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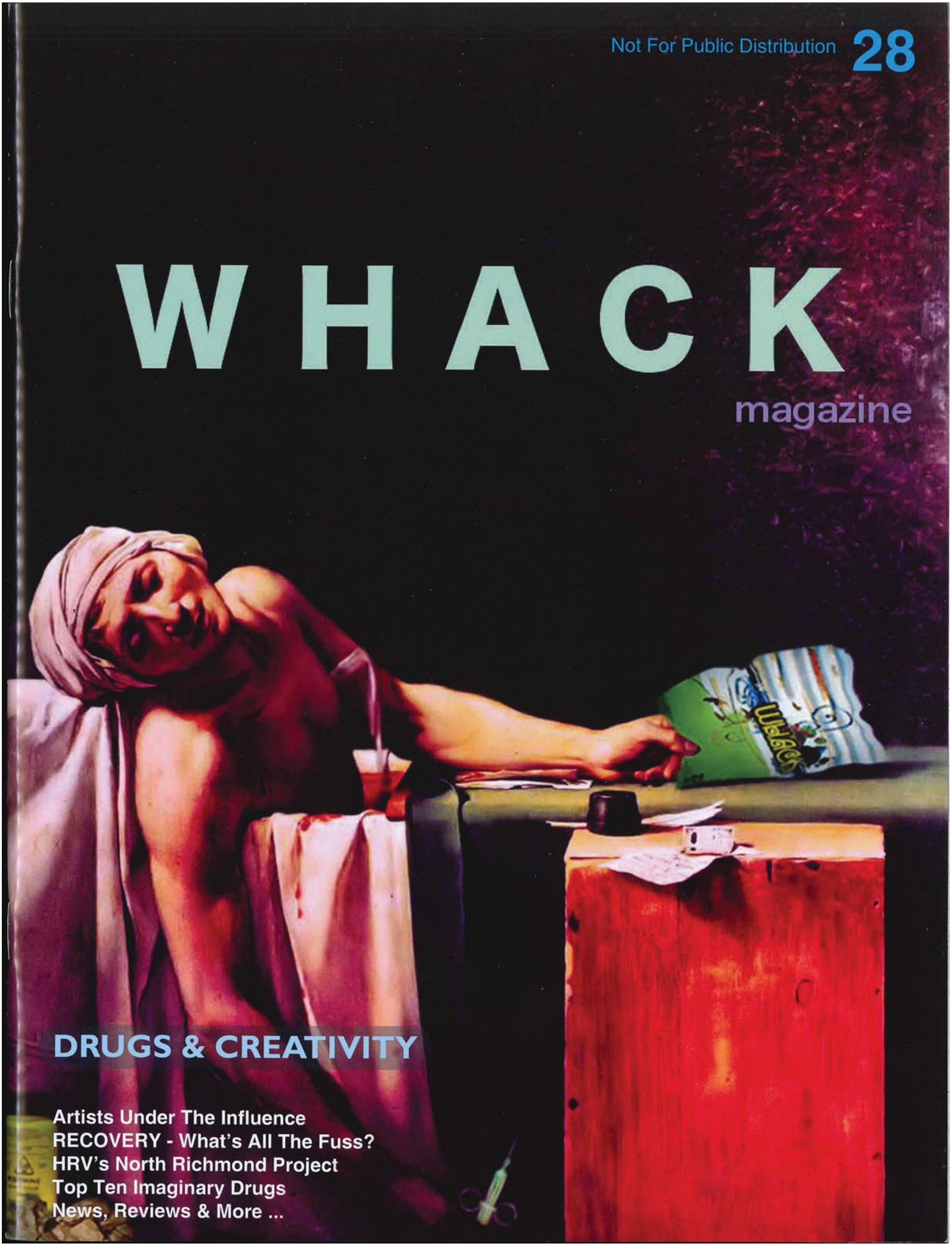
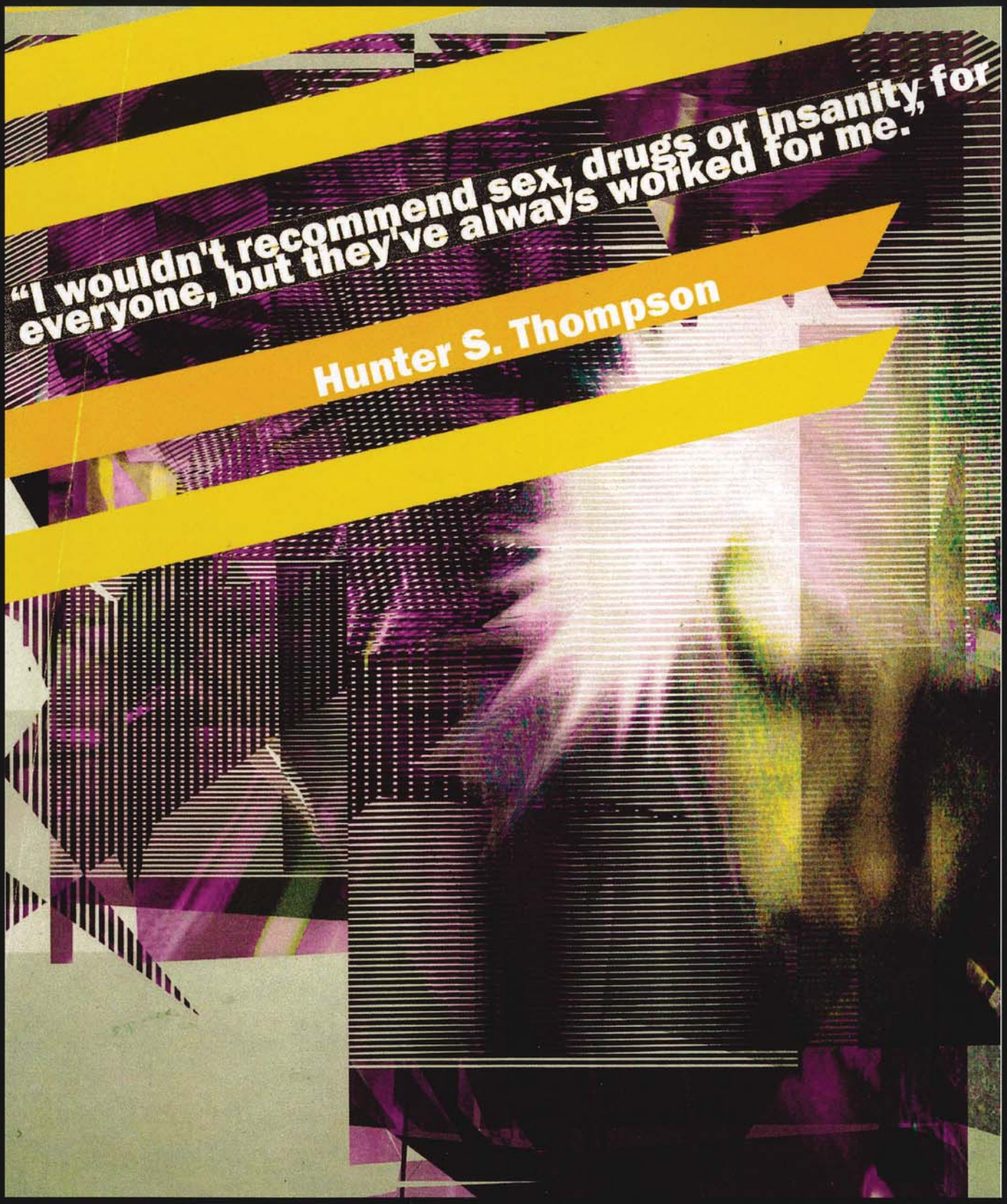
WHACK

magazine



DRUGS & CREATIVITY

Artists Under The Influence
RECOVERY - What's All The Fuss?
HRV's North Richmond Project
Top Ten Imaginary Drugs
News, Reviews & More ...


"I wouldn't recommend sex, drugs or insanity, for everyone, but they've always worked for me."
Hunter S. Thompson

by Loqui

Editorial

Greetings, Whack Readers,

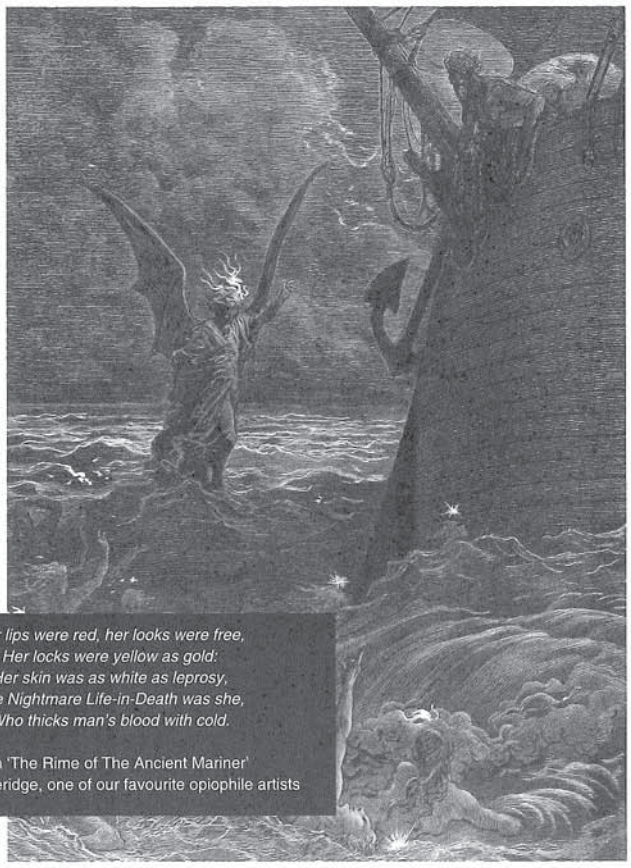
A fresh issue of Whack coming to you from a much revitalised HRV, where things are always changing. Our logo, for one – drafted by Loqui our new Communications Officer. (Loqui is also busy constructing a fabulous new website.) Another AGM has come and gone, our Board has been reconfigured and Jenny Kelsall is still our acting Executive Officer. The grim days of last year have been put behind us, and we've got our heads over the ball, reminding the world that drug users are people too.

This issue's theme is Drugs and Creativity. Humans of an artistic bent are far more likely than the average citizen to partake of mind altering substances – and many of them burn out reaching for the holy fire of inspiration. We look back over the years at some of the more interesting artists (some well known, some not so much) who have travelled to the further reaches of experience and brought us back the music, the writing and the art that we love. If we've failed to mention some obvious choices, forgive us – there are just so many to choose from, particularly in the realm of music.

We also take a serious look at a new bandwagon that is rattling through the drug treatment world. 'Recovery' is a word many of us associate with NA/AA, but now it is the name of a developing philosophy which has already been adopted by governments in the UK and USA. Despite its stated aims to decrease stigma and better integrate users with society, we at HRV suspect that Recovery is a veil for those who wish to encourage abstinence, who believe that if you are not 'recovering' you are a lesser kind of being. Put it this way – it's the kind of thing to which Brian Watters (John Howard's advisor on drug policy) would have put his stamp of approval.

There's also an historical theme to this issue that slots with the creativity thing. It's important to remember that people have been using drugs since they first discovered fire, and just because the best drugs are prohibited now doesn't mean you are some kind of freak – despite what The Man would like you to think. (Some animals even take drugs.) There are a few articles in here – one on the history of the syringe, for example – that might help you put yourself in the context of human history.

Our cover is an adapation of a famous portrait of Jean-Paul Marat a writer, physician and fiery main player in the French Revolution. Next issue, our theme is Stimulants. If you've got something to say, on this or any drug-related subject, Whack is here to print it. We had a slightly disappointing response when it came to submissions for this issue, so do us proud and get your voice heard. -*The Golden Phaeton*



Her lips were red, her looks were free,
Her locks were yellow as gold:
Her skin was as white as leprosy,
The Nightmare Life-in-Death was she,
Who thicks man's blood with cold.

from 'The Rime of The Ancient Mariner'
by S T Coleridge, one of our favourite opiophile artists

Our Values

Self determination & empowerment

We respect the sovereignty of individuals over their own bodies and respect and affirm peoples' lifestyle choices.

We believe that individuals and communities have the right to be heard and to determine their own goals and paths through life, provided always that the equal rights of others are not diminished.

We oppose stigma & discrimination:

Stigma and discrimination cause unwarranted harm to people who use drugs and their families and to the wider community to which they belong.

Stigma and discrimination marginalise and isolate people, separating individuals from friends, family and community support and deny them equitable access to opportunities, services and participation.

Stigma and discrimination act as barriers to the reduction of drug-related harm and to health promotion.

Stigma undermines human dignity and self-efficacy. It makes it harder for people to participate in the social, cultural and economic life of the community and it undermines individuals' efforts to develop their potential and to deal with challenges and problems.

Harm Reduction Victoria therefore affirms the rights of all people, including those who use drugs, to fair, equitable and respectful treatment in all aspects of life. We assert that a person's choice to use illicit substances, while unlawful, should not of itself have any impact upon their rights as workers, consumers of goods and services or as valued members of society.

The way we work:

Harm Reduction Victoria is a peer based organization. We are of and for our communities. Our membership, staff and supporters include current and former drug users and people who support the values and objectives of Harm Reduction Victoria.

Harm Reduction Victoria is a community organization that is accountable, in the first instance, to our membership and our constituent community.

We prioritise the issues and concerns of people who use drugs in all the work we do.

We believe that working with other groups and organisations leads to better outcomes for people who use drugs and the wider community.

We operate within the harm reduction philosophy, with a strong focus on promoting the health and rights of people who use drugs.

The context of our work:

Harm Reduction Victoria is committed to working lawfully and responsibly at all times. We do not seek to promote the use of any substances, but neither do we condemn individuals for the choices they make concerning their own bodies and lifestyles.

We Believe:

That drugs have positive as well as harmful effects (for the individual and society).

That many of the negative effects associated with drug use are not simply caused by the drugs themselves but are the product of legal, psycho-social and economic factors surrounding their use.

That the current distinction between drugs that are legal and illegal is not evidence-based.

That this demarcation does not accurately reflect the capacities of the various substances for harm and that the application of criminal sanctions in relation to one group of substances, and not the other appears to be arbitrary and counterproductive to the aim of reducing drug-related harms to individuals and the community.

That prohibition creates a barrier to accessing services and creates hidden harms which cannot be addressed whilst prohibition exists.

That drug use and drug related harm should be viewed and managed as a health issue and not a legal issue.

In a social model of health, which views health not merely as the absence of disease, but as a resource for living.

That "promoting health means addressing the social, economic and political factors that impinge upon people's capacity to enjoy good health" Ottawa Charter for Health Promotion 1987.1

Statement of Mission & Objectives:

As the state-wide user organisation, Harm Reduction Victoria's mission is to be a drug-user-based and user-governed organisation. We promote a harm reduction approach to drug use, with a philosophy of self-determination and empowerment. Harm Reduction Victoria aims to provide a voice for people who inject and other users of illicit drugs, and to address the health and social justice issues experienced by people who inject and other users of illicit drugs.

In short this mission is encapsulated in "Health Rights, Human Rights, Harm Reduction".

Harm Reduction Victoria's objectives:

a) To be a drug user-based, user driven and user governed organisation for people who inject and other users of illicit drugs
b) To address the issues of Blood Borne Virus transmission and infection, amongst people who inject drugs, through peer education, peer support and advocacy
c) To promote the reduction of drug related harm
d) To provide non-judgmental advocacy, support and referral to people who inject and other users of illicit drugs
e) To initiate and participate in ongoing community debate and discussion of issues affecting people who inject and other users of illicit drugs
f) To represent the views of Harm Reduction Victoria, and its' constituents, to government and non-government bodies.
g) To challenge social and legal barriers to the health and well being of people who inject and other users of illicit drugs, in Victoria.

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Autumn 2012

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"Penalties against a drug should not be more damaging than the use of the drug itself."

Jimmy Carter

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The Golden Phaeton

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SUBMISSIONS

The theme of our next issue (#29) is Stimulants. Keep this theme in mind when you submit. Review a classic novel. Or a new one. Anecdotes. Cartoons. Jokes. Strange experiences. Your life story. Opinions on hep, pharmacotherapy or drugs in general. It's your magazine. Put your thoughts on the page/screen and rocket them to us. If they're published, you'll be paid. For the brass tacks on WHACK submissions, flick to PAGE 27.

NEWS: LOCAL

Police Arrest More Users Than Dealers

(The Age)

Recent Australian Crime Commission statistics analysed by The Age show that drug user arrests in Victoria have risen more than 23% over the last decade, while the number of dealers arrested has actually fallen.

These figures have provoked criticism from addiction and social welfare experts, who suggest that resources are being squandered on easy targets – often with addiction-related health issues – while pressure is lessening on commercial distribution interests.

The figures also showed that heroin related arrests dropped by 40% across the board, while those involving amphetamines (including ecstasy) nearly doubled. Cocaine arrests more than tripled. 'Cannabis accounted for more than half of all drug arrests, and cannabis users accounted for 39% of all drug arrests.'

Targin Threatens Precipitated Withdrawal

AIVL (Australian Injecting & Illicit Drug Users League) has warned drug injectors of the dangers of precipitated withdrawal if using the new drug Targin.

Targin (oxycodone) is marketed for the 'treatment of severe pain which can be adequately managed only with opioid analgesics', but it also contains naloxone (Narcan) which counteracts opiate-induced constipation by blocking the action of oxycodone at opioid receptors located in the gut.

Reports have reached AIVL of users who inject or snort Targin experiencing precipitated withdrawal - caused by the naloxone binding tightly and rapidly to the opioid receptors and removing any opioids which were previously occupying these sites.

AIVL recommends that anyone who accesses this medication with the intention of bypassing the slow-release mechanism (to achieve rapid onset of the oxycodone) speak to their local drug user organisation or NSP for appropriate harm reduction information and advice.

Doloxene Ban Challenged

(The Age)

Until the appearance of Tramadol (Tramal), Doloxene – the pink capsule containing dextropropoxyphene (DPP) - was widely used to mitigate the effects of opiate withdrawal by patients not accessing pharmacotherapy.

It remains available (together with Di-gesic and other related drugs) despite the banning of DPP in the US, Europe and New Zealand. DPP has been shown to interfere with the electrical activity of the heart, increasing the risk of serious arrhythmias or disturbances to the heart-beat - an effect more pronounced with high doses and overdoses.

Australia's Therapeutic Goods Administration had ordered the deregistration of the drugs from March 1, but drug company Aspen Pharmacare, in an unusual move, sought a review in the Administrative Appeals Tribunal which has ordered a stay on the registration until a hearing in May. The tribunal directed the company to circulate strong safety warnings to doctors and pharmacists, and with each product.

Carol Bennett of the Consumers Health Forum, criticised Aspen's legal manoeuvre, which she said placed profits ahead of patient safety. She was also worried that many users would not be aware of the safety concerns.

High Level Report Calls For Debate on Decriminalisation

(News.com.au)

Forward-looking, not-for-profit think tank Australia 21 has released a 'High Level Roundtable Report' titled 'Australian Policy on Illicit Drugs' which urges politicians to accept that the war on drugs has failed. Stating that the illegal drug trade allows organised crime to flourish, the roundtable calls for debate on decriminalisation in Australia. The tough law and order approach, it concludes, does more harm than good.

Signatories to the report include West Australian premier Geoff Gallop, Howard government health minister Michael Wooldridge, former NSW director of public prosecutions Nicholas Cowdery QC, addiction specialist Dr. Alex Wodak and former NSW Premier Bob Carr who, since the report's release, has become Foreign Minister.

Under media scrutiny, Bob Carr has been forced to tone down some of his statements, while still promoting 'A bit of modest decriminalisation, de facto decriminalisation at the edges'.

Senator Carr, whose brother Greg died of a heroin overdose in 1981, said 'he was proud to have opened a medically supervised injecting room at Kings Cross when he was the NSW premier'.

'Australia 21 stops short of directly backing decriminalisation, but one former top prosecutor says in the report that drugs should be legalised, regulated and taxed to control use.

Sterilisers Eye Australia

(The Age, ABC)

Project Prevention is an American charity that gives cash to drug and alcohol-dependent people in exchange for long term birth control or sterilisation. Its founder, Barbara Harris, told The Age 'We have had so much interest from Australia, people offering to help out and even raise money. Looks like we'll be (there) very soon.'

Project Prevention has been roundly criticised for its radical methods and accused of exploiting highly vulnerable people who are incapable of providing informed consent. Some have noted its ideological connections to the eugenics movement.

NEWS: GLOBAL

Silk Road Gives Us What We Need

On April 27, The Age published an extraordinary feature article on Silk Road, an international online marketplace for drugs which brazenly operates under the eyes of the world's enforcement authorities. Customers can browse the listings and purchase anything – from prescription drugs to heroin, pot and ice – then have it delivered, carefully packaged, by mail.

Silk Road is not dissimilar to ebay and is just as professional. It offers prize giveaways, gift certificates and dispute resolution services. Customers claim that the drugs are 'cheaper and of higher quality' and vastly prefer Silk Road to 'meeting an unknown dealer in an alley somewhere'. Lively on-site forums discuss sellers and 'provide independent scientific testing of their wares'.

And no, it is not an April fools joke.

It is estimated that there are 100,000 active buyers and about 5000 transactions per week with an average spend of $100. There have been 11,000 new registrations this year, compared to 8,000 for the whole of 2011.

In the wake of much public discussion over the failure of The War on Drugs, experts have pointed to Silk Road as an example of the impossibility of maintaining prohibition in its present form.

The site is accessed through an anonymous router and transactions are made with 'bitcoin,' a gaming related currency. These security measures make it nearly impossible for Australian authorities to effectively respond, though international law-enforcement collaborations are forming and have recently busted 'The Farmer's Market', a similar site based in Holland.

Recovery Roadmap Under Attack From UK Charities

(The Guardian)

An alliance of influential charities has condemned a key government strategy document based on the 'Recovery' ideology.

In a letter to drugs minister Lord Henley and prime minister, David Cameron, they state that the "recovery roadmap" in the *Putting Full Recovery First* document would be 'disastrous' for drug-dependent people, describing it as a 'dangerous' and 'trivialising' approach to drug treatment'.

It warns that ministers will be putting lives at risk if proposed plans to push through "abstinence-based" addiction treatments go ahead. The document promotes a payment-by-results approach which 'will shake the maintenance-oriented status quo'.

The executive director of one of the charities calls the roadmap 'an ideological attack' on evidence-based treatments. 'The proposals would see the most radical overhaul of the UK treatment system for decades,' she says. 'This puts people's lives at risk and demonstrates a deeply flawed understanding of the nature of addiction.'

