranteed for accuracy. this list was compiled from a variety of drug testing labs, medical authorities and internet reports. the times listed refer to the standard urine test; other tests may be more specific and accurate. detection times vary depending on the type of test used, the amount and frequency of drug use, your body's metabolism and health (especially the condition of your liver), and your levels of fluid intake (lots of water is good) and physical activity. also remember that your first piss of the day will generally contain higher levels of metabolites (the drug byproducts that are detected by the tests), so pissing a few times before the test will reduce the chances of a "positive" result....

surfing on drugs

here are a handful of websites to get you started:

- ① Drug Reform Coordination Network (DRCNet)
www.drcnet.org
- ① Australian Drug Law Reform Foundation
home.vicnet.net.au/~adlrf
- ① Families & Friends for Drug Law Reform
www.adca.org.au/ffdlr
- ① Drug Text
includes drug databases and info about international conferences
www.drugtext.nl
- ① RXLIST: The Internet Drug Index
includes info on pharmaceuticals, steroids, opiates, etc.
www.rxlist.com
- ① Frankston SHARPS website
harm minimisation info, Victorian needle exchange locations, operating hours and contact details, and links to other resources
home.vicnet.net.au/~fitshop
- ① Safe Works Aids Project
a harm reduction site with great info and graphics on safe injecting, vein care and body piercing
www.safeworks.org
- ① Hyperreal
an astoundingly inclusive site with info on almost any drug you dare to dream of!
www.hyperreal.org
- ① Australian Drug Foundation
www.adf.org.au
- ① CEIDA (Centre for Education and Information on Drugs and Alcohol)
at this site you can now access the whole CEIDA library catalogue as well as lots of other interesting info
www.ceida.net.au
- ① VIVAIDS website
check it out!!!
avoca.vicnet.net.au/~vivaids

see the world how it really is



look at the
pigggy

in the
mirror

say no! to

there are currently many advocating the people are a disgrace to harm in the community and use should carry the highest misguided and downright evil away, so be it

while we are at it, i would like to sanctions for all forms of self-some of my suggested (minimum)



decriminalisation

pro-drugs campaigners who are legalisation of illicit drugs. these humanity. illicit drugs clearly cause conviction for their possession and possible sanction: death. if junky types wish to throw their lives

see the introduction of criminal destructive behaviour. here are penalties for first-time offenders:

elevated cholesterol levels	3 years
failure to regularly engage in aerobic exercise	5 years
stress-related disorders	7 years
foul body odour due to toxic overload	9 years
excessive calorie intake resulting in obesity	10 years
heart disease.	15 years
breakfast at McDonalds (hash browns + mc coffee)	15 years
voting for the Liberal/National Party coalition	20 years
breakfast at McDonalds (bacon & egg mcmuffin)	25 years*
enjoying Hey Hey It's Saturday	death

sieg heil! praise the lord! purge the scourge! death to all weaklings!

* in a maximum security hospital with complimentary stomach pumping

***the syringe of choice in
9 out of 10
needle exchanges
in Australia.....
give it a try!***

27 gauge needle
for improved injecting comfort; stronger, sharper edge for clean,
accurate penetration