'27 Club' Myth Debunked

(Huffington Post)

The recent demise of Amy Winehouse has again stimulated debate over '27 Club,' whose members include Jimi Hendrix, Jim Morrison, Kurt Cobain and Janis Joplin – indeed it has even been suggested that Winehouse killed herself deliberately in order to join the hallowed fold of those musicians who have died at the age of 27.

But Australian statisticians, publishing in the British Medical Journal, have put paid to the myth that there is anything special about dying at 27, explaining that the pattern is nothing more than illusion. They surveyed a group of 522 'musicians at risk' (every solo artist or band member who has had a No.1 album in the UK between 1956 and 2007) and found that, although the risk of death from their lifestyle was increased, 'about as many musicians died at the age of 27 as they did at 25 and at 26, and even at the ripe old age of 32.

Narconon Refused Certification in Canada

After a long personal campaign, Canadian David Love has succeeded in bringing the activities of Narconon – a Scientology run drug rehab program – to the attention of government authorities, who have refused certification to a Narconon centre near Montreal because its approach was not recognised and it was potentially putting patients health at risk.

During his 'treatment' at the centre, Love endured five hour saunas on twenty-five consecutive days and was forced to shout commands at ashtrays for hours on end. No drugs are available on the premises and new patients spend the first three to twelve days in 'withdrawal rooms' without access to a physician. After this come IQ tests, massive shots of niacin and other therapies based on the thinking of science-fiction writer L Ron Hubbard.

At least four of the centre's patients have been taken to hospital in the last few months.

Narconon currently operates in Australia, with a local centre in East Warbuton.

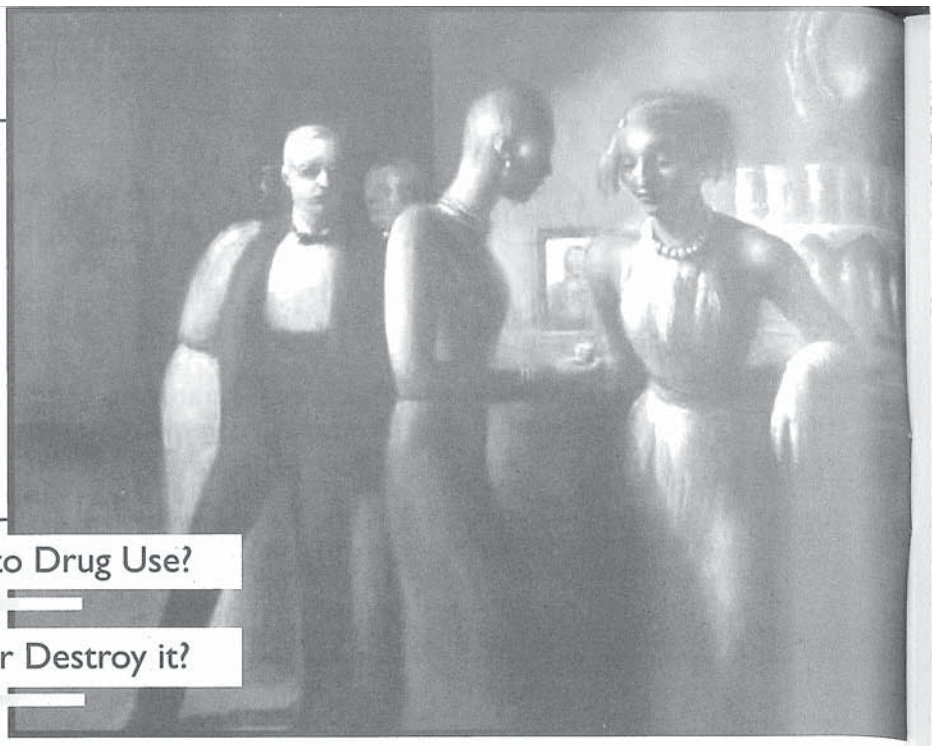
Show & Tell Goes Pear-Shaped

(The Guardian)

In a nightmare scenario for an American user, Santos Roman's five year old step-son decided to take his jacket to school for show and tell. Realising the jacket was missing, Roman rushed to school in a panic to retrieve it, but the damage was already done.

Whilst appearing before the class, the child decided to sweeten his performance by revealing the contents of his father's pockets. As soon as the teacher set eyes up the twenty-odd folds of heroin, he diligently alerted the authorities, who promptly responded. When Roman appeared he was arrested and now languishes in jail.

DRUGS AS MUSE?



Why are Creative Souls Drawn to Drug Use?

Do Drugs Stimulate Creativity or Destroy it?

I was brought up in an ordinary suburban home. My mother feared her god. My father feared Communists. I feared a nuclear strike on Melbourne. I think my parents believed that the straighter you are, the safer you are – and they did everything they could to make me straight and safe. Their big mistake was educating me. I had an inquiring mind and by the age of fourteen had decided on becoming a writer. I immersed myself in science-fiction and avant-garde literature, taking a path that would lead me into forbidden territory. There was a voice out there calling me. Something riotous, colourful and very cool that spoke of a whole other world so much more exciting than what had been mapped out for me by my parents.

Inevitably, I discovered David Bowie, then Lou Reed. I discovered William Burroughs and The Beat Generation. I read the entire oeuvre of Philip K Dick. I gave up James Joyce for Jack Kerouac. I wanted to live a life of wild abandon and I wanted to write about it in a way that had not been done before. I wanted to be famous. And hip. I wanted to die young and I wanted to take scary drugs.

The writers and musicians I favoured invariably seemed to be involved with drugs. As far as I was concerned, the mention of drugs in a biography was a recommendation. Indeed, if an artist didn't take drugs, then they were automatically less interesting.

In retrospect, by marginalising drugs and drug-takers, society - and my parents - had inadvertently tied a little label to the bottle which read 'take me'.

But 'take me' for what reason exactly? Well, to be cool, definitely. But I considered myself a little more serious than that. For the pleasurable sensations? Well yes, but what I really wanted was to buy into the grand tradition of drugs used as an adjunct to the artistic process.

In his book *The Natural Mind*, Andrew Weil made an observation that 'the desire to periodically alter consciousness is an innate normal drive analogous to hunger or the sexual drive.' He used the famous example of children 'whirling themselves into vertiginous stupors' in search of an altered state.

Altered states can be an especially useful for the artist, whose job is to look at life from without, to view day to day reality from a different standpoint and then report the findings. The artist is a seeker after what is new and unusual. It is no surprise that creative souls down the ages have experimented with drugs

To quote Jean Cocteau, the French writer and filmmaker. '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.'

Many of the Romantics of the 18th and 19th Century were partial to opium - most often taken as laudanum tincture - which kindled the dark, grotesque dreams that were their bread and butter. Coleridge wrote that, 'Laudanum gives me repose, not sleep, but you know how divine that repose is, what a spot of enchantment, a green spot of fountains and flowers and trees in the very heart of a waste of sands.' He also said that 'opium is less pernicious than tea'.

It is believed that opium fuelled that infamous night at Lord Byron's villa on Lake Geneva, during which Mary Shelley conceived of *Frankenstein*. Her husband, the poet Percy Bysshe Shelly, was partial to laudanum and Byron habitually consumed a potion called 'The Black Drop', which was said to be four times as strong as laudanum. In France, Charles Baudelaire was a member of *Le Club des Hashichines*.

Robert Louis Stevenson wrote *Dr.... Jeckyl and Mr Hyde* during a week long cocaine jag. His wife marvelled 'that an invalid in my husband's condition should have been able to perform the manual labour alone of putting 60,000 words on paper in six days seems almost incredible.'

At one time Sigmund Freud believed cocaine to be a possible substitute for food, and became a raging addict. Amongst other things, Jules Verne enjoyed *Vin Mariani* – a coca-wine - and *Around The World in Eighty Days* was written under its influence. 'Oh jab me with your needle a hundred times,' wrote Verne. 'And a hundred times I will bless you, Saint Morphine.'

The Beat Generation of the post-war years of the 20th Century was fuelled by whiskey and amphetamines. Jack Kerouac completed his classic *On The Road* in 'an extended session of coffee, benzedrine and spontaneous prose.'

The influence of cannabis, particularly on music, cannot be understated – there is no drug to which musicians have more affinity. After its prohibition in the US, authorities noted that a certain subset of society was flagrantly continuing its use. Among the transgressors were Louis Armstrong, Dizzy Gillespie and Duke Ellington. Agents were ordered to keep files on all jazz and swing musicians in their area. (Heroin was also huge in the early jazz scene and in many scenes to come.)

Indeed, the modern music industry was pretty much weaned on drugs of one sort or another. (The Beatles made their marvellous transformation from innocent moptops to psychedelic gurus after Bob Dylan turned them on to marijuana.)

Drug anthems by the likes of *Jane's Addiction*, *The Rolling Stones* and *The Velvet Underground* have become classics. Punk rock, Hip hop, Techno – each scene has its drugs of choice. Actors are another class of artist which we associate with drug use. Dennis Hopper, Robert Downey Jr., the list is effectively endless. Cary Grant is known to have consumed upwards of seventy acid trips in his lifetime.

There is no doubt that individuals of a creative bent seek out the magical transforming experiences that drugs can offer. But as a creative tool, the insights and startling visions that they offer can be fleeting.

Consider Samuel Coleridge. History leaves us a vision of the ethereal haunted artist living between this world and the world of dreams. But, later in life, after having a truly miserable time of it, he came to believe that opium was actually far more pernicious than tea. 'It is an accursed habit,' he said, 'a wretched vice, a species of madness, a derangement, an utter impotence of the volition."

Our dark elixirs demand that we pay a price. A good percentage of those souls we associate with drugs suffer by them. With its dark gothic overtones, its vast and glacial cool – which can retain its glamour even though the misery of 'junk sickness' – heroin has a strong potential to sup the creative juices dry. In this world of ours, it can lead to turmoil, but even without prohibition it can generate a smudged grey half-life from which little creativity can be drawn. And it can lead to an early grave.

Some would say it's worth the sacrifice. Some would not. Some would say that Coleridge's misery was a small price to pay for *The Rime of the Ancient Mariner.*

Those of an artistic temperament are also more inclined to psychopathology. Depressive withdrawal, mood instability, impulsiveness and suicidal urges are often associated with both mental patient and artist. A tendency to disinhibition can make both classes more open to experimentation. Sometimes self-medication precedes the use of drugs for inspiration. Thus, the creative gift is often a blessing and a curse.

Aristotle asked why the vast majority of eminent people were afflicted by melancholy. During the Renaissance, the figure of the tormented genius became a stereotype and found new vigour during the Romantic Period, when it was asserted that one cannot truly write without exposure to 'the dark sun of melancholy'.

Beethoven was bi-polar and treated himself with alcohol. Byron and Poe (an opium addict) also were bi-polar. The wild hallucinations which Philip K Dick – a poly-drug user - incorporated into his science-fiction were partly due to temporal lobe epilepsy. Vincent Van Gough was a man of disturbed mind with a dangerous predilection for absinthe. It has been suggested that the neurotoxins present in that decoction contributed to a physiological change that affected his perception of colour – leading directly to the distinctively bright hues of his later work.

Kurt Cobain has been described as 'The poet of pain'. As a child he was hyperactive and was prescribed Ritalin. The drug caused insomnia which in turn was treated with sedatives. This early exposure to pharmaceuticals is thought to have predisposed him both mentally and physically to later drug use. He described heroin as the only thing that 'quenched the fire in his gut'. Indeed, Cobain suffered chronic stomach pain, which darkened his outlook on life. Both drugs and illness lent a characteristic tenor to his work

It may be that many artists take drugs because they are attempting to control something within that plagues as much as it inspires – and which may itself be the lynch-pin of their creativity.

But what happens when an artist actually takes drugs and sits down to work? It depends largely on the drug involved, but a friend of mine gave a good answer: "Looks great when you're doing it. Looks like shite the next day." As a visual...

Continued on P.34

TWELVE STEPS ON STEROIDS

RECOVERY

FRESH APPROACH OR NEW MANOEUVRE BY THE MATRONS OF SOBRIETY?

In March, I attended a one day symposium titled *Pathways to Recovery*. The subject was Recovery. Not just recovery, but Recovery with a capital R - and by the end of the day the word was reverberating through my brain.

No one I talked to previously had been able to explain Recovery in anything more than vague terms. It claimed to be a new paradigm in drug treatment, but some were already wary: the word 'recovery' is, for many, synonymous with Twelve Steps and the discredited abstinence model. Was this a new drive from the camp of teetotalitarianism? I trusted that the conference would shed some light on the matter.

The event was hosted by the Stepping Up Consortium (Odyssey House, Turning Point etc.) and was very well attended. There were those already committed to this new doctrine, those suspicious of it and some, like me, who just wanted a clear explanation.

So what in god's name was it?

A brochure informed me that Dr.... David W Best had founded the 'Recovery Academy Australia' in late 2011. It existed 'to promote and support activities that celebrate recovery and destigmatise addictive behaviours.' They believed 'in changing community attitudes by informing public policy and sharing stories of hope.'

Sounds fine, but doesn't everyone in the field have these same aspirations? Even Whack? If it was, as I was later informed, 'a groundswell movement', then it was certainly based on a rather nebulous philosophy. The brochure admitted as much: 'The concept of Recovery remains difficult to define, however the group decided that "You're in Recovery if you say you are".'

I felt like I was at the launch of a new political party. There was an excited, almost evangelical air about the place. Something fresh and important with the potential to transform lives was about to be revealed.

In conversation, I learned that the Recovery model had already been instituted in parts of the UK and USA. I learned that the conference was timely, because discussions on future Australian drug and alcohol policy were currently underway in government. I heard someone comment that rusted-on believers in abstinence and the Twelve Steps were raising their voices again after a long silence.

Dr.... Matthew Frei (Turning Point) gave a measured address on Recovery and pharmacotherapy. He noted that in clinical terms pharmacotherapy maintenance would be termed 'remission' rather than 'recovery'. Although there was scant evidence of the long term benefits of maintenance therapy and a lack of clarity regarding optimal doses, he said there was powerful proof that it led to a reduction in use, crime, death and promoted greater life stability.

He spoke of the rapidly changing patterns of opiate use, informing us that 150,000 Australians are addicted to prescribed medications, particularly fentanyl, and that, of these, many are quite content with their dose. In the US, this is officially described as 'dependence', but if outlawed substances are involved it becomes 'addiction'.

Though I was yet to fully get my head around the concept of Recovery, I suspected Frei was concerned that a wholesale adoption of the new paradigm may deprioritise important aspects of harm reduction, particularly pharmacotherapy maintenance.

He expressed doubts over a reliance on anecdotal evidence. 'A rap on the knuckles was enough for my drunken uncle,' may be a truth, but it is no basis for wider treatment. Also, he had been to conferences where 'spirituality' was an issue. This immediately reminded me of NA/AA and the submission to 'a higher power'.

Frei said some interesting things about the restrictions on suboxone prescription, revealing that those responsible now admitted 'a boo boo' in making it equivalent to methadone. A more liberal dosing scheme – say a single attendance for a

month's supply – would be better for everyone and in concert with Recovery's belief in integrating users more thoroughly with society.

Next came the head of the Recovery Academy, Heather Pickard of SHARC (Self Help Addiction Resource Centre). She spoke about an upcoming Celebrate Recovery Walk: 'a symbolic journey to celebrate recovery and to provide a message of inspiration to others that change is possible'. Just to stir the possum, I put my hand up and asked: what if my boss sees me on the news and I get sacked? Do you think public policy and opinion need to change before people can safely 'out' themselves? After all, it's a crime to use, and perhaps foolish to expose oneself so publicly...?

I suggested that decriminalisation may be necessary if such a 'celebration' was to succeed in a meaningful manner. Pickard replied that it was early days and the Academy had yet to formulate policy on such issues. Given how authoritatively Recovery was being presented on this day, I was surprised by this response. Pickard was careful to mention that Recovery is a broad church which includes such things as harm reduction, but I found it difficult imagining someone on methadone maintenance 'celebrating' on this march - and easy imagining those who have tried yet failed to 'Recover' feeling excluded.

There have already been such walks in the UK, some attended by politicians and, by the standards of the Recovery camp, they have been great successes.

After lunch, the mercurial David Best took the lectern. Things immediately became clearer and took on depth. Best is a powerful speaker with a quick mind and it is easy to see how he might gather people to a cause. But was he a visionary, precipitating much needed change, or merely a smooth-talking, abstemious Scotsman? I reserved judgement.

Fully aware of the fears and misgivings of harm reduction advocates, he began by ruffling feathers. He accused them of shaping Recovery into a straw man at which to hurl the fruit of their small-mindedness. He informed them that their antipathy revealed a parochialism that was inevitable in such a narrow field. On average, he said, it took twenty-seven years for a person to reach Recovery, leaving 'plenty of time for harm-reduction and needle exchanges'. Nobody was going to lose their jobs. And as regards any worrying past associations of the actual word, they were told 'to move on'.

Then he went on to explain, pretty clearly, what it all meant. Recovery is a journey, a process, not an end state. And everybody's journey is different; each has a unique trajectory. The only common factor, says Best, is that no one does it alone. It is a thing that happens between people.

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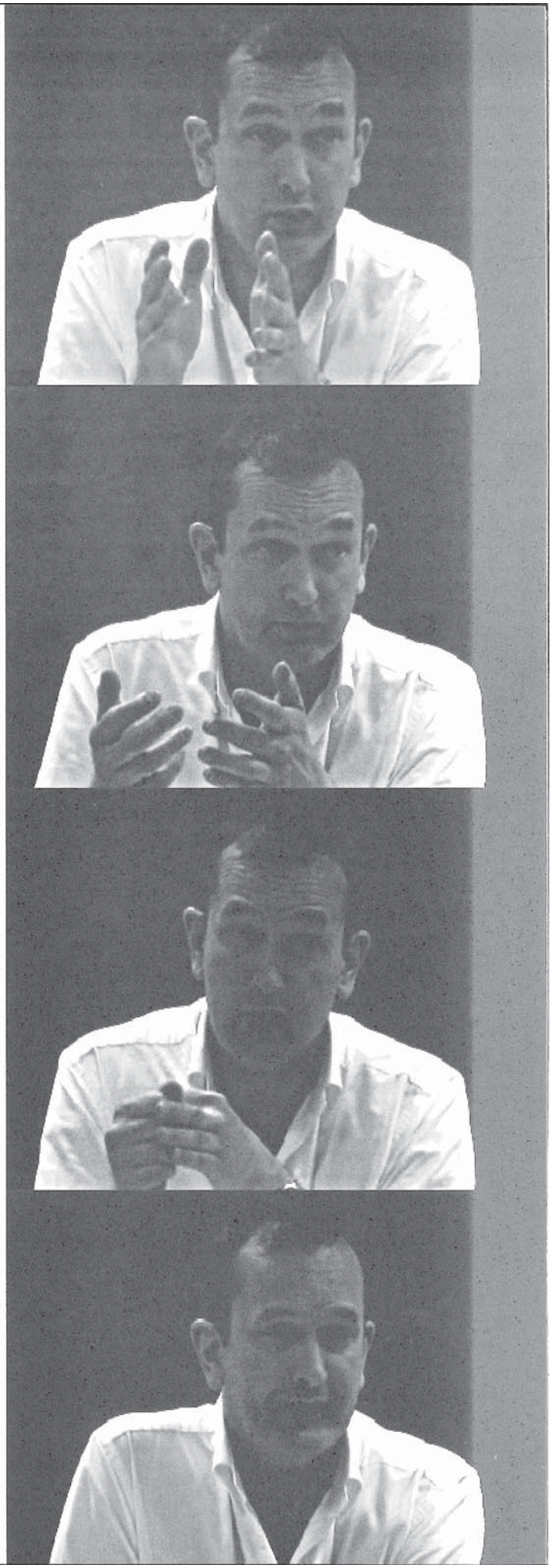
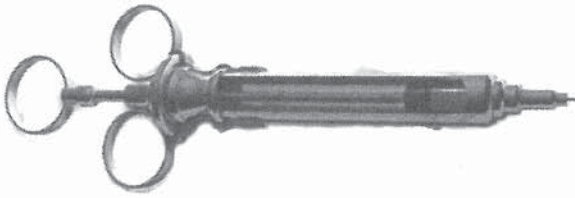


DRUGS AND NEEDLES



A Short History of Injecting Equipment

It is not surprising that the evolution of recreational drug use shadows the development of the hypodermic syringe.

As a concept, the syringe has been with us since Greek and Roman times. Through history, crude versions were used to irrigate the ear with red wine, suck cataracts from the eye and pump up corpses in preparation for dissection. Nothing was available to perform intravenous and subcutaneous injections till at least the mid 1600s, when Christopher Wren experimented with hollow quills and straws attached to small bladders. His device, called a 'clyster' required that an incision be made first in order to address the vein.

During his investigations, Wren injected a dog with 'opium and other substances'. His only human subject was 'the delinquent son of a foreign ambassador' who immediately 'fell into a swoon'. Ultimately, Wren's work was unsuccessful and he abandoned it.

Morphine was isolated by Friedrich Sertürner in 1804 and commercially distributed by Merck in 1927. Sertürner, his friends and associates, his wife (and his dog) all became addicts - or 'morphinists' as they were known. By the 1850s there was a significant population of users.

Inventors in the field of drug delivery strayed down strange paths in the 1800s. Lafargue developed the 'dry syringe' which slit the skin and placed a morphine pellet inside. Crombie treated a silk thread with morphia and drew it under the skin with a sewing needle. Neither of these techniques caught on.

Then, in 1853, Charles Pravez in France and Alexander Wood in Scotland simultaneously developed a hollow metal needle fine enough to pierce the skin and attached it to a metal syringe.

While Pravez treated aneurysms, Wood investigated pain relief. Again the first victim was a dog, but this time the drug used was morphine. Part of Wood's intent in developing the hypodermic was a belief that direct injection of morphine would avoid addiction. Wood became the first person to subcutaneously inject morphine. His wife not only became the first needle addict, but the first needle addict to fatally overdose.

Injection, both intravenous and – as was far more common at the time – subcutaneous (skin-popping) was a far more efficient way to take drugs. It bypassed the liver 'resulting in a higher bioavailability.' It hit you quicker and harder, with a rush.

Following the invention of the hollow needle there appeared a wide assortment of syringes to which it could be attached. Some were of metal and glass, some of glass alone, and, once they became widely available, morphine and cocaine addiction began to escalate.

It is thought that the leading cause of opiate addiction in the 19th-century was administration by doctors to patients with complaints as various as compulsive masturbation, photophobia, nymphomania and 'violent hiccough' - and these doctors did not shy from the hypodermic route. But, as effective as the hypodermic syringe was, it did not threaten the massive sales of oral opiate preparations sold by patent medicine firms.

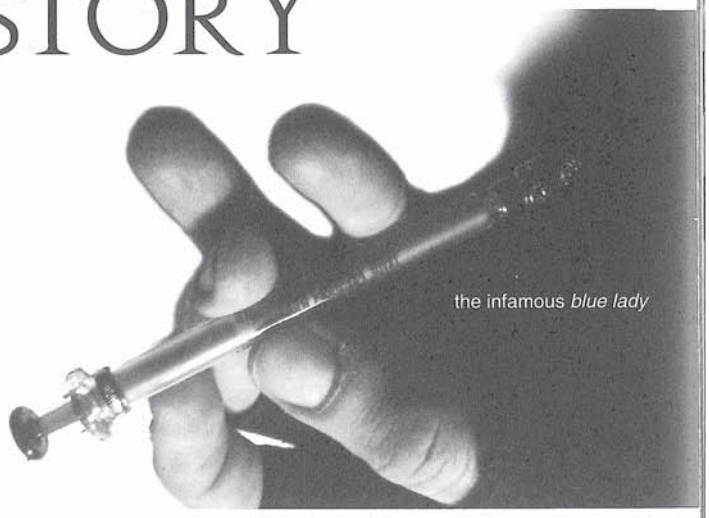
In the 1860s, during the US Civil War (and other wars of the time) morphine's pain-relieving qualities did not go unnoticed. Early on, injured soldiers were given an opium pill or else morphine was rubbed directly into the wound, but the advantages of injection soon became apparent (as did its pleasurable aspects and there are reports of guards being posted to protect supplies).

In the aftermath of the war, there was a further increase of the use of morphine. Many soldiers returned with addiction and it became known as 'The Soldier's Disease'. Coupled with increased availability, this led to the first wave of 'widespread addiction to injectable opiates'. But cocaine - championed and used by Sigmund Freud - was similarly popular and injection of it was common in the British upper middle class. Arthur Conan Doyle's Sherlock Holmes, who first appeared in 1887, was an habitual injector of cocaine. Obviously, shooting up did not have the same stigma it has today.

In 1876 it was noticed that tetanus could be spread by needle use.

In 1897, Felix Hoffman synthesised heroin and the stronger substance steadily gained ground, both as a pain killer and a recreational drug. During World War One it was customarily administered intravenously to severely wounded or dying soldiers. Licensed physicians were giving injections of heroin and cocaine to patients with alcoholism and depression. Before long, heroin's high potential for addiction was noticed.

DOGS AND HISTORY



the infamous *blue lady*

The infamous US Harrison Act of 1914 curtailed the use of opiates, most of which at the time, at least in the USA, were consumed by white middle-class ladies in the Southern states. From this point on, all over the world, prohibition only grew more draconian. Drug use went underground. Production and supply were taken over by criminal gangs like the Mafia.

Concurrently, access to needles and syringes was restricted. In many jurisdictions it was a crime to possess injecting equipment without a prescription – a state of affairs which persists in some places today.

Users who preferred to inject but were denied the means of doing so, turned their cunning minds to alternatives. The 'needle and dropper' method was famously described by Beat writer William S Burroughs. A needle was attached to the end of a medicine or eye dropper, using a collar of paper (or a scrap of currency, if you were one of those who believed it was more waterproof). Then, if the bulb was too small, it would be replaced by a larger one - often in the form of a baby's dummy - and then secured by string or a rubber band.

In *The Naked Lunch* Burroughs also described a cruder method. "She seized a safety-pin caked with blood and rust, gouged a great hole in her leg which seemed to hang open like an obscene festering mouth waiting for unspeakable congress with the dropper which she now plunged out of sight ." Enough said.

During the mid 1920s, users' preference for intravenous over subcutaneous injection began to steadily increase - as did the perception that those who injected were on the lowest rung of the drug using ladder. In the decade between 1935 and 1945 the percentage of intravenous over subcutaneous users in New York rose by about forty percent. Researchers have guessed that around 1925 there were 'changes in the addict subculture that made the syringe less frightening,' but the declining quality of both the drug and injecting equipment would have also played a part. (I would add that the rush achieved by intravenous use must have been influential.)

Medical practitioners were aware that needles, particularly those which accessed the vein, were a vector of disease. In 1932, there was a malaria outbreak in New Orleans attributed to injecting drug users. 48 users were diagnosed and ten died.

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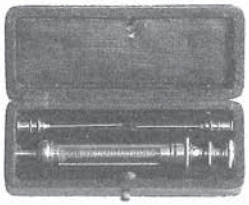
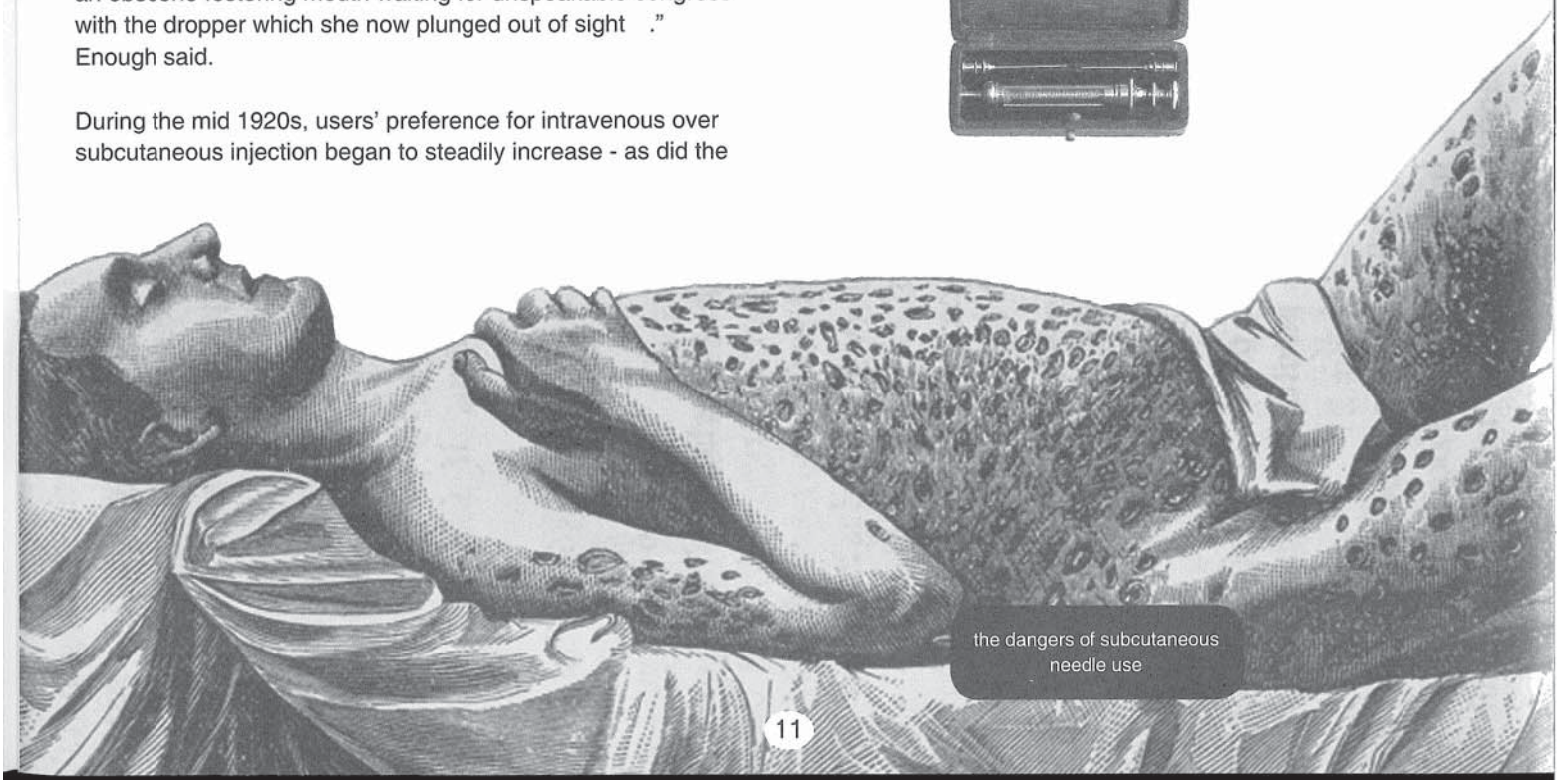




the dangers of subcutaneous needle use

DOCTOR-SHOPPING RULES TO BE TIGHTENED

Real Time Prescription Monitoring Is On Its Way

So, what *is* this you may ask? A Real Time Prescription Monitoring Program (RTPM) is exactly what it sounds like and within the last year one has already been implemented in Tasmania. There are similar programs currently operating in many jurisdictions across the United States.

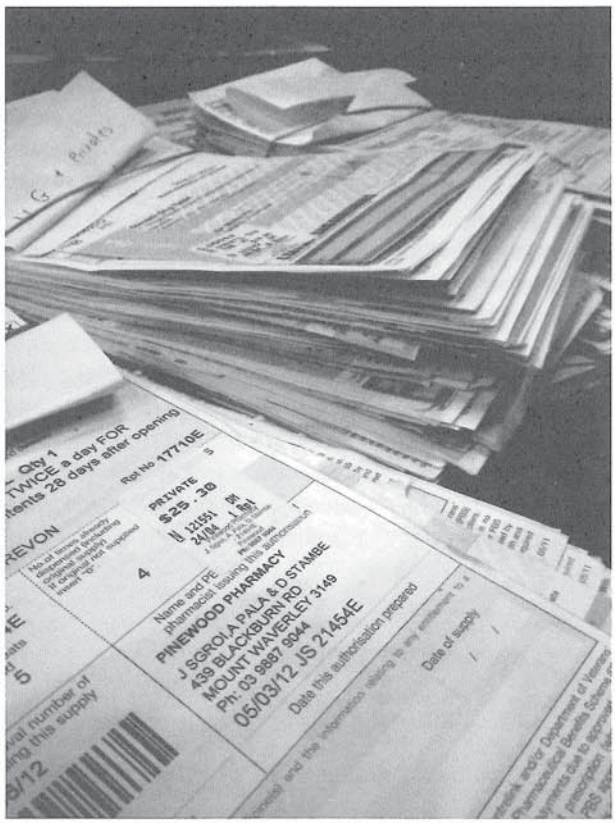
The Australian Federal Government has announced that they will be establishing an *Electronic Recording and Reporting of Controlled Drugs* (ERRCD) database based on the Tasmanian system, as of July 2012. The national system will be mandatory for all Australian pharmacies.

However, only a few days prior to the announcement of the national ERRCD, the Victorian Coroner called for a state based RTPM system to be implemented in Victoria within the next 12 months. The Coroner requested the RTPM after an inquest into the death of a 24 year old Victorian man who suffered from anxiety, insomnia and depression. Sadly, he died of a drug related overdose in 2009 which involved both morphine and diazepam. He was found to have visited a total of 19 general practitioners and 32 pharmacies in the three-year period prior to his death. Over the last decade seven similar deaths related to prescription drug use have gone before the Victorian Coroner's Court and resulted in the same Coronial recommendation; apparently there are another six cases to be investigated.

The state-based RTPM program asked for by the Victorian Coroner would provide General Practitioners and pharmacists access to 'real time' (in other words up-to-the-minute) information on who has been prescribed and/or dispensed any sort of prescription drug, who has done the prescribing/dispensing and where. Now, obviously, the idea behind this is to increase patient safety and decrease 'doctor-shopping' (going from one doctor to the next for the purpose of obtaining a large amount of prescription medicines). However, let's face it, the two types of drugs most likely to be targeted here are benzodiazepines and opioid analgesics, as opposed to the average antibiotic.

At this stage, it would seem that the important difference between the national system that begins in July 2012 and the Victorian system called for by the Coroner is that the Victorian system will track all prescription medicines as opposed to the national system that will only target controlled drugs (controlled drugs include dexamphetamine, morphine, oxycodone etc.).

If implemented, we are informed that the Victorian Department of Health (DoH) would be responsible for administering and monitoring the program across the state. We are told that the focus of this program is on public health rather than law and order, but try telling this to somebody dependent on a black market supply of alprazolam! The RTPM program would mean that GPs and pharmacists will not only be able to tell what a person is currently being prescribed and dispensed, but also what they have been prescribed or dispensed in the past - however we are not sure how far back the records will go. The information



contained in the Victorian RTPM database should enable GPs and pharmacists to make clinically appropriate decisions around the prescribing and dispensing of dependence-forming prescription drugs. This, in turn, should assist in reducing the incidence of doctor-shopping and 'pharmacy-hopping', together with the associated harms that can result from the misuse and overuse of these medicines.

Harm Reduction Victoria has some concerns about the possible introduction of a RTPM program in Victoria. These are as follows:

- Who will have access to the information on the RTPM data base? For example, will it only be GPs and pharmacists or will it include law enforcement and other health professionals? (If so, who will they be?)

- Will there be a delineation between who has access to the information and who can enter information on the system?

- Will this RTPM database also hold information on pharmacotherapy prescriptions (methadone and buprenorphine)?

- What would be the penalties for an individual or a group with access who misuses the information on the RTPM data base?

- Will there be some sort of body established to oversee the Victorian (and national) prescription monitoring data bases? If so who will make up its membership, and would consumer groups be represented?

- If incorrect data is entered onto the RTPM database, what will be the process to have it corrected?

- Will funding be readily available if the system needs to be improved or changed, or will it just be 'too late'?

- What, if any, appeals processes will be put in place? Will there be a consumer complaints process and if so how would it work?

- How often will the RTPM program be evaluated and reviewed and by who?

- When will further information be forthciming on these RTPM programs?

- If prescription drugs become more difficult to access, the their cost is likely to increase on the black market which, in turn, can lead to increased harms for the user (for example: people are more likely to inject drugs like morphine and benzodiazepines manufactured for oral consumption - injecting then leads to increased risks such as vein damage, blockage, abscesses, infection, heart problems and even amputation).

- Will funds be available for support services for people who are dependent on prescription drugs? (i.e. a telephone information line)

- Will such services advocate between consumers and service providers?

- Can the current Victorian drug and alcohol service system meet the needs of a potential increase in the number of people seeking help for a dependence on prescription drugs? If not, how will affected people get treatment, given their access to drugs is likely to be decreased under the RTPM?

- What will happen to people who are already dependent or who become dependent on drugs such as oxazepam, alprazolam, temazepam, nitrazepam etc. after the RTPM program has been implemented?

- Can the public hospital system cope with an increase in people seeking help for prescription drug dependence?

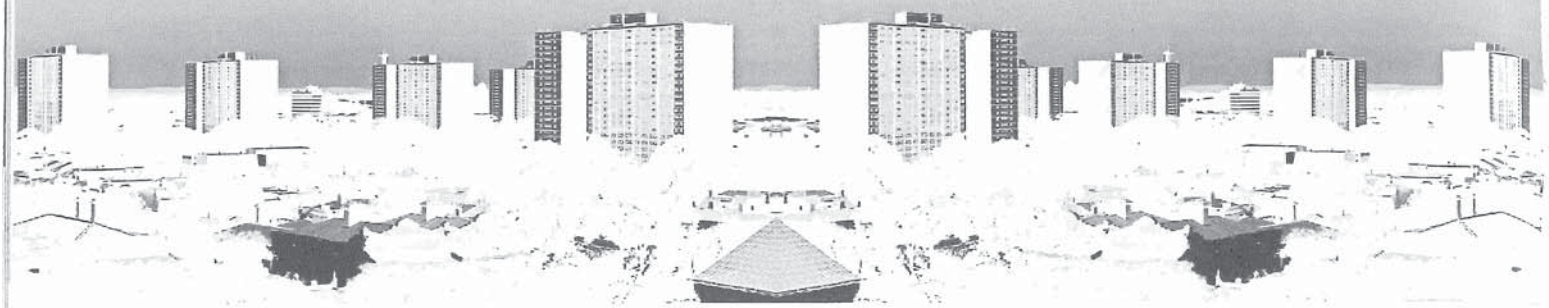
- What impact will this have on emergency departments, mental health services, etc.?

The purpose of this article is to alert the readers of Whack to these new developments in the monitoring of prescriptions, especially for drugs of dependence. As you can see, we at HRV do have a number of concerns about these programs and, at the time of this edition going to print, we do not have answers to most of our questions. We do feel that these are valid concerns and we would like to encourage you to think about these issues and any other concerns you might have, and, if you feel strongly enough, send them in for us to print.

How these programs turn out - and whether or not Victoria goes ahead and implements its own system or just relies on the national system - remains to be seen, so watch this space! - *Sarah Lord (HRV)*

THE NORTH RICHMOND PROJECT

Nadia Gavin reports on one of HRV's innovative outreach initiatives...



Recently, I was lucky enough to be involved in The North Richmond Project (NRP). It was something new for HRV. Sure, we're always talking to other users about the nitty gritty of drug-taking - overdose, hepatitis C, vein-care and safer using - but the NRP was about getting people to think about their impact on the wider community, to remember that sometimes we aren't as invisible as we like to think. People are red-lighting themselves constantly, yelling: vomiting, chasing dealers down the street, and just being loud when they are out of it. These things make us highly visible.

The NRP was an exciting venture, though it was not without its challenges. We viewed it as a pilot program and adopted a problem-solving and 'lessons learnt' approach. We remain committed to building on this beginning and developing a robust program which we hope will appeal to other communities and councils struggling with similar issues.

The concept for the NRP arose in response to community concerns over carelessly discarded injecting equipment and inappropriate behaviour in the local community. These problems had already led to the development of Taking Action Together, a collaborative partnership between Victoria Police, the Neighbourhood Justice Centre, the City of Yarra, the Office of Housing, the Department of Health and the Yarra Drug and Health Forum.

A Taking Action Together workshop was held in 2010. Bringing together a number of service providers and community organisations, it sought to find methods to co-operatively address the impacts of drug activity in the North Richmond High Rise Estate and surrounding areas. This was where HRV stepped up.

We received extra support for the NRP from NRCH (North Richmond Community Health, our main partner in the project,) as well from InnerSpace & YSAS (Youth Support & Advocacy Service). We organised a steering committee with members from NRCH, InnerSpace, YSAS, YDHF (Yarra Drug & Health Forum), NJC (Neighbourhood Justice Centre) and the City of Yarra. It proved very supportive and provided helpful guidance.

The primary aims of this project were (a) to reduce nuisance behaviours perceived to be associated with illicit drug use (b) to improve the health and self-care of people in North Richmond who use heroin and (c) to significantly improve the perception of safety and amenity for local residents in and around the public housing estate in Nth Richmond. We hoped to reduce the number of inappropriately discarded syringes and to encourage people to either leave the area before taking their drugs or, if that wasn't possible, to be more discreet while injecting around the estate and in wider Nth Richmond.

The project had three stages:

STAGE 1

We aimed to educate fifty injecting drug users (IDUs) who lived or used in the North Richmond area to participate in six peer education workshops run at three service providers: NRCH, InnerSpace & YSAS.

Ultimately, four workshops were held at NRCH (one indigenous specific) and one at InnerSpace. Unfortunately the workshop we had planned for YSAS didn't happen, as they weren't getting enough young IDUs through their doors.

A total of 38 participants (12 female, 26 male) were contacted primarily by staff of the NRCH Drug Safety Team and I recruited for the workshop at InnerSpace. One indigenous specific workshop was held at NRCH which was well attended (9 participants) and well received. Workshops were facilitated by myself, with staff from the NRCH Drug Safety Team attending to support those with low literacy skills. All workshops were extremely dynamic with high levels of engagement.

Participants were asked to identify strategies on how local drug-users can make Richmond a more harmonious community, to identify issues related to the street-based drug scene and public drug use in Richmond, and to visualise the locations of disposal bins before reflecting on their actual locations. They were asked to develop a hierarchy of safe places to use drugs (from safest to least safe). They were asked what strategies might encourage safe disposal of all injecting equipment, including wrappers, and how users might be more discreet and go about their business without being so obvious or disruptive to the wider community. ('Red Lighting Yourself' is a term used on the street that means you're not being discreet.) Participants were also asked to develop a 'user code of ethics'.

STAGE 2

Stage 2 was about identifying and training four to five key peer educator/mentors (KPMs) for this and the third stage of the project. A potential KPM would be a current user who lived on the North Richmond Housing Estate, in wider Richmond or else who spent most days there. Ideally, they would be a natural leader who was community spirited, had status in the community, was well-connected and had the time to be involved.

We began with two indigenous KPMs and three local KPMs - two females and three males. We ended up with three KPMs in all, who were well respected in the using community and were already encouraging people to use safely and dispose of equipment properly. Their training included OD prevention, safer using & BBV (Blood Borne Virus) prevention. They were to further develop their roles during the 'campaign' phase (stage 3) and provide input on poster art.