permanently attached needle
eliminates leakage and needle separation

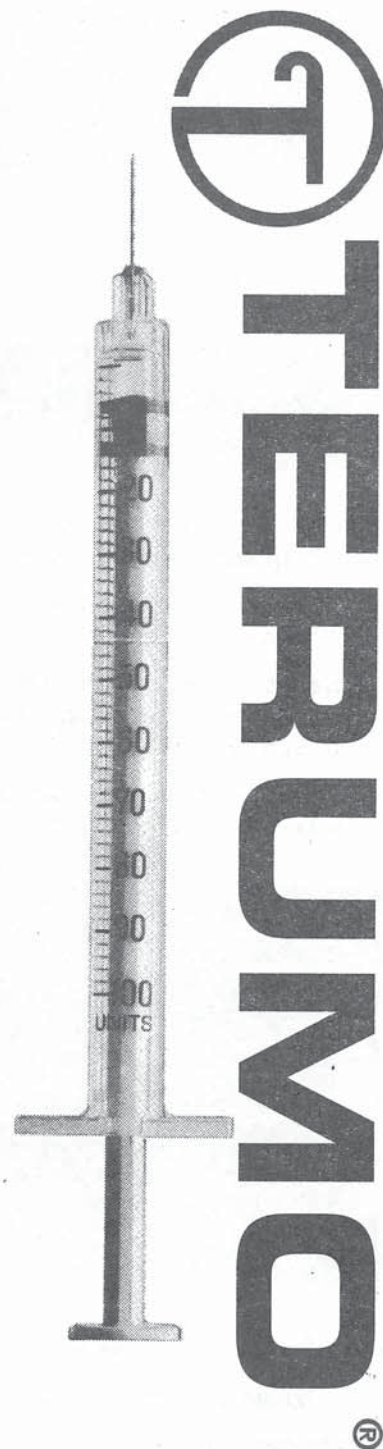
tapered hub flush-fit gasket
less dead-space and easy removal of air bubbles

smoother plunger action
less pressure necessary; even gliding delivery

high clarity polypropylene barrel
enhances visibility of contents level for accurate dosage
measurement and easier elimination of air bubbles

clear scale
for precise dosage

plunger stopper
minimises risk of pulling plunger out and losing contents



***27
gauge***

***making life
easier***



Victorian Drug User Group

765a Nicholson Street + Carlton North + 3054

phone: 9381 2211 + fax: 9381 2287

email: drugsafe@vicnet.net.au

website: <http://avoca.vicnet.au/~vivaids>

!!! VIVAIDS is your organization !!!

! simply join now and pay later !

VIVAIDS is an independent community-based organization for Victorian drug users. Our members are current and ex-users, and other 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 choose to 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 raise the knowledge and understanding amongst drug users about blood-borne viruses, overdoses and other issues of concern to illicit drug users.

As a community-based organization, VIVAIDS depends on maintaining a strong and active membership committed to the health and well-being of illicit drug users. As a member of VIVAIDS you:

- ★ can attend and vote at our Annual General Meeting and participate in selecting the Committee of Management, which guides the activities of VIVAIDS
- ★ may stand for election to the VIVAIDS Committee of Management
- ★ will be added to the VIVAIDS mailing list and be sent each issue of Whack magazine as well as information on VIVAIDS events and activities, like the VIVAIDS Overdose Memorial Day and VIVAIDS Film Night.

new membership ☐
renewed membership ☐

unwaged \$4 ☐
waged \$15 ☐
organization \$30 ☐

i want to get involved with
Methadone Action Group ☐
peer education ☐
Whack magazine ☐
other working groups ☐

name

daytime phone #

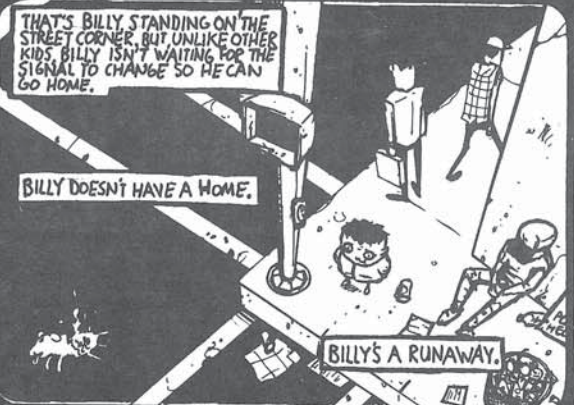
after hours phone #

address

postcode



PUBLIC **S**ERVICE **A**NNOUNCEMENT



EXCEPT FOR WHEN THAT HAPPENS, I'M DOING OKAY.
 Kids, DRUGS WON'T HELP THINGS. THEY'LL ONLY TURN YOU INTO A HIDEOUS LITTLE FREAK TROLL-BABY WITH EXPLODING EYEBALLS.

S H O O T



C I E A N