STAGE 3

The campaign phase ran for four weeks. Central to it were the three pieces of artwork pictured. Posters were put up around

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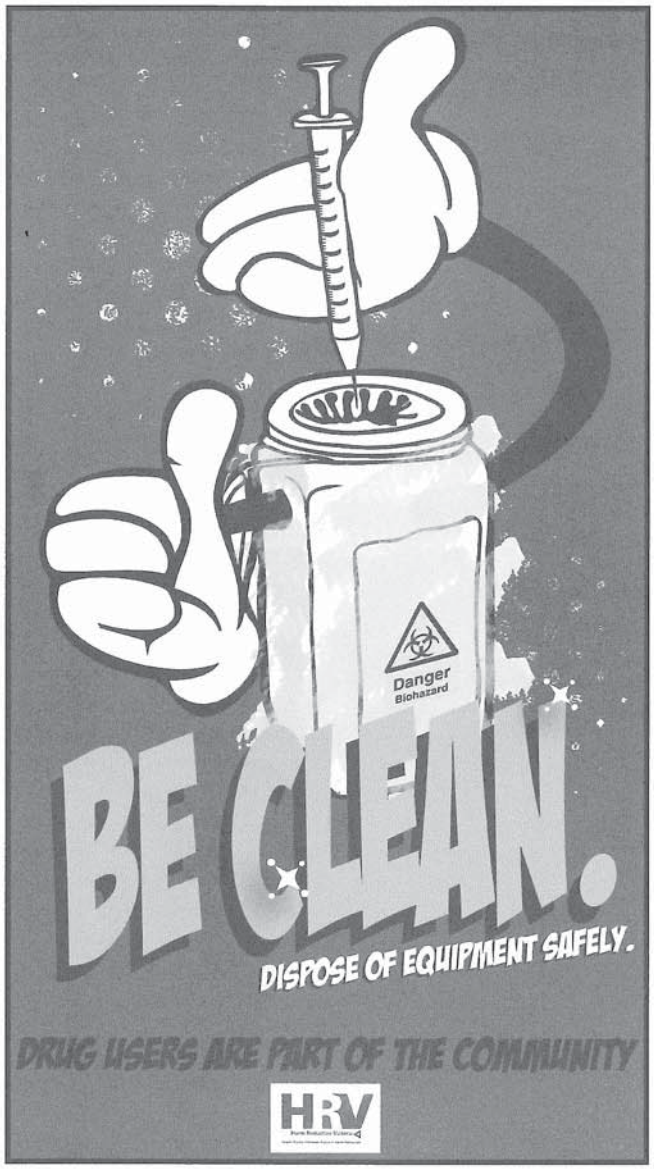
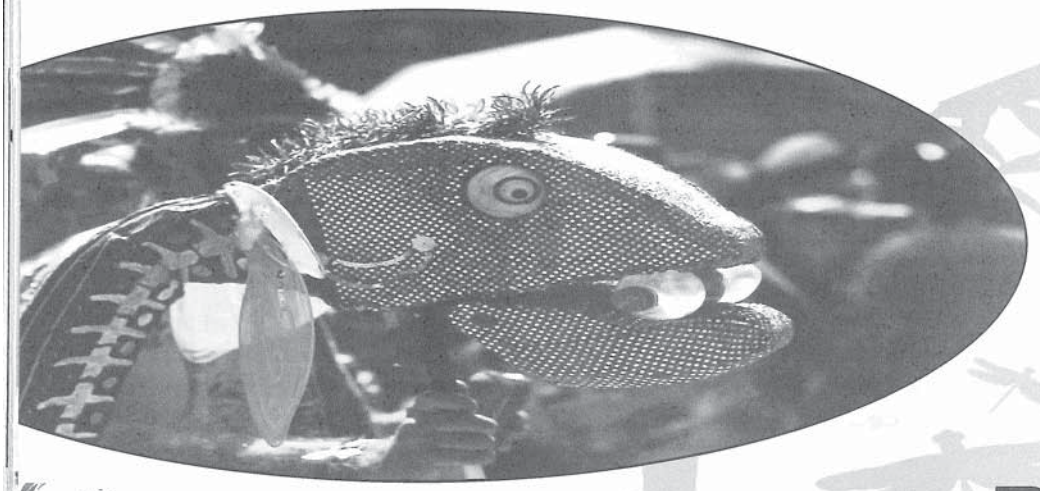




DanceWize @ Rainbow Serpent 2012

The Rainbow Serpent Festival is the biggest event on the DanceWize calendar. It is a five day extravaganza of music, art and lifestyle that attracts an audience from all over the world and from all walks of life. The event hosts a plethora of d cor, art installations and roving performance artists, complemented by the crazy and creative costumes of the punters themselves. Everywhere you look you are bound to find something weird and wonderful to capture your attention. Attending Rainbow Serpent is like stepping into another world (or at least a different community) for a week. It is always an unforgettable and eye opening experience.

This is by far our favourite event and one that requires attendance of the full crew. This year, DanceWize operated for 20 plus hours a day and, for the first time, organised a small roving team. We took twenty four staff to this event and could have used even more.

There were a few main issues for the Dancewize crew. One was the very strong acid that was going around the festival - many people simply didn't realise how strong it was and were unprepared for the effects. Even experienced psychonauts were running into trouble. Dancewize spent many hours sitting with punters as they worked through unpleasant trips.

Another main issue was the extreme heat. The event suffered through scorching temperatures that reached the early 40s C. Even those who were staying well hydrated, drinking water and sports drinks, felt the effects. Combined with drug and alcohol use, the heat caused many to need the assistance of the Dancewize crew. Thankfully, most of them simply needed a few bottles of Staminade to boost their electrolyte levels.

Interestingly, there was a prevalence of heroin at this year's festival. It is the first time that DanceWize and Flashpoint (first aid) have experienced such a high number of people seeking information and NSP services. Heroin is not

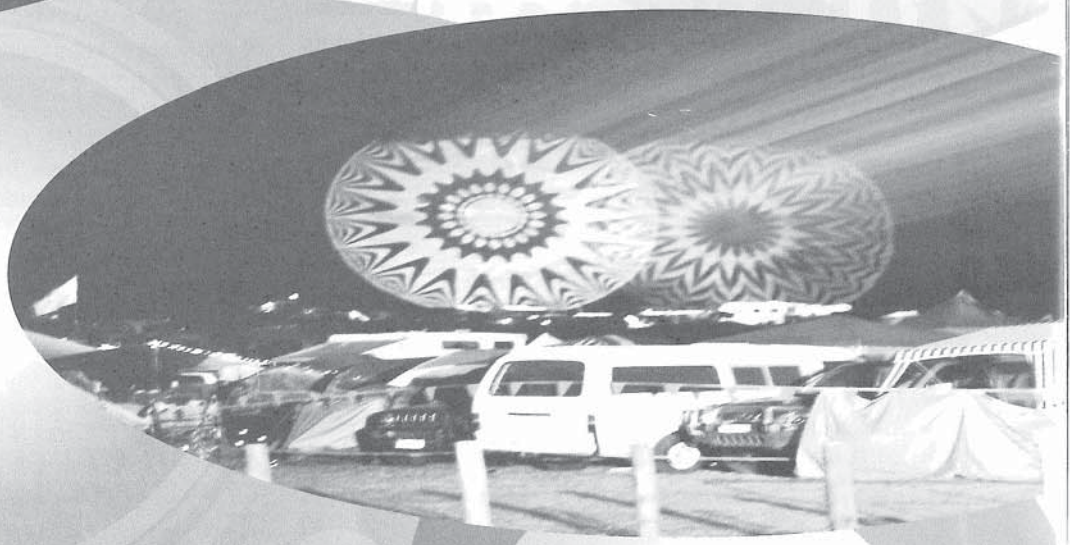
normally a substance used by those who Dancewize deals with.

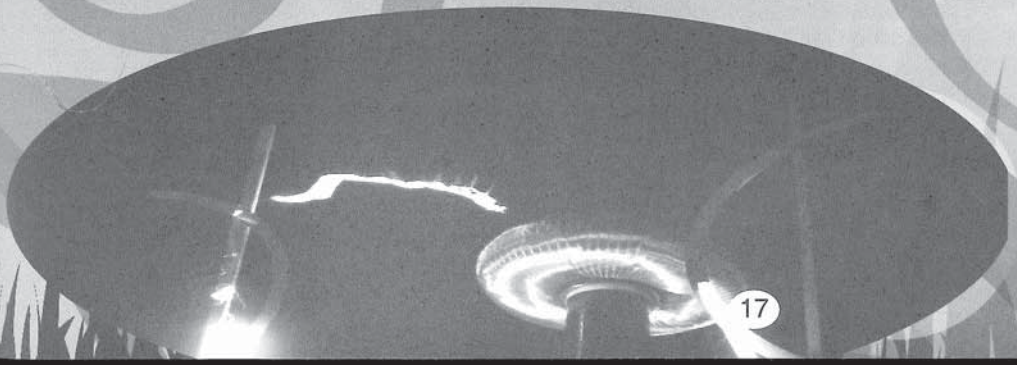
Sadly, the event was marred by a tragic loss of life. Daniel Buccianti, 34, passed away on the Saturday night. Police have stated that the death was not suspicious and, although some have called for Rainbow Serpent to be shut down, the town of Beaufort is still in full support. With only one other major incident - a young man, 25, being treated for a drug overdose and taken to Ballarat ICU to recover - the crowd of more than 15,000 was relatively well behaved.

All in all, this was once again an outstanding festival, filled with smiling faces, amazing music and a magical atmosphere. It was an unforgettable time for all who attended.

Dancewize would like to thank the organisers for the time and energy they put into running such an amazing event - and for their support of DanceWize.

We would also like to give a very special thank you to the Flashpoint (first aid) team for their work and for their endless support to each and every member of the Dancewize team. Lastly, we'd like to thank the security crew who did an excellent job of supporting the festival, Flashpoint and Dancewize in some extremely challenging circumstances. - *Dancewize Team*





images by Daniel Wells

PHARMACOTHERAPY UPDATE

Clients Edgy Over Suboxone

Suboxone, the last Next Big Thing in pharmacotherapy for opiate addiction has been roundly criticised by a group of users spoken to by Whack.

Australia's introduction of the suboxone film last September has been a general success, but methadone appears to remain the opiate substitute of choice..

The Suboxone film's novel presentation - as a strip of gel sealed in a foil sachet like a KFC wipe - was bound to attract interest, but that interest has not been sustained. The film contains the same mix of buprenorphine and naloxone as the sublingual tablets but its main selling point is that it dissolves quickly in the mouth.

The inclusion of naloxone, which blocks the opiate receptors, places Suboxone in a different category to methadone, an unadulterated synthetic opiate.

Suboxone's action in kicking opiates out of your system can cause problems. Prescribers say that unless you are already coming off - meaning if you still have opiates in your system when you first take Suboxone - you're likely to go into rapid withdrawal and be very sick because the bupe displaces any other gear on the *mu*-receptors.

One dispensing pharmacist gave sudden withdrawal as a reason for the condemnation dished out at the Suboxone film when Whack spoke to a group of pharmacotherapy clients in Melbourne recently .

Ted was an early convert to Suboxone film who rapidly became disillusioned.

'I went on the Suboxone film for just six days when it was being trialled at Turning Point, but it made me crook straight off,' he said.

'I went back to the doctor and asked to go back on methadone. As soon as I had my first dose of methadone I felt better.

'The Suboxone was hell. It made me really sick and I wasn't using.'

Hassan told Whack that he had been on Suboxone film for several months but had recently gone back to methadone. A user for twenty years, Hassan was keen to quit heroin altogether, when his doctor persuaded him to try the Suboxone film.

'It was no good. It made me feel too up, jumpy, like I couldn't sleep, I couldn't eat. I really needed something else to keep me down. Now I'm back on the 'done. I know it isn't perfect, but it's what I prefer .

'Maybe (Suboxone) would be better for newer users who want to quit with pharmacotherapy.

'For us older ones, methadone seems to be the go because it keeps you stable,' Hassan told Whack.

Craig was one former user who transitioned from methadone to suboxone with only minor complaints.

'If you want to keep using occasionally, then Suboxone is a pain in the arse. It's pointless having anything up to two days after having Suboxone.

'But when I didn't use, the Suboxone was okay. I was down to a low dose of methadone when I switched.'

Alex was someone who felt the wrath of naloxone when he injected Suboxone without realising it might send him into immediate withdrawal.

'Jeez, that was pure shit. I injected it and as soon as I took the needle out all hell broke loose. I thought I was going to die. I was on the floor in the foetal position, sick as a dog.'

Pat tried Suboxone film and at first had no complaints.

'I was on it for only a couple of weeks,' Pat told Whack. 'In the beginning I felt quite good but, after a couple of days, I started to get moody and I didn't like that.

'I wasn't going to put up with feeling shitty at everyone all the time, so I went back onto methadone.'

Trevor said he'd stick with methadone because he'd only heard bad things about Suboxone.

Dispensing pharmacist Angelo Pricolo from Tambassis Pharmacy in Brunswick said switching from methadone to

buprenorphine was tricky because they were different drugs and affected people differently.

But more to the point, he said that because buprenorphine had a much closer affinity to the *mu*-opoid receptors there was the risk of clients going into precipitated withdrawal. Because of this prescribing doctors are cautious about dosages and people are often prescribed too little to hold them.

'Everybody is scared of precipitated withdrawal. People are getting lower doses than they really need.

'They're going to go through unnecessary withdrawal because they're not getting a high enough dose.'

'The over-riding factors in prescribing Suboxone are, firstly, to make sure the client is in early withdrawal before their first dose and, secondly, to do our best to make sure the dose is high enough to hold them.

'There are ways to make the transition from methadone to Suboxone easier, but it's a delicate business,' he said.

'Nobody wants to cause discomfort because every time you push someone back to using there's a chance they may not return to pharmacotherapy.'

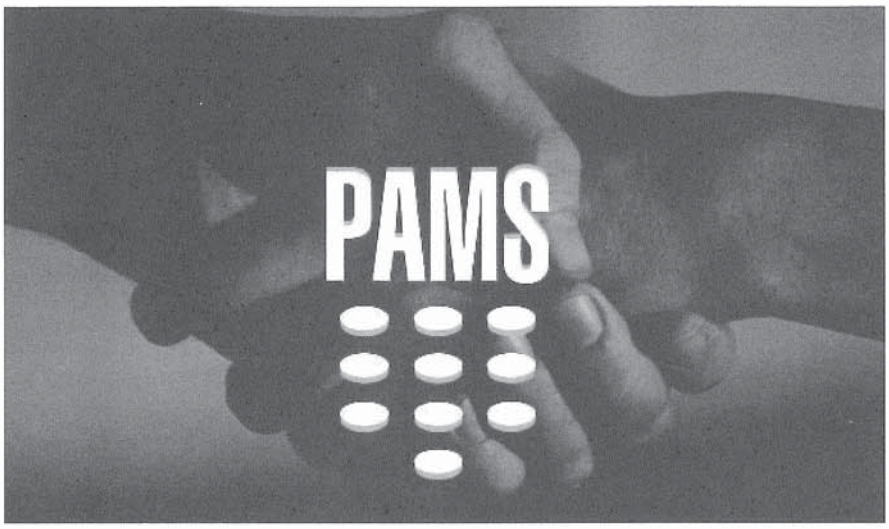
Though the clients we spoke to were unimpressed by Suboxone, there are many others who swear by it. Different people have different preferences and it cannot be a bad thing to have a choice. - *Royal Abbott*

Suboxone Film To Face Competition

Pharmaceutical company BDSI (Biodelivery Sciences International) is planning to seize a share of the lucrative buprenorphine market, which netted Reckitt-Benckiser 1.2 billion in sales last year. Their product, BEMA buprenorphine, is similar to the Suboxone film – a small strip which attaches to the muscosal lining of the mouth and then dissolves - but BDSI believes differences in drug delivery technology would give it the edge. (Both products contain the same drugs.)

The product not only addresses what is said to be the horrible taste of Suboxone, but also reduces the amount of saliva produced once the film is applied. 'Saliva production leads to much of the active drug being swallowed rather than absorbed into the bloodstream,' said a company representative. BEMA is placed on the inside of the cheek rather than under the tongue, and has a second layer that prevents the drug mixing with the saliva.

BDSI is tackling a perceived lack of options in the field and the company hopes to have BEMA buprenorphine available in 2013. Reckitt-Benckiser will not be pleased by this threat to what the industry refers to as their 'blockbuster drug'.



HAVING PROBLEMS WITH YOUR PROGRAM?

GIVE PAMS A CALL

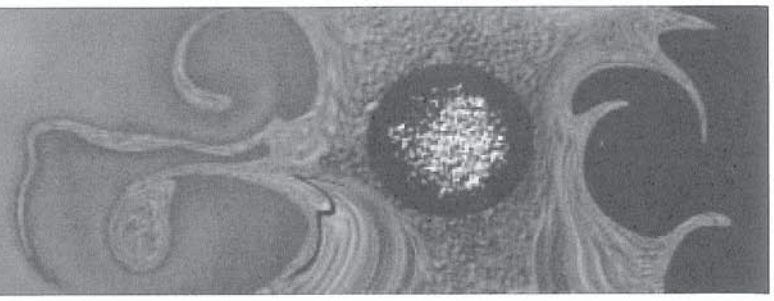
PAMS is a confidential telephone service for people on pharmacotherapy programs (including methadone, buprenorphine [suboxone/subutex] and naltrexone).

PAMS is able to provide clients with program-specific resources and information, as well as advice on injecting related harms, dose reduction, withdrawal, budgeting, legal responsibilities & government policies.

Call PAMS on 1800 443 844 or (03) 9329 1500

(Open 10am-6pm, Monday-Friday)

HEP C UPDATE



Interferon-Free Treatments On The Horizon

The rush to produce an effective interferon/ribavirin free treatment for Hep C is heating up, with two front runners appearing to break from the pack. Pharmaceutical Companies Gilead and Bristol-Myers recently completed a joint trial of their experimental drugs GS-7977 (a nucleotide polymerase inhibitor) and daclatasvir (an NS5A inhibitor). Both drugs are designed to block enzymes essential to replication of the hepatitis C virus.

All 44 of the patients who had the most common and difficult to treat Genotype 1 version of the disease had undetectable levels of the virus in their blood four weeks after completing treatment, while 40 of 44 patients with Genotypes 2 or 3 had undetectable levels of virus at four weeks following treatment for a 91 percent response rate.

Information has not appeared on the levels of SVR (Sustained Virological Response) which is measured at the 12 week mark, though the four week results are very positive. A separate arm of the study found that the inclusion of Ribavirin gave no benefit and increased negative side-effects.

It has been estimated that low impact treatments such as this will be available in three to five years.

Tattoo Kit Concerns in NT

The recent popularity of cheap do-it-yourself home tattoo kits is worrying health workers in the Northern Territory. The kits – available for as little as $15 – are believed to be already helping spread the hepatitis C virus among users.

A particularly hardy virus, HCV can survive as long as four days in dried blood on inanimate objects such as tattoo needles. In a liquid medium, under favourable conditions, it can persist for months.

The Northern Territory AIDS and Hepatitis Council recommends that anyone wanting a tattoo or piercing should choose the safer option of visiting a professional salon. 'Also (you'll get) a lifelong tattoo or body piercing that is of good quality.'

Blood Filter Boosts Drug Therapy

It seems like the most direct means of curing a blood borne disease: simply filter the germs out of the blood. I'm sure it's the approach Keith Richards would take if he had the need.

Only in recent times, with the development of extremely sophisticated medical technologies, have such things approached the realm of possibility.

A device called a Hemopurifier has demonstrated its worth in clearing HCV from the blood. In a trial involving a six hour treatment application (similar to dialysis) 300 billion copies of HCV were captured (approximately 50% of viral load.)

Sadly, Hep C cannot yet be cured in this way, but blood-filtering should be a very useful adjunct to current and future drug treatments, which face a challenge in overcoming the rapid rate at which the virus attains drug resistance. Resistant strains occur quickly owing to the extraordinarily high rate of HCV replication. The clearance of circulating hep C copies would inhibit the continued replication of drug-resistant mutations and decrease the likelihood of early onset resistance to targeted pharmaceuticals.

Chimps On Death Row

A population of chimps captured for use in medical research during the 1950s is attracting attention in the US. Politicians have lobbied the NIH (National Institutes of Health) to retire the 176 strong colony, members of which have been 'fired into space, used in crash tests, injected with mind-altering drugs and shot with handguns to test wound damage.'

In the 1980s the colony was acquired by a private biomedical contractor and used in research on the emergent HIV and HCV viruses. (Chimps can contract Hep C but unlike humans will not develop diseases such as liver cancer.) The animals were treated dreadfully and subsequent scandals led to the NIH withdrawing funding from the project.

The chimps – who are both physically and mentally ill – live on in limbo. Some are geriatric, some are amputees, most of them know how to offer their arm for a blood test. Because they have all been exposed to HCV and HIV they are not eligible for public zoos.

The NIH has, by and large, agreed with the politicians, but has 'left the door ajar' on the subject of Hep C research. Some hold that the chimps are a valuable resource in the search for the holy grail of a Hep C vaccine, and they may be sent back to the operating tables at any time in the name of human health.

Thinking of Herbs?

Many sufferers of Hep C use herbs to manage their condition. Though there is often little scientific research to back up the claims of supplement suppliers, some of their products may have a subtle effect on the progress of the disease.

Milk thistle is the most commonly used supplement. It contains *silymarin*, which a number of studies have shown to have a protective effect on the liver, though in higher doses than those generally available in supermarket 'liver-tonics'.

Artichokes contain *cynarin* which stimulates bile flow, strengthens liver function and aids digestion. It also has one of the highest levels of antioxidants among vegetables.

Dandelion has been used as a folk remedy for centuries and has a wide number of pharmacologically active compounds. It may have anti-inflammatory properties and often appears as part of 'liver-cleansing' regimens. Though there has not been much scientific research to back up these claims, dandelion does include a wide range of beneficial vitamins and minerals. The fruit of the schisandra plant, referred to in China as 'five flavour fruit', has been the subject of two human trials which suggest that it may help people with chronic hep. It appears in some liver pills, but can also be bought from Chinese herbal practitioners and brewed as a tea.

The leaves of the blueberry bush contain *proanthocyanidin* which can block replication of the hepatitis C virus and 'might help to delay disease spread' if taken as a supplement in specific dosages.

These are just some of the more well known foods thought to benefit sufferers of Hep C. There are many more. Preliminary evidence suggests that liquorice (containing *glycyrrhizin*) may be helpful, though it can raise blood-pressure. Laboratory studies point to ginseng having beneficial effects on the liver, but these have not been observed in humans.

Such products may assist in managing Hep C, but should always form part of a healthy lifestyle and diet. Daily exercise is probably more effective than all of them put together.

Be wary of quack treatments. Homeopaths will offer to treat Hep C, but you'll be wasting your money. Chinese and Ayurvedic herbal treatments are of unknown efficacy and potentially contain liver-toxic substances. No CAM (Complementary and Alternative Medicine) treatment has yet proven effective in treating hepatitis C or its complications.

Have all your questions answered!

Hepatitis infoline: Call to talk to an Educator about hepatitis B or C.
Information: We can answer questions and mail information to you.
Support: We can provide support for a range of issues and concerns.
Referrals: We can refer you to other organisations and services.

hepatitis infoline
1800 703 003
Translating and Interpreting Service

info@hepvic.org.au
www.hepvic.org.au
Suite 5, 200 Sydney Road
Brunswick Victoria 3056
HEPATITISVICTORIA

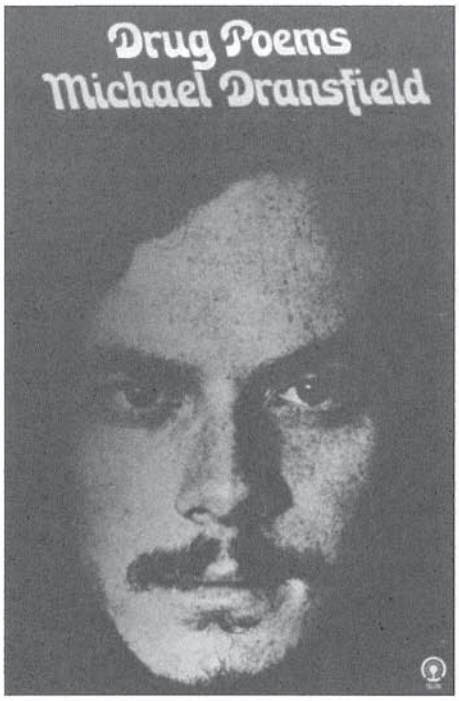
Michael Dransfield

'The Keats of Smack and Hippiedom'

Dransfield's name is largely forgotten outside poetry circles, but for a time, in the late 60s/early 70s, he was an icon to Australia's alternative culture. He was a cult figure for those drawn by the dark glamour of heroin to be part of Australia's fledgeling population of users.

His story is personally meaningful for me because, most of all, it was the romance of drugs and drug culture that lured me to the flame – and this was undoubtedly also true for Dransfield.

He was captivated by the lush language and high gothic romance of 18th Century figures like Shelley and Byron. He invented his own ancestral seat – a sprawling mansion akin to an Austalian Gormenghast - which he named *Courland Penders* and which featured in many of his poems. His work is steeped in fantastic imagery and grandiose emotion which, when applied to heroin - and the rituals and aura surrounding it - produces a unique and sometimes beautiful perspective on the using life.



Some have compared him to Jim Morrison, but I think Nick Cave is closer. Like Cave, his work horrified conservative society. Like Cave, newspapers questioned the influence he was having on young impressionable minds. In 1973, when he died as a result of his drug taking, the press sensationalised the event and turned his life into a cautionary tale.

It is said that drug culture 'no longer stimulates as much excursion into meaning' as it did in Dransfield's time (think Carlos Castaneda, Timothy Leary) but even then it of course had its seedier side. Dransfield saw a raw beauty in the squalor, fear and desperation he witnessed from his flat in Kings Cross - when he was not wandering the country on his motorbike, maintaining a large network of friends in the worlds of poetry and drugs. Once his published collections brought him to the front ranks of Australian poetry, he was ready to push his experiences to the extreme and report back, through his work, to the world of light.

Once, at the home of a young Mirka Mora in St Kilda, he read an article on the hallucinations caused by overdosing on a certain travel sickness pill. Immediately, he and his using buddy acquired some and, after a mandrax chaser, spent the afternoon in smurf country. Mora, who viewed Dransfield as a wild, beautiful aesthete, thought he was taking 'mandrake' not 'mandrax' and drew portraits of him in his madness. Afterwards, she let him sleep it off, then lent him money and saw him on his way. Later, she said that he 'seemed set on self-destruct'.

His lifestyle took its toll on his far from robust constitution. There were repeated stays in hospitals, usually for lung conditions. As a heroin addict, he complained of his 'grovelling dependence on dealers' and the degradation of his illegal state of being. He acquired the dangerous habit of shooting up in the jugular. Drugs had been central to his opulent fantasy world, but now they were causing his imagination to degrade.

He contemplated suicide. He was busted. He was 'cooking up cottons to salvage just one more hit'. He was injured in a motorcycle accident. More than once he went through the agonies of withdrawl. Dransfield once said 'reality is superfluous' but now reality was riding him into the ground.

No one knows exactly what preceded his death. A girlfriend returned from work to find him unconscious. There was a blackened spoon, a clean syringe, but no drugs. In hospital he began to shudder uncontrollably and was given a tetanus anti-toxin. An injury was noticed on the back of his head. Once the possible involvement of drugs was realised, narcan was administered - but he slipped into a coma. His death, after thirty days on a respirator, was put down to the 'contingencies of life as an addict'.

Dransfield was a rare talent, who, like so many others, were prepared for the sake of their art to play with a very dangerous kind of fire. Like so many others, he was consumed. - *The Golden Phaeton*

Anna Kavan

Ice - The Classic Novel of Withdrawal

Why must I be the only person to whom happiness is absolutely forbidden? - Anna Kavan

Ice was published in 1967, a year before Anna Kavan died from heart failure after 40 years of heroin use, a loaded syringe by her side. She was born Helen Emily Woods in 1901 and, even though she destroyed most of her personal letters and diaries, there seems little doubt that her childhood was unhappy, lonely and peripatetic. Her father was an indistinct figure who died when she was fourteen, while her wealthy mother was cold, oppressive and loomed large throughout her life. Kavan blamed her mother for her fractured relationships, her melancholia and drug use.

Probably to escape her mother's influence, Kavan married. It was an unhappy union which resulted in a son who later died in World War Two. At 21 she came into an inheritance of 600 pounds per annum, a considerable sum for the 1920s. It was at this time, while living in Burma, that she started to write novels and also to take drugs, mainly amphetamines and heroin. She divorced, married again briefly and changed her name to Anna Kavan (the name of a character in her second novel *Let Me Alone*).

In 1940, she wrote the novel *Asylum Piece*. It was based on her experiences in institutions and was somewhat influenced by Kafka. As much as she seems to have tried to reinvent herself and escape her Mother's shadow, the pattern appears to have been set: depression and addiction were to dominate the rest of her life. Kavan repeatedly attempted suicide and had several accidental overdoses. After her first institutionalisation, she became a registered addict and was able to acquire her heroin legitimately.

Ice has been described both as science-fiction and as an allegory of drug addiction. It is no spurious documentary style expos of the realities of drug addiction, but a kind of manifesto for a person who finds drugs necessary for their equilibrium.

'It is as essential to her as insulin to a diabetic... but with its support she is conscientious and energetic, intelligent, friendly.'

Not that you find much positive sentiment within the pages of Ice. It is a very cold book, set in a world that has become an Arctic prison. There is 'no sun, no shadows, no life, a dead cold.' The population is consumed by anxiety, irrational foreboding and confusion brought on by an approaching emergency. The origins of the Ice are never explained. Corruption and fear run rampant. The impossibility of a future very quickly reveals humanity's innate taste for paranoia and violence.

The plot concerns the anonymous narrator's search for an unnamed woman whom he must extricate from the clutches of 'The Warden,' a warlord who is profiting from the crisis. 'The hypnotic power of his eyes could destroy her will, already weakened by the mother who for years had persistently crushed it into submission.'

Undermining the linear narrative is a confusion of times and characters. In this regard it is interesting to note that Kavan, while not a devotee, had smoked pot and used LSD. As the narrator explains, 'I had the curious feeling that I was living on several planes simultaneously: the overlapping of these planes was confusing'. The narrator and The Warden increasingly become interchangeable. The sadism of The Warden even leaches into the narrator who, observing one of the numerous times that she is 'killed', remarks 'I could imagine how it would feel to take hold of her wrists and snap the fragile bones with my hands She was pale and almost transparent, the victim I used for my own enjoyment in dreams.' Men are not to be trusted, while the protagonist's 'timidity and fragility seemed to invite the callousness of the World'. Again and again, we witness her destruction in the crushing ice, or her ill-treatment at the hands of the men around her, even her erstwhile saviour.

In the face of this, even though drugs are never mentioned, the decision to take heroin would be completely understandable. There is a complete absence of any kind of physical or emotional warmth within the pages, and this absence almost defines the book. Ice, as I have said, gives the reasons why one woman finds heroin to be necessary. The unexplained threat, the relentlessly advancing destruction and an emotional history that equips her for little else but being the perfect victim together comprise this explanation. Everything is hopeless. She is 'afraid of people and life... in a permanent state of frightened subjection.'

The ending consists of the narrator and the woman getting into a car and driving. There is no destination, since there is nowhere to go. 'A terrible world of ice and death had replaced the living world we had always known (but in the car) in our lighted room, we were safe and warm... I drove at great speed... pretending to escape (but) there was no escape. The weight of the gun in my pocket was reassuring.' This is probably the most comforting passage in the novel. It almost goes without saying that the 'gun' was a syringe, since, in her frozen world, if you are looking for salvation, the solace of drugs is really all there is. - *Jason Van Den Boogert*

The Demimonde

Demi-monde - in sociology, any social group considered dubious or not wholly respectable. From the French, literally: half-world

Whack's central clearing house for your letters. stories, poems, lyrics, your gripes, your outrage, your art and for all kinds of interesting dribs and drabs shaken loose from the shadowy demimonde of illicit drugs.

Mrs Winslow's Soothing Syrup

If you were a bawling infant living between 1850 and the early 1900s, there was every chance your mother might treat you with Mrs Winslow's Soothing Syrup. Spruiked by the Winslow family of Maine, USA, it claimed to be 'perfectly harmless,' 'pleasant to taste', and produced 'natural quiet sleep by relieving the child from pain'. Sometimes, however, parents wound up 'relieved of *all* further care of their infants' as, like many other patent medicines of the time, it was composed largely of morphine sulphate.

It was advertised, as you can see (also on the back inside cover) largely as a palliative for teething babies, but the syrup was powerful enough 'to sooth any human or animal' and adults took to it as well. It led to widespread addiction in both infants and grown-ups. Eventually, after it was noticed how many babies had been killed by sloppy dosing, such products were removed from the market.

Though we still have the equivalent of patent medicines today – usually in the form of herbal and homeopathic supplements and 'cures' – regulations generally ensure that their ingredients are not potent pharmaceuticals. (Though cases of young children being given overdoses of paracetamol do hit the headlines from time to time.)

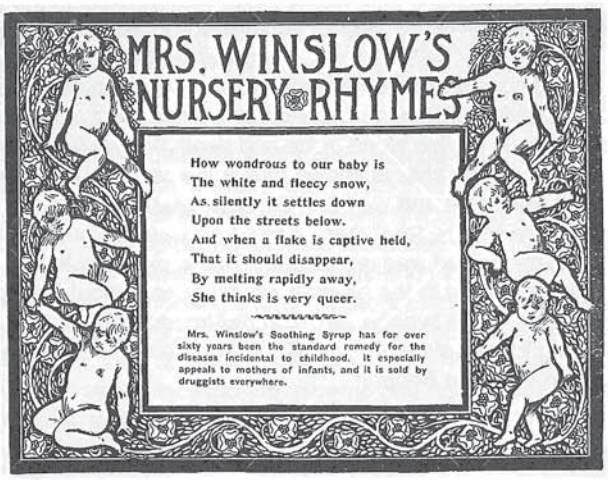
Sweet Flattery

I have only just stumbled upon this fabulous magazine (issue 27). I found it at the Fitzroy Needle Exchange. Point is, I love it. I have never before read such common sense about drug use/abuse. Even autobiographies by ex-users who are serious tend to come off sounding glamorous. I'm sure they do not intend to, but the very nature of drug taking often presents as 'a walk on the wild side'.

I have been an addict for nearly forty years. It is not glamorous. Whack is so very informative and, dare I say it, unglamorous. When I learn how to use a computer, I may submit some of my own ideas.

Regards (*Whack Reader*)

(ed - thanks a bunch for bothering to put pen to paper. Every bit of feedback helps us make Whack better.)



Vin Mariani was the most popular of the cocaine wines of the late 1900s and later became an inspiration for Coca Cola. Not only Popes liked to keep a bottle in their pocket - luminaries such as Thomas Edison, Ulysses S Grant, Queen Victoria, Jules Verne & Arthur Conan Doyle also endorsed the product

Heaven & Hell

After some years of study and the slow collection of an improvised assembly of equipment and chemicals, I was finally able to make a powerful opiate from a mediocre one. Even to me it felt like magic. I can only imagine that - to someone without this knowledge - the chemist must appear like a wizard or magician perhaps, so I was careful of people with unreal expectations or risky allegiances.

I am a long term opiate user and expect to be one till the day I die. The ability to produce my own supply and live without dependence on expensive, unreliable dealers - or else live the myth that methadone lasts twenty-four hours - is very important to me. It represents freedom and independence.

My only problem was obtaining the weak precursor opiate I needed to begin the process. When occasional supplies came down the line, I would get a tantalising taste of what my life as opiate user could be like.

I was aware that I needed to be very careful about who knew what I was capable of. I should go about it carefully, but at the same time I was running a habit. Even though Eurydice seemed a bit rough on the edges, the fact that she was prescribed large amounts of the precursor I needed led me to ignore the warning signs. I brewed one batch which we split three ways between my partner, myself and Eurydice. We were immediately hooked: Eurydice got more bang from her prescription and I was making gold from straw. Maybe we could do this for a while. We felt good and it didn't cost anything. It certainly beat hustling for a living.

But soon we had the first inkling that all wasn't hunky dory. When a policeman arrived at the door, while I was in the kitchen making drugs, we didn't think it was *too* unusual. I just assumed it was over a warrant or something, but pretty soon it became obvious that Eurydice's police friend was a regular visitor. They'd whisper at the front door and afterwards she'd magically have the money to score. All the smack dealers she knew were getting busted and she was having trouble getting on. Long term opiate users generally maintain reliable drug sources; a person consistently running out of dealers while on the lookout for more are very likely an informant or a least very suss. Shit.

And her boyfriend Orpheus was about to get out of jail. If they were a well matched couple, this was bound to make life even more interesting. I know I should have scarpered at that point, but I figured correctly that she liked what I made over anything the cop could give her.

Orpheus arrived from jail and quickly settled into the situation. He was no master criminal, more of a speed freak and low level thug, and, like Eurydice, an opportunistic benzo consumer. His ineptitude at procuring his own money or drugs led him to use what he could when he could. This was no problem, as I was producing more than enough dope to support four people. As our habits grew this changed, but mostly we maintained an even four-way division. However, my product was beginning to run out before it was time to make a new batch, so we found ourselves having to top up with dealer-bought smack.

From time to time, it would return to just the three of us, as Orpheus would do something stupid and end up in back in custody, or else a lovers' quarrel would see him running interstate until his money ran out. At least when he was gone there was relative peace. If I ignored the police problem, Eurydice could be a good person, even a friend, but when they were together there was a constant risk of all hell breaking loose.

I recall the dread of arriving to process the latest batch - as we did twice a week. If there was no drama in progress, the pair seemed compelled to manufacture one to relieve their boredom. Some days Eurydice was fine, some days we might have to convince an ambulance crew - called while hanging-out - that our arrival meant she was suddenly not in need of their assistance after all.

Continued on P.39

Sausages, not gold at end of recovery Rainbow

The Melbourne chapter of the controversial Recovery movement staged its first public show of strength in April with a 2km walk along Birrarung Marr and the north bank of the Yarra River towards a sausage sizzle goal at the end.

Supporters of the new movement, which has been the cause of widespread concern in Victoria's alcohol and drug sector, mustered about 100 adherents and well-wishers on the Yarra bank below Federation Square to hear speeches before setting out in the bright sunshine.

The attendance was well short of the 400 people quoted in some reports.

In a brief speech UK academic and now Monash University associate professor Dr.... David Best told the assembled crowd the day was 'a celebration of the miracle of recovery'

The Recovery concept has become the key driver of drug treatment policy and services in the cash-strapped UK and has been blamed by front-line workers in the drug sector there as a formula to justify government funding cuts to services.

More recently, advocates of Recovery have been actively promoting the notion in Australia. Within the drug sector there is widening concern that its broad, poorly defined ideas signal a move to revive outdated zero-tolerance and abstinence approaches to drug use.

In Australia, Recovery terminology has been loosely adopted in government circles and its influence is undeniably growing. One key concern among drug users is that this rhetoric signals the start of a rollback of the tolerance enshrined in the principle of harm reduction to a hardline approach of 'you're sick and we're going to fix you whether you like it or not'.

Suspicion over the Recovery agenda has resulted in widespread calls for a definition in order to avert hardline abstinence advocates hijacking what is currently a loose 'hope-based' movement and imposing their goals on official policies. Dr.... Best, who was intimately involved in the UK's adoption of Recovery, has shrugged off pressure to tender a definition, doing nothing to allay fears of darker motives behind the cheery talk of hope and community.

'Our aim is not to define recovery,' Dr.... Best told the crowd before the walk set out.

"If you want to be in recovery you are in recovery. We're not going to get caught up in silly games of where you are in recovery. There are a hundred different ways to come to recovery,' he said. 'Remember the message for today is connectedness, hope, identity, meaning, empowerment – and sausages,' Dr.... Best joked.

Whack asked a group of young men how they'd heard about the event and all said it was through Narcotics Anonymous (NA).

Shane said he'd been going to NA for three years and credited it with pulling him out of a serious heroin problem. 'I go three times a week and it's made all the difference,' Shane said.

'I wouldn't have stopped at all without the meetings,' he added, before saying he'd prefer not to say any more to a journalist.

Other marchers were similarly reluctant to speak to media, signalling it was time to go have a beer - *Royal Abbott.*

I really like this mag and the stuff that reader's write,
But I notice something missing, and wonder if it's an oversight?
You see, I'm sick of reading poems that are depressing & really crappy,
Why can't people write about the stuff that makes them happy?
Page after page of bad stuff, and every wrong they've ever done,
No one seems to write about the times that they've had fun?
I'm sick of hearing how they don't think life is fair,
Or that the whole world owes them, cos really I don't care!
Their family was dysfunctional and they were raised by thugs,
They blame everything on the fact that they grew up taking drugs.
Why else would they always end up with the shortest straw?
Hmm, could it have something to do with them always breaking the law?
If your life is bad, then you only have yourself to blame,
Any other excuse just ends up sounding lame,
I take drugs because I like them, and that's the reason why,
I plan on getting shit faced until the day I die!
(anonymous)

N.O.D
-n -adj (Slang)
1. *N.O.D* or *'Noddy'*, means No Offence Detected.

'It is not heroin or cocaine that makes one an addict, it is the need to escape from a harsh reality. There are more television addicts, more baseball and football addicts, more movie addicts, and certainly more alcohol addicts ... than there are narcotics addicts.'- *Shirley Chisholm*

'Today we associate narcotics with crime, but they didn't always go hand in hand. Cobbe observed that the classes that furnished the largest number of addicts "were trained from childhood to abhor crime" and "rarely broke the law to procure their drugs." In Britain, because an opium habit was inexpensive and easy to maintain, crime was seldom an issue.' *-Barbara Hodgson (In the Arms of Morpheus: The Tragic History of Laudanum, Morphine, and Patent Medicines)*

How to Submit Your Work

We are here to give you a voice. Your contributions are our engine room – whether they be stories, cartoons, anecdotes, opinion pieces, art, poems or WHATEVER! The more people hear about the lives of illicit drug users, the less ignorance and prejudice there will be.

What's more, you can earn $$$! Whack offers up to $60 for each article or piece of artwork that is chosen for publication. (Minimum payment is $20).

There is little space for colour art, so black-and-white images have a much higher chance of publication. However, colour art chosen for covers (inside or out) can earn as much as $80.

Naturally, submission of work does not guarantee inclusion. Payment is based on quality, relevance and size, and is at the discretion of the editor - who is entirely responsible for choosing what does and does not get published. Payments are made upon publication.

We aim to provide information necessary for survival in the tricky universe of the illicit drug user. We work to keep you up to date with important news, developments in health and in law, but foremost, we are your communal voice – so get to it and speak!

The theme for issue 29 is *Stimulants*. The closer you come to hitting this thematic mark, the better your chance of publication. We will also cast a very kindly gaze on anything with a humorous bent, particularly cartoons.

EMAIL: admin hrvic.org.au
POST: Whack Submissions - PO Box 12720, A'Beckett Street, Victoria 8006
DROP IN: 128 Peel Street, North Melbourne, VIC 3051

Images should be high resolution (300 dpi). The less compression the better: TIFF or photoshop/gimp formats are ideal; JPGs & PDFs are okay. Text can be in Word (.doc), Open Office (.odf) or PDF formats or may simply be included in the body of your email.

Top Ten

IMAGINARY DRUGS

SUBSTANCE D

A Scanner Darlkly - Philip K Dick

This fatally addictive drug is harvested from a blue flower and causes the two sides of the brain to operate independently, leading to split personality, paranoia and bizarre hallucinations. The D is for death.

BUG POWDER

The Naked Lunch - William S Burroughs

This, and the superior extract of the giant black aquatic centipede, are metaphors of heroin with themes of power and control. 'Hank's on junk; he doesn't come. I'm on bug powder; I don't need to come.'

THE STUFF

1985 film - Larry Cohen

A white goo found oozing from the ground proves irresistable to humans. It becomes a global craze, displacing ice-cream, before the truth emerges that it is a living entity that transforms people into zombies.

GREEN RAPTURE

Schismatrix - Bruce Sterling

'Green Rapture was the ultimate anti-boredom drug, the biochemical basis of wonder boiled down to its complex essence. With enough Green Rapture a man could find a wealth of interest in his own hands.'

SOMA

Used across the board by citizens of a so called utopia, Soma enhances every aspect of life, distracting the people with unrestricted pleasures and removing any chance of social unrest.

Brave New World - Aldous Huxley

THE SPICE MELANGE

Dune - Frank Herbert

Secreted by giant sand worms, Melange gives the user blue-within-blue eyes and slowly transforms him or her into a worm, while bestowing amazing powers, such as the ability to 'fold space'.

CAKE

A potent Czechoslovakian disturbile cranabolic amphetamoid, it acts upon the area of the brain known as 'Shatner's Bassoon'. Under its influence, one may cry all the water out of the body.

Brass Eye - UK TV series

VURT

In the future, the habit of sucking variously coloured Vurt Feathers is widespread. Vurt causes users to descend communally into the shared unconscious of humanity, investing it with objective reality.

Vurt - Jeff Noon

DYLAR

White Noise - Don DeLillo

Intended as a means of removing the fear of death, Dylar proves to have side-effects linked inextricably with the watching of television, including a loss of the ability to 'distinguish words from things'.

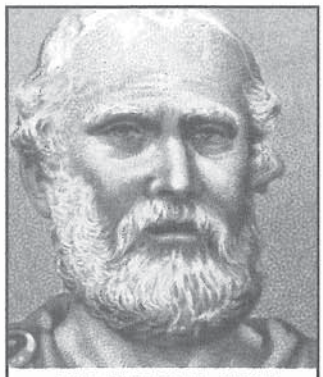
CHEW-Z

This instrument of a sinister alien power allows the user to leave their body and spend an indefinite period of time in the environment of their choice – returning to find no real time has passed.

The Three Stigmata of Palmer Eldritch - Philip K Dick

REVIEWS

In addition to our normal reviews, we've trawled back through the ages to shine a light on some of the classics of drug writing and film as part of our Drugs & Creativity issue,



Book: **The Chemical Muse**

Drug Use & The Rise of Western Civilisation by D C A Hillman

The proposition that recreational drug use pervaded the classical world does not sit comfortably with a modern world

Alcohol, of course, is the exception. It is well known that the thinkers whose ideas guided two millennia of western civilization also liked getting rat-arsed drunk. The classical symposium, for example, was less a noble gathering for high-minded intellectual purposes than a straight-out piss-up.

However, the use of opiates and other plant-based psycho-actives for other than medicinal use has been so thoroughly demonised today that DCA Hillman's investigation into their use in classical Greece is a very touchy subject.

The Chemical Muse opens with Hillman recounting how his PhD on Ancient Medicine was granted only after he agreed to delete material on how widespread recreational drug use was in Imperial Rome.The academic committee did not bother to debate the subject, they simply said: 'They just wouldn't do such a thing.

The Chemical Muse is his revenge on conservative academics who would suppress unpalatable information.

The poppy is an obvious case in point, with evidence of opium cultivation as far back as the fourth millennium BCE. The Sumerians, Babylonians, Assyrians and Egyptians were all familiar with opium and actively promoted its cultivation.

Further west, Bronze Age rings and pins from Mycenae in Greece and Crete depict the distinctive poppy capsule, showing they too knew of the drug. Small pots made in the distinctive shape of the poppy capsule have been found in the area, possibly pointing to their intended use as opium containers.

Hilman quotes numerous scholars, like Pliny, who described the process of collecting and using opium and mentions it more than fifty times in his writings. A respected member of the Roman aristocracy, Pliny writes about opium and its use in a matter-of-fact way that displays a familiarity unburdened by any of the sanctimonious moralising of today.

Pliny lists many now-lost substances which were used in his time. 'The *hestiateris* (*sic*) is a Persian plant so named for its promotion of good fellowship, because it makes the company gay. It is also called *protomedia* (*sic*) from its use in gaining the highest position at court,'.

Pliny's writings show that people from all walks of life used plant materials to brace themselves and revive tired spirits. One passage even suggests that drugs helped clarify and concentrate the minds of monarchs to enable them to make better judgments from the throne. Pythagoras was another who investigated drug-taking. He travelled widely in the Far East, seeking out groups of drug-using wise men and wrote about the potent psychotropic substances with which they experimented.

Classic tales such as Homer's Iliad and Odyssey, composed in the late 8th century BCE are replete with drug references, Hillman says. The *Lotus Eaters,* who sat around disinterested in normal human pursuits, are but one example.

Hillman also describes how the audiences of poetic recitations dosed their wine with mind-altering substances to enhance the experience of tales of heroism and adventure.

The Chemical Muse is a dense account of the range of Hillman's researches into mind-altering ancient practices. His abilities as a scholar and translator cannot be questioned. But his earnest, argumentative tone does become repetitive and ultimately exhausting.

Apart from its hectoring tone, another weakness is that it ranges too widely backwards and forwards over centuries. The absence of a coherent timeline is almost dizzying.

And while the narrative thread may remain intact at the end of the day, the onslaught of so many classical figures all getting stoned becomes a little mind-bending. - *Royal Abbott*

OnLine Debate:
It's Time To End The War On Drugs

Recently, Intelligence^2 a UK based organisation that stages debates around the world - joined with Google+ Hangouts to create Versus, a series of topical, high level online debates. Their first effort asked the question 'Is it time to end The War on Drugs?'.

Using a classic debate format, an extraordinary cross-section of experts, pundits and politicians were brought together (if not personally, then electronically) to argue the issue. Amongst them were luminaries like Richard Branson, Julian Assange, Russel Brand and the President of Columbia. The advocate for the 'yes' side was well known civil rights lawyer Geoffrey Robinson, while the 'no' side was represented by a slick NY lawyer/ex-governor.

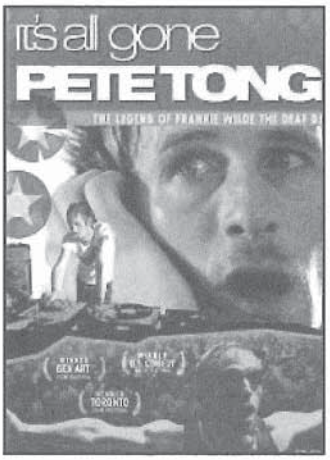
As one might expect, the pros delivered the stronger argument. They pointed to the fact that the global illicit drugs industry has never been healthier, despite decades of the US led War, and spoke of a huge criminal underground that are doing so well as a result that they never want it to end. 'Drugs are more available than ever, they are more powerful than ever.' Present and past South American Presidents spoke of the social bedlam and the lives lost because of a policy which the West cannot even enforce.

The opposing side - a predictable array of abstemious dried-up conservatives - dodged the question, attempting instead to turn the debate to one on decriminalisation and legalisation, as if the larger War on Drugs was indefensible even to their eyes. They talked about the big investors who were developing brands in anticipation of legalisation (as if this was a bad thing). They tried to make the completely spurious argument that banned drugs kill more people than restricted substances like tobacco and alcohol – and would kill more if they were more widely available. They spoke of government corruption as the main lubricant to drug crime – without mentioning that the corruption itself was probably a side-effect of the 'War'.

The debate stalled on the subject of Portugal, which both sides used as supporting evidence. In an object lesson on the potential of statistics to mislead, they could not agree on the meaning of figures gathered after that country's decriminalisation efforts.

The pro side had it easy by comparison. Their arguments were clear and concise. They pointed to the unintended consequences of the War on Drugs: tainted product, burgeoning drug cartels, street crime, government corruption, innocent victims in Afghanistan and Latin America.

Anyone wanting a primer on this issue should look up this debate on You Tube. Versus has managed to access some of the best voices in the world on the subject. Russel Brand is particularly entertaining and I was fascinated by a neurologist who demonstrated some very interesting experiments in training the brain to resist cravings.- *The Golden Phaeton*



Film:
It's All Gone Pete Tong (2004)

I heard about this movie a few years back when my mates started using the title for its original meaning, as coined by Paul Oakenfold in the late 80s – 'it's all gone a bit wrong'. Intrigued by talk of a 'coke badger', I chased it down and watched it. What a great film!

Turntablist Frankie Wilde (Paul Kaye) is at the height of his game, smashing it at the top clubs in Ibiza. He's got it all: mansion, gorgeous wife, a kid (though not his) and an increasing problem with his hearing. He also has an insatiable appetite for booze and drugs, which is cleverly illustrated by the involvement of a coke badger (literally) who shovels the white powder at Frankie's face.

As his hearing gets worse, it begins to affect his work and his life goes into a tailspin. He can't DJ, his wife leaves him, and his drug use continues to spiral. In an attempt to reclaim his hearing, he goes into silent drug -fuelled isolation, disappearing from the club scene for a full year.

When he returns from his self-imposed exile he has a changed perspective. He has accepted his deafness and batted off the badger. For many, the loss of hearing would be the end of their story, but not for Frankie Wilde. As his journey continues, he meets someone who ultimately saves his life.

The combination of comedy, drama and mockumentary make this film almost seem real. With cameos by some huge club names like Carl Cox, Pete Tong and Tiësto, it's hard not to believe that Frankie Wilde is actually a great DJ you may possibly have heard of somewhere or other.

It's a rollercoaster ride. The first two acts are exciting yet harrowing, but the third act always leaves me feeling warm and happy. Definitely check this movie out! - *Ben*

REVIEWS cont'd...

Novel: **Junky**

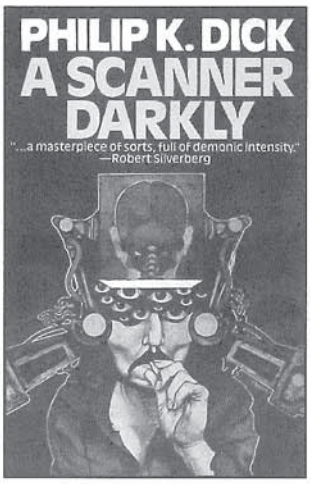
By William S Burroughs

Junky might not have ever been written if it wasn't for Burroughs' poet friend Alan Ginsberg who, impressed by Burroughs' letter-writing skills, encouraged him to compile his experiences as an addict and small-time dealer into a novel. Ginsberg was also instrumental in getting Junky published by pulp exploitation publisher Ace Books.

It wasn't until Burroughs' Naked Lunch achieved notoriety in the 60s that readers looked back to Junky and began to perceive it as a classic of Beat literature. Later reprints included material omitted originally for reasons of propriety – such as references to his homosexuality.

This warts and all testimony chronicles the life of Burroughs' alter-ego William Lee through the 40s/50s as he acquires a habit and trolls the streets of New York hitting 'croakers' for morphine scripts, rolling 'lushes', and desperately attempting to either score or detox. The book introduces many of the themes that dominate Burroughs' later work as he seeks to unearth meaning and metaphor in a junky experience which is as far from glamorous as you can imagine.

Burroughs went on to produce a large body of work before his death at the ripe old age of 83. He is considered one of the greatest of the Beat writers and one of the most important commentators on the phenomenon of addiction.- *The Golden Phaeton*

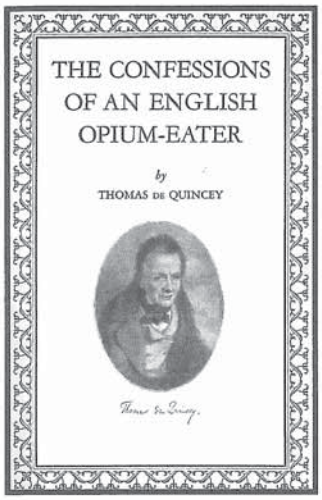


Novel: **A Scanner Darkly**

By Philip K Dick

Peer into *A Scanner Darkly*, Philip K Dick's 1977 semi-autobiographical dystopia of a not too distant future (a fictional 1994) and you will find an all too familiar scenario that seems hardly removed from the present day. Yes, there is still a War on Drugs with the addict being the all too frequent casualty, while the powers-that-be play their endless games of hide and seek. In *Scanner* narcotics agent S A Fred/Bob Arctor's job is to infiltrate the scene and find the source of Substance D (or *Slow Death*) a super-addictive, relatively inexpensive and deadly psychoactive drug that's got the dopers in thrall. Trouble is, Arctor/Fred is being used in ways of which he is not aware. As Bob Arctor, he hangs out in a share household of fellow users. Their increasingly paranoid banter and Bob's increasing use of Substance D begin to unhinge him. Substance D splits the mind; Fred in his scramble suit observes Bob via the feds' high tech surveillance scanners placed in the house and begins to seriously doubt his own existence. Eventually he burns out and is sent to rehab - the ominous sounding *New Path*. Ah, but this was the plan! Fred/Bob (now 'Bruce) with his mind gone, a shell of his former self, is the secret weapon sent to infiltrate New Path and discover the organic origins of Substance D - a little blue flower, *mors ontologica*. But as far gone as he is, Bruce is still able to fulfill his role: as he picks a flower as a 'present' for his 'friends' on Thanksgiving, we realise a little piece of Bob/Fred still resides within.

Philip K Dick neither moralises nor glamourises drug use in this book. In his Author's Note, Dick dedicates the work to the people he has lost, people who were punished too much for being children, who just wanted to have a good time. He includes himself in the list of those who just chose a lifestyle of play and - although a 'social error,' as he calls it - just wanted to be happy. - *Anne*



Biography: **Confessions of an English Opium Eater**

By Thomas de Quincey

The Confessions of an English Opium Eater was first published in the London Magazine of 1821, then in book format a couple of years later. In 1856, De Quincey revised, expanded and republished the book.

Confessions is seen as a minor work in the mainstream world, but in underground drug culture it is considered a pioneering account of the personal experience of addiction. There is little doubt that it paved the way for writers like Aldous Huxley, William S Burroughs and Hunter S Thompson (Just to name a few.)

Interestingly enough, I have heard De Quincey criticised for placing too much attention on the pleasures of opium and not enough on the negative aspects of addiction. Personally, I think we don't speak enough about the pleasures of drug use - it's always about the dark negative side. Let's face it, if it wasn't a pleasure taking drugs we wouldn't do it in the first place!

Confessions is a biographical account of De Quincey's life, He was born in 1785, his father was a successful merchant and his mother was a pious woman. He was the first born out of six children, a sickly child who preferred to spend time with his three sisters. De Quincey spoke of the death of his favourite sister as one of the most profoundly devastating experiences of his childhood, the second being the brutal war games he endured at the hands of his brother, who was brought home from school after their father died. De Quincey believes that these experiences contributed to his love affair with opium.

This isn't the world's easiest book to read but, if you're after something different and want to find out about drug use in times gone by, give Confessions a go. I found the book intriguing. It's interesting that, even though it was written nearly three centuries ago, some things don't really change. As a youth, De Quincey believed he was wiser beyond his years and knew better than his mother. Aren't teenagers the same these days? He rebelled and ran away from home as I and numerous others did as teenagers. He discovered opium and laudanum (opium/alcohol mixture), while I found heroin. The similarities, I guess, end there. - *Nadia Gavin*

Film: **Man With The Golden Arm (1955)**

The Man With The Golden Arm opens with a cool jazz theme (played by jazz great Shorty Rogers) and groovy paper cut-out animation credits which proved influential in cinema history. Frank Sinatra is Frankie Machine, The Man With The Golden Arm. He's just out of Lexington rehab and is keen to put aside his previous career as a dealer in illegal card games and exploit his talent as an ace jazz drummer. But people from his past are ready to conspire against him.

Frankie's wheelchair-bound alcoholic partner Zosh (Eleanor Parker) is shown to secretly be able to walk. She makes sure everyone knows it was Frankie who 'crippled' her in a drunken car crash and uses guilt to trap him into submission. She views Frankie's drumming ambitions as a threat and does her best to sabotage his his dream.

It seems everyone has an interest in Frankie returning to card dealing. As his efforts to join a band stagnate, his finances begin to crumble. His old boss gets him busted on a false charge and posts bail on the condition that Frankie goes back to work.

Back on dope and dealing in marathon card games, Frankie's life seems headed for a crisis, when he is given a chance to audition for a big band. After dealing at an all night game, Frankie is hanging out. When his dealer refuses him credit, Frankie beats him up but cannot find the dope. He does the audition hanging-out - with a predictable result.

Meanwhile, the dealer goes to find Frankie at home, where he discovers Zash (supposedly crippled) walking about. She kills him to keep her secret, but everyone blames Frankie. He is forced to hide out with an old flame (Kim Novak) who promises to help him 'kick it'. Zash leaps to her death when confronted over the dealer's death, and the film ends with Frankie dry.

The movie champions a humane approach to addiction (as pioneered at Lexington where methadone was first used) but does also resort to cliche: the mythical dope pusher of old, an evil manipulator who takes sinister pleasure in tempting our hero.

The music and acting make a great combination in a movie which, though set in the fifties, is generally sympathetic to the drug user. It is worth viewing just to see a young Sinatra playing a decent facsimile of a junkie, and is a movie that every opiate user should watch. - *Robert Williams*

DRUGS AS MUSE?

Continued from P.7

... artist, she was speaking from experience. And - from my own experience - I would have to concur. I have produced ream upon ream of utter drivel while under the influence. Songs with a hundred verses, not one of which was usable. Indulgent dung-hills that read like they've been written by a random word generator.

Psychologist William James, who was partial to nitrous oxide, gives us an interesting outlook on the subjective worth and the transience of drug-inspired visions.

'The mind sees all the logical relations of being with an apparent subtlety and instantaneity to which its normal consciousness offers no parallel; only as sobriety returns, the feeling of insight fades, and one is left staring vacantly at a few disjointed words and phrases, as one stares at the black cinder left by an extinguished brand.'

We have examples of poetry Coleridge wrote while actually on drugs and it is doggerel. So, whence the sublime dream imagery of *Kublai Khan* with its 'pleasure domes' and 'sunless seas'? After taking two grains of opium as an anodyne for dysentery, Coleridge fell asleep in an armchair reading a travelogue. The recollections of his subsequent fever-dream formed the basis of his classic poem.

It was *after* William Burroughs had completed withdrawal that he opened a trunk of notes he had written under the influence of opiates and majoun [a sort of cannabis jam]. With the help of Jack Kerouac and Allan Ginsburg, he edited them into such classics as *The Naked Lunch* and *The Soft Machine.*

Generally speaking, drugs provide the experience from which the artist can later derive a work – but not always. Burroughs never got completely drug-free. He was still picking up his methadone when he died at the age of 83. (A sobering thought.) He produced his beautiful, crystal-clear later works under the influence of a drug, which in my case, leached my creativity.

Nick Cave directs us to an important point in one of his interviews, when he describes his fear that the power of creation would leave him if he gave up drugs. He also said that his songs were made in spite of his drug use, not because of it. 'You get a great need of justifying your life. You must show everyone that you can do anything even though you are a junkie. It's a tyranny. Today I have nothing to defend. It's really liberating.'

Perhaps the drugs we most directly associate with creativity are the hallucinogens - as they seem to open a channel into the boiler room of our imagination.

1954 marked the appearance of Aldous Huxley's *The Doors of Perception.* This book – in which Huxley perceives 'the unfathomable mystery of pure being' in the folds of his trousers - details his experiments with mescaline, and his discovery that it liberated him from the strictures of language and conceptual thinking. His book advocated the psychedelic experience and became required reading for the sixties counterculture. It also presaged the mainstream debut of LSD, which was touted as a wonder drug before it was banned to the public.

Psychiatrists leapt upon LSD as a research tool - and one of the most promising avenues was its potential in the exploration of creativity. During the 60s Oscar Janiger asked seventy painters to draw a 'Kachina Doll' before, during, and after using LSD. One of his patients reported that 'a single acid trip was equal to four years in art school'. Janiger went on to test the drug on writers, musicians and film makers (including Anais Nin, Jack Nicholson & James Coburn).

Analyses of the LSD experience show just the kind of mental activity we associate with heightened creativity. The association of unconnected ideas, a tendency towards symbolic and metaphorical representation, intensified emotional connections to memories, colour, light and the ineffable. There is also an increased motivation to create. Psychedelics jolt the user from the rut of day-to-day perception – which is often just what an artist needs.

Huxley

Dick

Kerouac

Dr.... Janiger found that LSD's creative effects could not be judged 'solely in terms of immediate output'. He speaks of 'an enlargement of vision, the... awareness of vaster potentials that persists long after the drug has worn off.' Almost invariably, artists found their post LSD work 'personally more meaningful'. Many reported an enduring improvement in technique and the understanding of colour.

LSD gave it's name to the psychedelic sixties. It was the perfect drug for the rebellious spirit of the time – synonymous with the exploration of mind and soul. Artists began producing work typified by fantastic imagery and the wild use of colour. Psychedelic art became a recognisable school in itself.

Beat poet Allen Ginsberg wrote many of his poems under the influence of psychedelics, including the immortal *Howl.* Ginsburg was a great believer in the enlightening effects of LSD and his tendency to preach of its potential brought him into inevitable contact with Timothy Leary, a man commonly attributed with seeding the Psychedelic phenomenon of the Sixties.

While not strictly an artist, Leary had a large impact on the artistic climate of his time. He argued that LSD, used in the right way, could alter behaviour in unprecedented and beneficial ways, including the opening of doorways to deeper spiritual and creative insights. To quote:

'We saw ourselves as anthropologists from the twenty-first century, inhabiting a time module set somewhere in the dark ages of the 1960s. On this space colony... we were attempting to create a new paganism and a new dedication to life as art.'

Like Aldous Huxley, he chose to meet death while tripping, injecting LSD shortly before the end.

These days, I think it's fair to say we no longer associate LSD with exploration but with hedonism. I wonder what this says anything about contemporary society? (One must also remember that acid has its dark side. It can have some lousy effects on the body and soul.)

One does not necessarily have to take drugs to be influenced by them or to use them as subject matter. The literary exploitation of drugs and woe began in 1821 with De Quincey's *Confessions of An Opium Eater* and persists into modern times (*Go Ask Alice*, *The Story of Chistianne F.*). People are voyeuristic and always up for an expos of sinister activities in the demimonde.

There is something intrinsically dramatic in the journey of the addict, who is often portrayed as a kind of martyr to youth. Good and evil are starkly delineated. There is the slippery slope to abject failure and the hard climb to redemption. Indeed the rehab movie almost comprises a genre on its own. Pot-boilers of the drug trade also have their own appeal.

We are fascinated by the darker realms, and whether the artist responds with exploitative trash or sublime visions, the relationship between drugs and man is a staple in the artist's palette.

It is worth noting that there is an issue of responsibility here. Art does not merely entertain, it also teaches, it also influences. Drug-influenced artists and their work can guide an impressionable mind in hazardous directions.

Creativity and spirituality are related in human experience. Entheogenic drugs have the potential to trigger spiritual experience, and have been used shamanically since prehistory. There is little doubt that certain drugs can open the door to meaningful personal experience. Whether we respond spiritually or creativity depends on the individual.

The subject of drugs and creativity is deeply intertwined with the concept of the artist as outsider, as the one who chooses to take a path less travelled so as to return with new insight. Extraordinary experience is the fuel of inspiration, even if drugs are its source.

Some are of the opinion that inspiration obtained via the medium of psychotropic substances cannot lead to real art. I would beg to differ, saying that the artist can legitimately benefit from any experience – and that the self-censoring artist is no artist at all. - *The Golden Phaeton*

THE NORTH RICHMOND PROJECT

Continued from P.15

... Nth Richmond and in InnerSpace. Stickers were put on fit packs at NRCH and InnerSpace - and on disposal bins in the City of Yarra by the InnerSpace team.

KPMs distributed sterile waters and No Spill Spoons to help start conversations with other users, both locals and day trippers, on a range of harm reduction issues - but most particularly about cleaning up after themselves, the need to be discreet and not red-light themselves when scoring or using on the street.

The KPMs had one thousand contacts over the four weeks, the majority on weekends. (These figures are amazing.) We asked the KPMs to spend nine hours per week in the street and one hour in debriefing, but all of them went above and beyond and would spend upwards of five hours a day out talking to users. They were all extremely dedicated.

Within the first two weeks, the KPMs felt they were getting through to nearly all the contacts they made, that they were actively making a difference in their community and offering a good service (until the sterile water ran out, after which only the spoons were available). The KPMs reported feeling empowered. All had discussions with family members about the project and how proud they felt being involved.

For the duration of the campaign stage, KPMs who lived on the Estate reported less injecting equipment and paraphernalia left lying around. They also reported that users are reluctant to access services and that this was an important reason why the project was so successful.

We would very much like to see if more funding can be accessed to continue our work in Nth Richmond. Unfortunately, this was a very short project – we made small changes, but it would be great to see bigger ones. We would also like to take this project to other areas experiencing difficulties around drug use.

I would like to thank the three KPMs - Tracy, Shaun and Nic - for their dedication. They did an amazing job and without them the project wouldn't have been the success it was. Also Kasey (NRCH Drug Safety Worker) for being there all the way through and making my job a lot easier - and for providing the local knowledge we found indispensable. - *Nadia Gavin*

RECOVERY - TWELVE STEPS ON STEROIDS

Continued from P.9

The people around us are important indicators of our behaviour. Using obesity as an metaphor, he cited research suggesting that the more fat friends you have the more likely you are to be fat, and vice versa. This same formula applies to smoking, criminality, even to relationships. The more divorce and separation there is in your social network, the more likely you are to fall victim to the same thing. This rule, he says, also applies to drug use.

So, how can this knowledge be applied? One cannot expect a user to arbitrarily extract them self from their social milieu. Part of the answer, says Best, is the peer group. Twelve-step groups (or their like) change you by changing your social network. He showed studies proving that the more NA meetings you attend, the cleaner you'll stay.

So, here was a real connection with NA/AA. (Later, I learned from Wikipedia that the Recovery movement does indeed have its roots, at least partially, in the twelve step philosophy.)

But Dr.... Best was just getting started. He spoke aspirationally of a 'dynamic network of change' and 'public celebration' that will draw people to the idea of Recovery. He spoke of 'Recovery Champions': 'attractive agents of change' who 'have what you want', who will provide the catalyst for a user's decision to give up drugs.

Best quoted a common excuse for resisting Recovery: 'I don't want to go back to where I began – that's what started me using in the first place'. In response, he produced a graph showing that people's lives are better after Recovery than ever before. Those in Recovery actually feel 'better than well', better than if they had never used drugs in the first place! This is the power of Recovery, said Best. 'It's not a zero sum game. It's not about giving up. It's about transcending.'

High ideals, certainly. But there was a born-again evangelical undercurrent which raised my hackles. 'Why celebrate failure misery and pessimism?' asked Best. Well, I'm certain no one is celebrating these things – they are merely the daily fare of many with drug problems and no amount of induced 'celebration' is going to change that. To suggest otherwise is surely to disconnect with reality.

Perhaps Best's most controversial utterance was his complaint that we are stuck with the notion of addiction as a 'chronic relapsing condition'. I am no expert in the field, but even if Recovery proves a magic bullet, it does not change the nature of addiction itself. Not all of us relapse chronically, but a great percentage do and always will. Redefining a thing can certainly change people's perceptions – that's what 'spin' is all about – but a rose by any name is still a rose and a chronic relapsing condition remains a chronic relapsing condition.

Much about Recovery is about changing perceptions: society's perception of addicts and the individual's perception of them self as an addict. (I wonder how this sits with NA's famous preamble 'I am an addict', ever a suppressor of 'hope' and 'celebration'?) Defeating stigma is one of their core aims, and it is a good one, but as I have suggested above, success will require overcoming great inertia in the social, political and legal realms.

Recovery aims to move the treatment process out of the clinics and into society. Making it client-centred, holistic and non-pathologising. A good, but hardly novel idea. Matthew Frei suggested one path to realising this ideal. Because only certain doctors prescribe pharmacotherapy, there is a tendency for them to specialise. Clients cluster at pharmacotherapy providers and go elsewhere for other medical services. Would it not be better, he suggested, if one's local GP could deliver pharmacotherapy and general health care at the same time? That would be holistic, socially inclusive and might scratch a little at the mighty wall of stigma.

Recovery has been the standard of care in the mental health industry for many years. It is the philosophy responsible for deinstitutionalising patients and integrating them with society. Broadly, it seems to be a success, but how it will work in drug treatment remains debatable. Can the two fields be usefully compared? Do we even want to make the comparison? Might it hint, however subtly, that anyone who takes drugs has a mental illness?

The Twelve Step program is one of a suite of approaches used in mitigating the harm done by drugs and their illegality. In some cases it is fantastically effective, in others it is irrelevant. If it is true, as I suspect, that Recovery is something like NA on steroids, then I wonder how it addresses those points on which NA has been criticised. The spiritual aspect, for instance, has always concerned me. To some, NA seems cultish and is exclusive (except lately, in certain groups) of anyone who is not entirely abstinent (i.e. those on pharmacotherapy). Heather Pickard wants 'the recovery of belief that Recovery is necessary'. Recovery is necessary. Might this be construed as a call for abstinence?

Plenty of lip service was paid to other treatment modalities at the symposium. The Recovery model claimed to be all inclusive, but, as I've already said, certain individuals seem fitter for Recovery than others. Those who have put drugs so far behind them that politicians are willing to accompany them on marches must certainly be better suited than someone who has fought hard to reduce from half to a quarter gram per day.

What meaning does the statement 'Recovery is necessary' have for stable oxycontin addicts or suboxone clients? Does

it argue that they're sick and need help? Will it encourage them to risk their stability and then set them up for failure? Suggestions have been made that Recovery claims 'everyone can fully recover through sheer will-power and therefore gives false hope and implicitly blames those who may be unable to recover' (Wikipedia). It may also imply a cure when there is no cure and may 'marginalise those who do not fit into its narrative'.

If such statements faithfully describe the nuts and bolts of Recovery, then we are deep in the land of abstinence. After a long day, I was left with a fear that Recovery subtly advances, or at least implies, the benefits of abstinence over the many-limbed approach of harm reduction.

The conference presented Recovery as a potential over arching solution to all our woes, a genuine paradigm shift – but it remains largely untested and theoretical. What will happen when their brand of 'hope' and 'celebration' hits the grimy back-alleys of Collingwood?

Many believe that politicians overseas were attracted more by its packaging and its optimistic message than by any solid evidence. Implementing any sort of Recovery model will require fresh resources and there is a worry that, when they seek government sponsorship in Australia, bureaucrats and ministers will react similarly, and vital funding may be diverted from the front line of treatment and harm reduction. (Particularly given Recovery's claim that their peer-driven model is cheaper.)

So there you are: Recovery. It's not a condition, but a journey. It's a process. It's a groundswell movement. It's hope. It's an academy, an all encompassing philosophy. It's a celebration. It's even a walk… But, most importantly, it is something that should be examined closely, understood completely and proved effective before it becomes part of public policy. On paper at least, it must be said, some aspects of Recovery appear to have potential - but other aspects beg thorough scrutiny.

As a postscript to the conference, David Best saddled up on Twitter and aimed a few Parthian shots at harm-reduction 'honchos', claiming they were determined to be adversarial, myopic and resistant to change. Best is a combative character with a tendency to polarise - he cannot honestly expect not to be challenged. Besides, scepticism is a well-trodden road to the truth. We would be foolish not to confront these ideas – whether new and compelling or old and resuscitated - particularly if they are seductively packaged, described in vague aspirational terms, have a flimsy evidence base and a dubious lineage. The ideals of harm reduction are too important not to defend, even if a perceived threat proves, in the end, to be a mouse with a lion's roar. - *The Golden Phaeton*

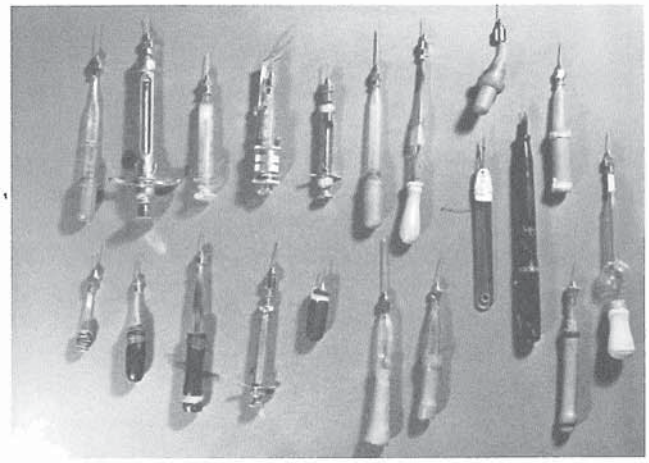
An Upper Class Nitrous Oxide Party of the Late Eighteenth Century

DRUGS AND NEEDLES, DOGS AND HISTORY

Continued from page 10

The legal response was to widen syringe possession laws to include needles and droppers. The response on the street was to place an 'outfit' (the source of the word 'fit') in a safe place, say a vacant flat, which users were charged to access.

A sideline in the technical history of syringes occurred in World War Two. A device called a morphine syrette was made available to medics on the front line. It resembled a small toothpaste tube. When a needle was attached, the seal was punctured and a half grain of morphine tartrate was squeezed into the casualty. The used syrette was pinned to their collar as an aid against accidental overdose.



A collection of homemade fits

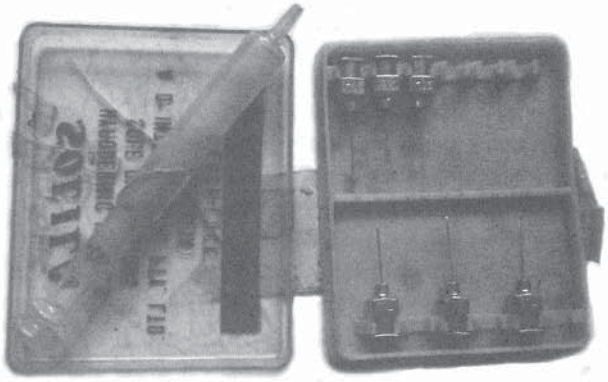
By the 1950s the intravenous route was the norm for illicit injectors in the USA. In the UK (and Australia, which, by and large, was introduced to heroin by soldiers returning from the Vietnam War) injecting did not become widespread until the 1960s.

Before the 1950s, no syringes were disposable. Generally made of glass, they required frequent cleansing and were good for at least twenty sterilisations with alcohol and boiling water. Needles were sharpened on whetstones. In 1954, with Salk's polio vaccine ready for mass distribution, the *BD Hypak* – the first disposable glass syringe – was produced.

Shortly after, Roehr Products, concerned at the legal liabilities of syringe related infection – developed the *monoject*, a disposable plastic syringe which was sold for five cents a unit. However, they encountered resistance to change among doctors and it was not until the 1960s that disposable plastic syringes with single use needles gained real traction in the marketplace.

Concerned that attempts may be made to sterilise plastic syringes, materials were sought that would not withstand boiling. Polystyrene was an early contender but proved 'vulnerable to chemical attack from the contents of the syringe'. I myself can remember the frustration when a plastic syringe in the boiling pot assumed the shape of a banana.

We have now reached the 1970s and I can begin to tell the story from a personal perspective. When I began using, and met other users, the glass syringe with detachable *Luer Lock* needles (each good for many uses) was the outfit of choice. A set of twelve needles were purchased separately and came with some very fine wires which were used to clear blockages. The side of a matchbox was the *de rigueur* means of sharpening. 'Works' were not easy to get and a good glass syringe would last indefinitely while the life of a plastic one was limited



What remains of my works from the 70s

Though chemists rarely sold such things, medical supply houses did. In Melbourne, *Roper's* in Swan Street was the retailer everyone seemed to use. It was here – if you had the extra cash – that you could acquire the high-quality and almost mythical *Blue Lady* which not only looked deadly but had an outstandingly smooth action. Those who enjoyed the dark ritual of shooting up settled for nothing less.

At some point during the early eighties, people began to buy plastic syringes and needles from certain chemists, the identity of which was known through the using community. These were still two-piece – needle and syringe – but were rapidly superseded by the disposable one-piece 1cc diabetic syringe with the orange cap (part of a colour code designating differences between types of insulin).

I vividly recall watching someone hit up for the first time with one of these. As strange as it seems now, it appeared threatening: ridiculously thin and dangerously modern – but it wasn't long before I was converted. The orange capped fit became the norm – at least throughout most of the western

world. (In the UK, at this time, there was so much cheap brown heroin around that smoking it was viable, and fewer users turned to injecting with its associated taboos.)

Though the new syringe was disposable and its needle blunted noticeably after one injection, many, if not most, used them repeatedly. They were too much of a hassle to replace and sharing was often part of the social ritual – but there were uninvited guests at the party. Bad ones...

AIDS had begun to spread through IDU communities overseas. Australia reacted quickly enough to avoid the same thing happening here. More chemists made equipment available, selling prepared kits in brown paper bags (which included a sharp-safe). Needle exchanges were established and even, in Sydney, dispensing machines. At the end of a long acrimonious battle with reactionary forces, a safe injecting room was established in King's Cross.

Of course, the new rules led to a more used needles being left in laneways and on beaches by thoughtless users, particularly during the glut of the early 2000s – but the inconvenience caused by improper disposal is surely outweighed by the lives saved.

Sadly, Hep C had been freely spreading through the using population well before the good work of harm reduction. Most users who were injecting before the 90s were found to have this disease and, despite every effort, it remains a very good reason not to share.

So there it is - just part of the story of a device with a particularly influential place in the history of civilisation.- *The Golden Phaeton*

Heaven & Hell

Continued from P.25

It was worst was when they were fighting among themselves. I'll illustrate in a typical scene: we'd all be hanging, sick. Eurydice would retreat to bed to await the drugs I was making, (which took about three hours). Orpheus would sit in the lounge with us, while calling out abuse to Eurydice.

"You know she's a dog, don't you? She gets people busted for just $250."

"Gee mate, thanks, good to know 'bout that", thought I. As his raving continued, he changed his outlook and started threatening to get us all busted. The irony was too much for my partner who pointed out that if he hated dogs so much maybe it wouldn't be such a great idea to get all his 'friends' busted.

Being immersed in the intricacies of delicate chemistry, I wasn't paying too much attention, until I saw Orpheus head-butt my partner into the wall. I quickly, but very carefully, put the gear I was holding in a safe place. I went and stood over the offensive idiot. Real quick, he backed down, trying to clear the air by professing surprise at my supposed bravery in rising to oppose him. He was a gutless coward, full of bluff. I'm certainly no fighting machine! How the fuck did he survive in jail?

As appealing as achieving my goal of opiate self-sufficiency seemed, it was clear we had to get out of this situation. One way or another, by stupidity or on purpose, 'the psychos' (as we had come to call them) would get me busted. I went back on methadone, mainly so I wouldn't be hanging-out in the cells if I did get busted. It also meant I could avoid too much discomfort after the break that was coming.

At this point I feel a need to comment on the irony of police informers calling other people 'dogs' while being mortally offended when called so themselves. To me 'dog' means *informer*, the lowest from of life, well below a prick or arsehole which is what they probably meant.

I gave them a lot of warning of my intention to stop, appealing to any glimmer of friendship we might share. I expected trouble, maybe even a bust, once I was no further use to the Psychos - but I don't think they really expected me to be able to stop.

A few days after I pulled the pin, Eurydice came by. She'd picked up the precursor and expected me to get cooking. As much as I wanted the drugs, I stood by my decision. There was every chance I was being set up for a bust (and a cool $250 in her pocket).

'I'm sorry but I've stashed all my equipment at a friend's place. It's miles away and it'd take several hours to get it'.

That did it, she left, and I'd escaped with my freedom. - *Tarquin Z Pillowmaker*

HEALTHIER USING TIPS

This Issue All the Facts on ...

Filtering

by Sarah Lord

Introduction

Our bodies have a number of natural defences that protect us from disease and other infections. When we inject drugs into our body we bypass the main natural defence system: our skin. This leaves us vulnerable to nasty infections and diseases from bacteria, fungi and viruses, including HIV (Human Immunodeficiency Virus) and hepatitis.

This fact sheet provides information on filters, filtering and reducing the harms associated with injecting drug use. It is written for people who are injecting drugs and the professionals who work with them.

There is no completely safe way to inject drugs. Injecting a drug increases your risk of overdose, vein damage and infection. Using information in this fact sheet can help you reduce the risks.

This fact sheet is not meant to be a substitute for professional advice. Talk to your alcohol and other drug worker, needle and syringe program worker or your doctor or other health professional if you have any problems or concerns about your injecting drug use.

Why filter?

Injectable drugs used by medical practitioners are prepared in sterile laboratories, stored in sterile packaging and usually administered to the patient in a medical environment.

Illicit, injectable drugs are not produced, stored or consumed in such environments, and can be full of germs and harmful particles.

Some people inject drugs such as morphine and benzodiazepine tablets, which are made for oral consumption. These tablets contain ingredients that do not easily break down in water and are not safe to inject. They are not meant to be prepared for intravenous use in, because, when exposed to the air, these tablets can pick up microbes (germs) that can cause serious infections if they get into your blood-stream via injecting.

The bacteria, dirt, viruses and fungi normally present on our skin (including hands and fingers), in our mouths and on surrounding surfaces are dangerous and can contaminate a drug solution if any of these "nasties" get into your mix. It is worth remembering that you can't see bacteria, fungi, viruses, or even small particles of dirt, with the naked human eye.

Reducing harms

Filtering helps to remove most of the insoluble particles that can cause damage if injected. Some materials used for filtering drugs can reduce the chance of bacterial and fungal infections. How you filter and what you use for a filter depends on a range of factors, some of which are addressed in the table at the end of this fact sheet.

It is important to note that **no filter can remove a virus**. The only way to reduce the chance of introducing a virus into your body is to understand blood-borne virus prevention strategies and to use this knowledge when preparing drugs for intravenous use.

Types of filters

The following filter types are not recommended: cotton wool, cigarette filters and swabs.

Cotton wool

Cotton wool is the most common filter used by injectors. While cotton wool provides good capillary action for drawing up the drug solution and holds back a lot of insoluble matter, it only provides a very basic level of filtration.

Cigarette filters

Cigarette filters are risky because they contain harmful chemicals and consist of fibres that can break off and lodge inside your veins, tissue and lungs.

Swabs

Swabs are also commonly used as filters, but they can be dangerous. The isopropyl alcohol contained in swabs is useful to clean your fingers and spoons etc, but it will not sterilise or even "clean" a drug mix. Since these swabs are quite thin, it is very easy to puncture the swab and blunt the needle tip, which could cause vein damage and scarring.

Wheel filters and Steri-filts

Most filters that come in individual, sterile packages are generally safer to use compared to those that are not. However, any filter that can be used without touching the filter membrane (such as wheel filters and Steri-filts) is safer in terms of reducing contamination that can cause infections and "dirty hits", compared to those where the filter is formed by hand and finger manipulation such as cotton wool and swabs.

Filter sizes

Different filters will filter drugs to different degrees. The filter that has the smallest pores (holes) will give a greater degree of filtration, compared to a filter with a larger pore size. Filter pores are generally measured in microns (one thousandth of a millimetre, μ). **There is no filter that can remove a virus**. The only filters able to remove all bacteria are 0.22μ and smaller (that is, 0.1μ–0.22μ). A filter larger than 0.22μ is mainly used to remove particulate matter (for example bits of dirt/dust). The largest filter usually stocked by needle and syringe programs is 5μ and the smallest is most often 0.22μ.

Sometimes pre-filtering with a larger-sized filter before using a smaller filter is needed to remove particulate matter from the mix. Then a smaller filter, 0.22μ and smaller, that can remove bacteria can be used

Other factors to consider

It is worth remembering that you may not always have the best option for filtering at your disposal. The filters available at any timedepend on many factors such as:

- cost of filters (wheel filters, Steri-filt, cotton wool and other filters vary in price)
- access to filtering equipment (not all needle and syringe programs stock all filters)
- knowledge and information (Do you have the "know-how" to use wheel filters or Steri-filts?)
- setting (where you inject: home, car, squat, laneway etc.)
- social context (who else is around when preparing and injecting drugs)
- drug type (for example, some drugs need more filtering than others)
- ease of use (some filters are easier and faster compared to others).

Filters should never be re-used. Any filter (especially a wheel filter, in which the filter membrane is enclosed inside plastic casing) is likely to grow mould and bacteria after being used. Cotton and cigarette filters and swabs will be damp after use, leaving them vulnerable to picking up dirt and bacteria. Bacteria will start to grow inside a filter and, if re-used, increases the chances of getting a "dirty hit" is very likely.

The less a filter is manipulated by your fingers , the cleaner it is likely to be. This means less dirt and germs in your drug mix.

Basic guide to filters

Over the page is a basic guide to filters for people who inject dugs. The filters are ranked from the most to least safe, based on the pore size of the filter unit. This guide has been designed to help you make safer, more informed choices about how to filter a range of substances.

More information

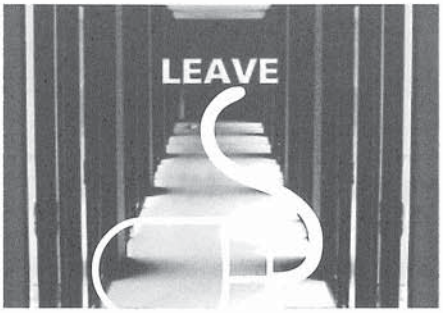
For more information on safer injecting, see *The Safer Injecting Handbook*, 3rd edition, available from the Australian Drug Foundation, tel. 1300 85 85 84 or online at www.bookshop.adf.org.au, or contact VIVAIDS on tel. (03) 9329 1500.

For more information on drugs and drug prevention contact the DrugInfo Clearinghouse on tel. 1300 85 85 84, email druginfo@adf.org.au, or visit our website www.druginfo.adf.org.au.

Filter type	Filter size	Drugs used with	Tips
Bacterial wheel filter	0.22μ	Buprenorphine Cocaine Heroin Methadone Methamphetamine (speed)	• This filter type provides the highest level of filtration and works well as long as the drug solution (mix), is not too "gluggy". • Buprenorphine usually requires pre-filtering with a 5μ or 1.2μ filter.
Other wheel filters	0.45μ–1.25μ	Buprenorphine Dexamphetamine Morphine pills Ritalin	• If you are mixing up more than one pill you may need to use a 1.25μ or a 5μ filter first. • If a pill has been inside someone's mouth you must use a 0.22μ bacterial wheel filter before injecting, to remove bacteria and fungi.
Largest wheel filter	5μ	Really gluggy mixes and large quantities of most pills	• If a pill has been inside someone's mouth you can remove fungi and bacteria by using a 0.22μ bacterial wheel filter after the 5μ filter.
Steri-filt filter	5μ	Amphetamines (especially "bag" mixes) Buprenorphine Cocaine Heroin Most pills	
Cotton wool from tampon and sterile cotton wool balls (sterile until opened)	About 50μ when rolled up	Cocaine Heroin Methamphetamine (speed) Pills (for first filtering only)	• Wash hands and arms in warm soapy water, and swab fingers before making filter.
Cotton wool ball/ cotton bud (not sterile) Rollie cigarette filter (no fibre glass; not sterile)	About 50μ when rolled up	As above	• As above
Piece of swab (sterile until opened)	About 50μ	As above	• Isopropyl alcohol is not meant to be injected. • It is easy to blunt the needle on the base of a spoon. • Requires some finger manipulation to make this filter.
Cigarette filter (contains fibre particles; not sterile)	About 50μ	As above	• They contain harmful fibre particles that can lodge in body tissue. • Never use a cigarette that has been smoked, as you are almost guaranteed to get a "dirty hit".
No filter	No filtering	Any drug	• Most dangerous option because there is no "filter membrane" between the bacteria and dirt and your blood stream.

Back issues of Whack plus everything you need to know about HRV and PAMS are just a click away at::

www.hrvic.org.au



As a community based organisation, Harm Reduction Victoria depends on maintaining a strong and active membership committed to the health and well-being of illicit drug users.

Join HRV and not only will you be aiding in the cause, but you'll receive a year's worth of Whack Magazine delivered to your mailbox plus the right to vote and nominate for positions on the HRV committee of Management.

You can join on the HRV website or by filling out and posting us the form below. Any queries? Don't hesitate to call on 03 9329 1500 or email to admin@hrvic.org.au

Name: .....

Address: .....

..... Postcode: .....

Phone: ..... (please tick) ☐ Personal - FREE

Fax: ..... ☐ Organisations - $60.00

Email: .....

Please POST to :

Harm Reduction Victoria
Membership
PO BOX 12720
A'Beckett Street
Victoria 8006

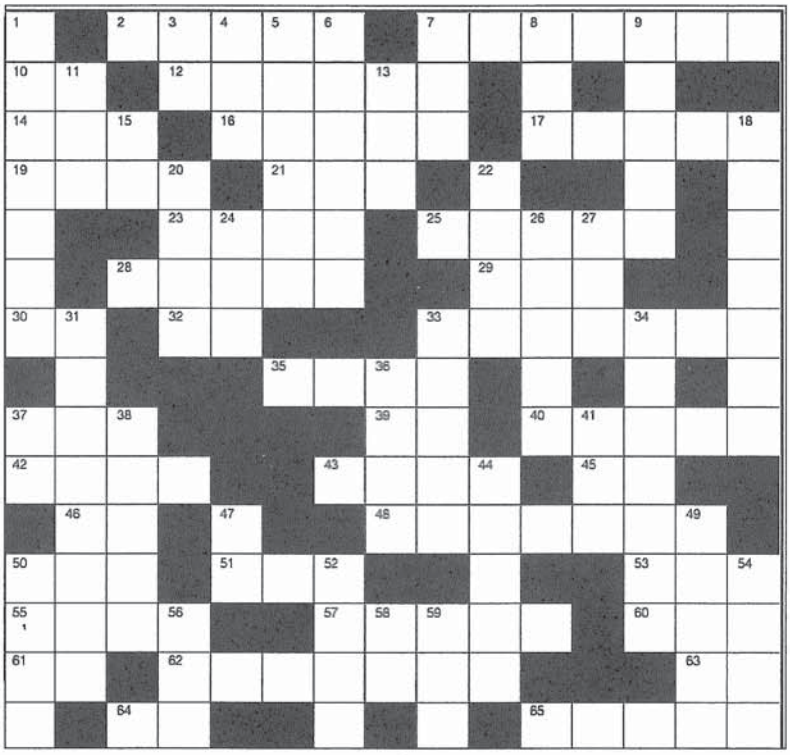
Or FAX to:

03 9329 1501

PUZZLES ...

by Rosie D'vulge

Crossword



Across:

2. implements
7. prisoners
10. opposite of down
12. kitchen item
14. male person
16. scar from injecting
17. overexcited
19. slang for overdose
21. wrath
23. music genre
25. subject or theme
28. rowdy
29. a counter where drinks (esp alcohol) are served
30. post office (abbrev.)
32. millilitre (abbrev.)
33. primates
35. naked
37. favourite
39. overdose (abbrev.)
40. manages
42. dry
43. the crust covering a sore
45. pronoun meaning 'us'
46. doctor (abbrev.)
48. drudgery
50. enemy
51.amphetamine type substances (abbrev.)
53. plaything
55. Russia
57. aviator
60. modern style of Jamaican music
61. medical examiner (abbrev.)
62. belly.
63. emergency room (abbrev.)
64. street (abbrev.)
65. arena

Down

1. a small lolly
3. about
4. opioid replacement therapy (abbrev.)
5. the words of a song
6. nickname for an electrician
7. fluid substance used for writing
8. mother
9. restorative drink
11. average
13. excellent
15. negative
18. routes
20. American school dance/event
22. vagrant
24. lubricant
26. extreme fright
27. aggravate
31. the result of too many drugs
33. badge
34. gurus
36. NSW Dept of Community Services (abbrev.)
37. personal assistant (abbrev.)
38. makes weary
41. in debt to
44. cured meat from the back or sides of a pig
47. slang 'thank you'
49. country bumpkin
50. get very upset about
52. blemish
54. an enclosure for livestock
56. rodent
58. I am (abbrev.)
59. allow

Word Sudoku

			A		E			
		I				Z		
	N			C			W	
E								I
			C	Z	N			
A								E
	C			E			E	
		Z				N		
			I		W			

Word Sudoku is the same as numbers you just need to make sure each box contains one of each letter in the word DANCEWIZE

'Drug use did not always carry the stigma it does now. Up until the passage of the Harrison Act of 1914, narcotics addiction was pretty much the province of rural, middle-aged, middle-class white women who took legal opium prescribed by well-intentioned doctors.'

Georgette Bennet

Crossword Answers

Across
2.tools 7.inmates 10.up 12.frypan 14.man 16.track 17.manic 19.drop 21.ire 23.rock 25.topic 28.noisy 29.bar 30.PO 32.ML 33.monkeys 35.nude 37.pet 39.OD 40.copes 42.arid 43.scab 45.we 46.dr 48.slavery 50.foe 51.ATS 53.toy 55.USSR 57.pilot 60.ska 61.me 62.abdomen 63.ER 64.St 65.field

Down
1.gumdrop 3.of 4.ORT 5.lyrics 6.sparky 7.ink 8.mum 9.tonic 11.par 13.ace 15.no 18.courses 20.prom 22.hobo 24.oil 26.panic 27.irk 31.overdose 33.medal 34.experts 36.DOCS 37.PA 38.tires 41. Owe 44.bacon 47.ta 49.yokel 50.fume 52.spot 54.yard 56.rat

SURVIVAL GUIDE

Following are some numbers, websites, addresses etc. for resources that might be useful when you're in need. It doesn't contain everything, but should give you the tools if further research is neccessary.

DirectLine (1800 888 236 [24/7]) is always a useful first port of call. The Fitzroy Legal Service (www.vicdrugguide.org.au) has an Online Services Directory for drug/alcohol users which is currently being updated and may be another good starting point.

Local councils are a reliable source of information. The Victorian government has an online Human Services Directory (humanservicesdirectory.vic.gov.au). Click 'Search' and use a keyword ie drugs/alcohol.

LEGAL

Community Legal Services: (03) 9602 4949
PILCH Homeless Outreach: (03) 9225 6686
Fitzroy Legal Service: (03) 9419 3744
Victorian Outreach Service: (03) 9419 8355
Footscray Legal Services: (03) 9689 8444

Legal Aid Victoria: 1800 677 402
Melbourne Central: 9269 0234
Bairnsdale: 5153 1923
Broadmeadows: 9302 2388
Dandenong: 9791 5522
Frankston: 9784 5222
Geelong: 5229 2211
Morewell: 5134 8055
Preston: 9478 8844
Ringwood: 9879 5500
Shepparton: 5823 6200
Sunshine: 9311 8611
Victorian Aboriginal Legal Service
For Koorie people (24 hours)
(03) 9419 3888 or 1800 064865 (country)
Youth Advocacy & Legal Service: (03) 9794 5428

SELF-HELP, CRISIS, COMPLAINT,

Lifeline - 131 114
Suicide Helpline Victoria -1300 651 251
Beyondblue.org.au (depression) - 1300 22 4636
Narcotics Anonymous (www.navic.net.au) - 9525 2833
PAMS pharmacotherapy advice - 1800 443 844
www.pillreports.com - a global database of ecstasy pills
Victorian Ombudsman (www.ombudsman.viv.gov.au) - 9613 6222
Resourcing Health & Education in the Sex Industry RhED : 9534 8166 (for sexworkers)
Association of Participating Service Users (APSU): 9573 1700

CRISIS ACCOMMODATION

Crisis accommodation information line: 1800 627 727 (Free call) 10 am till 12 midnight 7 days
Flagstaff crisis accommodation: 9329 4800
Home ground: 9417 2500
St Kilda crisis centre: 9536 7777
Ozanam House: 9329 5100
Hanover Southbank: 9699 4566
Argyle Street Housing Service: 9537 7797

INTERSTATE ADVOCACY GROUPS

Australian Injecting and Illicit Drug Users League (AIVL)02 6279 1600/www.aivl.org.au
Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) cahma aivl.org.au 02 6279 1670
NSW Users & AIDS Association (NUAA)
02 8354 7300/www.nuaa.org.au
Queensland Injectors Health Network (QUIHN)
07 3620 8111 or 1800 172 076 www.quihn.org.au/
Northern Territory AIDS & Hepatitis Council (NTAHC)
08 8941 1711 www.ntahc.org.au
South Australian Voice in IV Education (SAVIVE)
08 8334 1699/www.acsa.org.au/savive.html
Western Australian Substance Users Association (WASUA) 08 9321 2877 www.wasua.com.au

EMERGENCY PHONE NUMBERS:

Police fire ambulance: 000
Child protection: 131 278 (24 hours)
Reverse charge: 12555
Directory assistance: 1223

SURVIVAL GUIDE - FOOD

with thanks to HealthWorks

BREAKFAST

Hare Krishna Food For Life
197 Danks Street, Albert Park
Mon- Sun 9am Free

Ozanam House
268 Abbottsford St, North Melbourne
Mon - Sun 9.15am-10am Free

Prahran City Mission
211 Chapel St, Prahran
Mon - Fri 8am–9.30am Free

Sacred Heart Mission
87 Grey St, St Kilda
Mon- Fri 8.30am–10am Free

St Kilda Drop-in Centre
Cnr Carlisle & Chapel St, St Kilda
Mon – Fri 8.45am–10.30am Free

St Mary's House of Welcome
165 – 169 Brunswick St, Pitzroy
Mon - Sun 9am Free

LUNCH

Church of All Nations
180 Palmerston St, Carlton
Monday's 11.30am–12.15pm
$1

Fintry Bank
100 Hodgkinson St, Clifton Hill
Thursday's 11.30am–1pm
Free

Food Not Bombs
Cnr of Brunswick & King William Street Fiztroy
Monday's 12.30pm Free

Hare Krishna
123 Swanston St, Melbourne
11.30am–3.30pm
$5.50 with concession card

Outreach Mission
93 Geelong Rd, Footscray
Wednesday's 12.00–1.30pm
Free

Ozanam House
268 Abbottsford St, North Melbourne
Mon - Fri 12pm-1pm Free

Prahran City Mission
211 Chapel St, Prahran
Mon - Fri 11.30–1pm Free

Sacred Heart Mission
87 Grey St, St Kilda
Mon- Sun 11.45am–1.15pm
Free

St Kilda Drop-in Centre
Cnr Carlisle & Chapel St, St Kilda
Mon, Wed & Fri 12.30pm–1.30pm Free

St Luke's
59 Scotchmer St, Nth Fitzroy
Wednesday 12pm $2

St Mary's House of Welcome
165 – 169 Brunswick St, Fitzroy
Mon - Sun 1st sitting 12pm
2nd sitting 12.30pm Donations welcome

DINNER

Food Not Bombs
Barkly St, outside Western Oval
Monday's 7.30pm

Cnr of Brunswick & Gertrude St Fiztroy
Tuesday's 7.30pm Free

Loophole Community Centre
670 High St. Thornbury
Sunday's 6pm Free

Ozanam House
268 Abbottsford St, North Melbourne
Wednesday's 5pm–6pm Free

7th Day Adventist Church
27 Alfred Crnt, Nth Fitzroy
Tue & Sun 6.30pm Free

SOUP VANS

St Vincent de Paul
- Cr King William St & Brunswick St (All saints Church / Fitzroy Police station) Mon – Sun 8pm
- Smith Street, Fitzroy (opposite Safeway) Mon- Sun 8pm
- Victoria Market, Carpark, City. Mon – Sun 10.30–11

Matthew Talbot
- Hanover (52 Haig St, Southbank) 9.45pm
- Hotham Hotel (Cnr Spencer & Flinders Sts)10.30pm

Chatterbox bus - Open Family
- St Paul's Cathedral, city Tue, Fri & Sat 9pm
- Behind Luna Park, St Kilda Tue, Wed & Fri 9pm

HARD TIMES RECIPE

Roast Tomato and Pumpkin Soup (Serves 4)

INGREDIENTS:

- 8 ripe tomatoes, cut into eighths
- pumpkin, peeled and cut into 1.5cm cubes
- 3 cloves garlic
- 1 red onion cut into eighths
- 1 litre vegetable stock
- 1-2 tsp chilli flakes (optional)
- 2 tsp dried herbs (basil, mixed herbs, oregano or thyme)
- Salt and pepper
- 1 tsp raw sugar (optional)
- Olive oil

METHOD:

- Preheat oven to 200 degrees
- Combine tomatoes, pumpkin, garlic, onion, herbs, and a splash of olive oil in a bowl and toss gently to coat. Season with salt and pepper
- Place vegetables onto baking trays and roast for half an hour
- Place vegetables, stock and chilli into a large saucepan and bring to the boil.
- Blend with a bar mix or blender (if using a blender allow soup to cool prior to blending)
- Return soup to heat and allow to simmer until it reaches your desired consistency
- Taste and if soup is too acidic for your liking, add sugar and season with salt and pepper
- Serve with crusty bread or toast

HEALTH/TREATMENT Including Pharmacotherapy, Rehab, Detox ...

Your local community health centre is a recommended starting point. Our partial list concentrates on urban resources and those that do not focus on certain groups. If you are regional, young, or an aboriginal/Torres Straights Islander, try Direct Line or the Fitzroy Legal Service guide for services specific to your needs.

There is a lack of affordable detox/rehab services in Victoria and increasingly people are turning interstate. (NUAA [the NSW version of HRV] is online at www.nuaa.org.au and provides a list of resources in NSW. The Buttery, a notable holistic rehab near Byron Bay has always been popular with Victorians (02 6687 1111). Other states are serviced by groups similar to HRV and a list of these is on page 45.

If you are looking to begin a pharmacotherapy program, the listings below may be relevant. Finding a pharmacy to dispense is usually considered your responsibility and can sometimes be hard. Prescribing GPs sometimes have lists, otherwise try DIRECTLINE (1800 888 236) or PAMS on 1800 443 844 (free call statewide) or 9329 1500

DRUG-RELATED SERVICES

Primary Health Care Units for drug users: non judgemental health care, doctors and nurses as well as a range of other services e.g... counselling, showers.

InnerSpace
4 Johnson St
COLLINGWOOD
Ph: 039468 2800

HealthWorks
4-12 Buckley St
FOOTSCRAY
Ph: 03 9362 8100

SHARPS
20 Young St
FRANKSTON
Ph: 03 9781 1622

SEADS
86 Foster St
DANDENONG
Ph: 03 9794 0790

Living Room
7-9 Hosier Lane
MELBOURNE
Ph: 9662 4488/1800 440 188

Access Health
31 Grey St
ST KILDA
Ph: 9536 7780

DETOX FACILITIES

Salvation Army Anchorage
81 Victoria Cres,
ABBOTTSFORD
Ph: 9495 7611

Moreland Hall: Withdrawal Services
26 Jessie Street
MORELAND
Ph: 9386 2876

DAS West: Medical Withdrawal Service
Western Hospital,
3-7 Eleanor Street,
FOOTSCRAY
Ph: 8345 6682

Windana Society: Drug Withdrawal Unit
88 Alma Road,
ST KILDA EAST
Ph: (03) 9529 7955
Assessment:
Ring at 10.00pm
Mon/Wed/Fri

DePaul House
38 Fitzroy Street,
FITZROY
Ph: 9288 2624
Assessment: 9288 2016
(1.30-3.30 Mon-Fri)

Royal Women's Hospital Chemical Dependency Unit
Phone: 9344 2386

SEXUAL HEALTH

Melbourne Sexual Health Centre:
9347 0244 / 1800 032 017 (toll free)
Action Centre: 9654 4766
Family Planning Clinic: 9429 1177
Aids Line: 1800 133 392 (toll free)
Hep C Line: 1800 800 241
Victorian AIDS Council: 9865 6700 / 9827 3733
Victorian Aboriginal Health Service: 9419 3000

WOMEN'S SERVICES

Women's Domestic Violence Crisis Service:
9373 0123 /1800 015 188 (toll free)
Women's Information & Referral Service: 1300 134 130
Drop in centre 10.30am-5pm Mon-Fri
Women's Refuge Referral Service:
9329 8433 /1800 015 188(toll free)
Women's Health Victoria:
9662 3755 /1800 133 321(toll free)
Drug Info Line for Women: 9344 2270
Women's Legal Resource Centre: 9642 0877
Young Women's Health Service: 9548 3255
Flat Out: Statewide Support for Women Leaving Prison:
03 9372 6155

SURVIVAL GUIDE
SHARPS

WHACK MAGAZINE

WWW.AVIL.ORG.AU

As these lists are not complete, we advise accessing AIVL's comprehensive list that can be found on the website above, under the NSP listing tab.To find an NSP (Needle and Syringe Program) in your area, contact DIRECTLINE (1800 888 236). Of course, equipment may be purchased/disposed of at some pharmacies.

NIGHT TIME MOBILE SERVICES
(CALL & ARRANGE TO MEET)
Every Night of The Year 7.30 - 11.30pm
(except CBD Footpatrol 7.30 -10.45pm)

Foot patrol CBD	1800 700 102
Inner City	0418 179 814
North East	0418 545 789
North West	0418 170 556
Inner South	0419 204 811
CHOPER (Eastern)	0414 266 203
(Every night of the year EXCEPT public holidays 6.30 - 9.45pm	
Frankston/Dandenong	1800 642 287
Tuesday - Saturday Nights 7.30-10.45pm	
Bendigo	1800 636 514

DAY TIME MOBILE SERVICES
(CALL & ARRANGE TO MEET)

Inner West Mon-Fri	1800 170 556 10am-5pm
Springvale Mon-Fri	1800 650 116 1.30-4.15pm
Geelong Mon-Fri	1800 196 850 9am-4pm
Foot Patrol (City) Mon-Fri (ex pub hols)	1800 700 102 12-3.15pm & 4-6.45pm
Foot Patrol (City) Weekends/Pub Hols	1800 196 850 12-3.45pm

FIXED SITE SERVICES
(CALL IN AND PICK UP YOUR EQUIPMENT)

There is only one 24hr 7day needle & syringe program: The Salvation Army Health Information Exchange located at 29 Grey St in St Kilda.

The needle and syringe programs below are more likely to have the full range of equipment available. (Please be aware that items such as sterile water and filters are not always free.)

InnerSpace
4 Johnson St
COLLINGWOOD
Ph: 039468 2800

HealthWorks
4-12 Buckley St
FOOTSCRAY
Ph: 03 9362 8100

SHARPS
20 Young St
FRANKSTON
Ph: 03 9781 1622

SEADS
86 Foster St
DANDENONG
Ph: 03 9794 0790

North Richmond CHC
23 Lennox St
NORTH RICHMOND
Ph: 03 9418 9830

Barwon Health
40 Little Malop St
GEELONG
Ph: 03 5273 4000

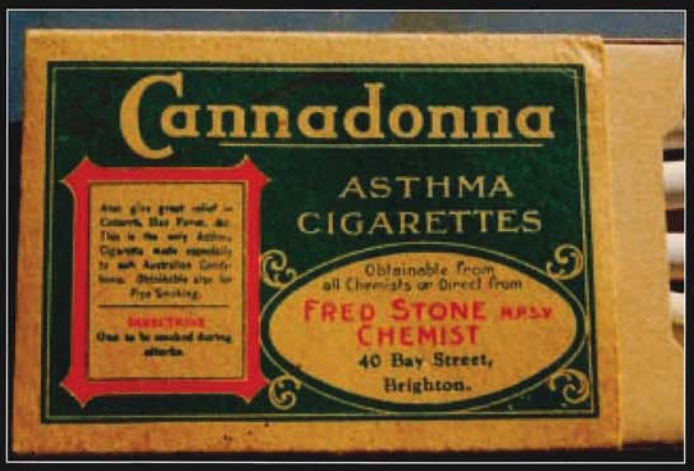
Ballarat CHC
710 Sturt St
BALLARAT
Ph: 03 5338 4500

Bendigo CHC
171 Hargreaves St
BENDIGO
Ph 03 5448 1600

LATE NIGHT CHEMISTS (MELBOURNE)

TAMBASSIS PHARMACY
Cnr Sydney and Brunswick Rds
Brunswick
Open: 8am-midnight
Ph: (03) 9387 8830

LEONARD LONG PHARMACY
Cnr Williams Rd & High St
Prahran
Open: 8am - midnight
Ph: (03) 9510 3977



Smoking cigarettes for the treatment of asthma may seem counter-intuitive, but attitudes do change over time and, during the mid 20th century, Cannadonna cigarettes (a combination of cannabis and deadly nightshade) were a legitimate remedy available in Melbourne pharmacies, including one owned by a Whack reader's father (whose son provided these photos).

PLEASE NOTE

BECAUSE OF SUSPECTED SHOP THEFT BY SOME PATIENTS ON PHARMACOTHERAPY PROGRAM, ALL PATIENTS ARE REQUIRED TO ENTER AND LEAVE VIA THE CENTRE AISLE.

IF THE PHARMACIST IS OCCUPIED WITH OTHER DUTIES, YOU WILL BE ATTENDED TO IN ORDER OF SERVICE.

THERE WILL BE NO TOLERANCE OF PATIENTS NOT OBSERVING THESE REQUIREMENTS.

IF YOU ARE NOT HAPPY YOU ARE FREE TO TRANSFER TO ANOTHER PHARMACY.