WHACK

#44 AUTUMN 2021

SHAKE YOUR TAMBOURINE GO AN'GET YOURSELF A WHISTLE AN'

HARM REDUCTION VICTORIA

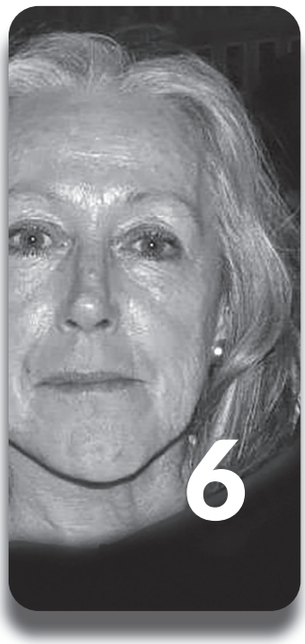
WWW.HRVIC.ORG.AU

"Thinking is difficult- That's why most people Judge."

-CARL JUNG

ARTWORK (left) BY MICHAEL HRECZUCHA

CONTENT



AND MUCH MORE...

TAKE A SAD SONG AND MAKE IT BETTER

-WHAT JUDE MEANT TO ME

BY CHRISTIAN VEGA

IN OUR COMMUNITY, JUDE BYRNE IS A LEGEND.

At her foundation of lived experience is a person who uses drugs that intersects with being a woman, a single mother, a grandmother, who lived in a regional location. She used this experience to drive service delivery that responded to community need and to find accomplices, nurturing others who would become part of our movement and even inspiring them to lead it.

She brought her vision and wisdom to the world, representing us at organisations like the International Network of People Who Use Drugs (INPUD) and the World Health Organisation (WHO); it is hard to think of any drug using peer who was as internationally active and was as recognised as Jude.

Yet, as epic as some of her journeys have been, it is some of the small interactions that we shared as colleagues, peers, friends for which I am most grateful.

These are some of the moments that shaped what Jude meant to me personally.

Before I met Jude, I only knew of her from reading much of her work, and this is the first photo I ever took of Jude Byrne back during the International AIDS Conference 2014, where she sat on a panel with her fellow Global Drug Policy Commissioners. (Pic 2)

This was a real moment for me.

While I had been raised by community activists for my career, this was the first time I saw one of us sitting shoulder to shoulder with a diplomat (Dr Michel Kazatchkine), a clinical authority (Dr Alex Wodak), and a high court judge (Michael Kirby), as a person who uses drugs and doing so as their equal on a global stage.

We could do this.

We matter.

We are just as important as people of power and privilege.

When she spoke, people leaned in and listened, captivating the audience in a way none of her fellow commissioners could.

Pic 2

"THERE HAVE BEEN ENOUGH DEATHS, THE WAR ON DRUGS- A WAR ON PEOPLE-

NEEDS TO END NOW."

I remember thinking, when I grow up, I want to be like Jude. A little over a year after this photo was taken, I would move to Canberra to work at AIVL- Australia's Injecting & Illicit Drug Users League-the national peak organisation representing the state and territory peer-based drug user organisations, and I would finally meet Jude Byrne.

***

Annie Madden (our boss at AIVL at that time) had told Jude that she would have to "start sharing her office."

I had recently come from a workplace where I could shut my door and have my own private space to focus and do what I needed to, to get things done- pump out music, make a big mess, talk to myself - stuff that others would question or be annoyed about if they had to be around. Jude was also used to having this lone freedom. I think we both had a fair bit of anxiety and hesitation about the idea of sharing a small space every day with a person we had just met.

A complicating factor to our relationship was the different perspectives we had on what a "peer" is in peer-based work.

I have always felt that sensing who your peers are is subconscious, intuitive. As such, it is hard to describe, but I feel that this is intentional, because our community is criminalised, we develop this sense of who is safe and who we can trust. If we could write down how to express this, others who are not peers could learn how to fake it, and this is a risk to our community, imagine if an undercover cop could learn how to convince us they were a peer. But this was at odds with the work that Jude was doing at the time, she was in the process of developing resources for peer-based organisations around the best practice for our work.

I remember our conversation a week or so after moving to Canberra:

"Jude, how would you define what a peer is?"
"Well, a peer is someone who you recognise as having the same lived experience as you."
"But are we peers?"
"Of course, we are."
"But Jude we don't have the same lived experience- I'm a queer, sex working person of colour who grew up in big cities, you're a single mother/grandmother in the country."
"Well, maybe it's about the shared experience of drug use."
"But Jude, we both use different drugs in different ways, within different settings at different times of the day and different phases of our life."
"Well, you're just difficult aren't you."

After about half an hour of quietly thinking about it, Jude said, *"We probably can't write it up like this but after spending five minutes with you I knew I could trust you, you're a safe person, that you would just get it."*
"So, it's a feeling?"
"Yeah, I guess so."

"Are we peers, Jude?"
"The best kind, baby."

Over time, Jude would demonstrate what this means. She looked after me, introduced me to dealers I could trust, showed me where the NSP was and told me when was the best time to go, she would help me find a good GP.
But she would also affirm my choices around my drug use, including if I needed a break or to stop. If we were not using, we would call that first day, "Day Zero" as a way of signalling to each other that we might need some extra support and gentleness to get through that day. When I decided to stop using every day, I would call Jude from the doona I was hiding under, just so I would be connected to the world I would eventually come back to.

Jude was not just being a friend, she was a signal that I was not alone, that we exist and that we belong; she was the best kind of peer I could hope for.
***

Many people would say that Jude was a fighter. When it came to being a fierce advocate for people who use drugs, that was very true.

At the end of 2015, federal government funding arrangements changed. One of the outcomes of this was that AIVL would lose its funding. Each member of the team took on a different role in the #SaveAIVL campaign and mine was coordinating the community mobilisation. As a participating community member, I am very aware of why I work in a peer-based organisation; I know the morbidity and mortality of people who experience intersecting marginalisation as I do and the difference this work makes- I am alive and healthy because of the efforts of my community forebears (people like Jude) and I owe it to them to continue their legacy.

Weeks into the campaign, Jude could see it wearing me down. She said to me, "You know, funding isn't everything. Even if we lose it, you know what would change? Nothing. Our work may look a little different, and we might be a little less comfortable, but you know we aren't doing this for the money.

So, it's ok, you're here and you're doing it; that's enough."

I have never forgotten that.

But I thought I needed to meet her kindness. "Whatever happens, Jude, I want you to know that all the work, all the struggle, everything that you've changed in the world means something. Because I am here, and I know I would not be if you did not do all the things. Let me be the part of the universe that comes back to you to say thank you." And I feel like I am one of the luckiest people who got to say that to his heroes.

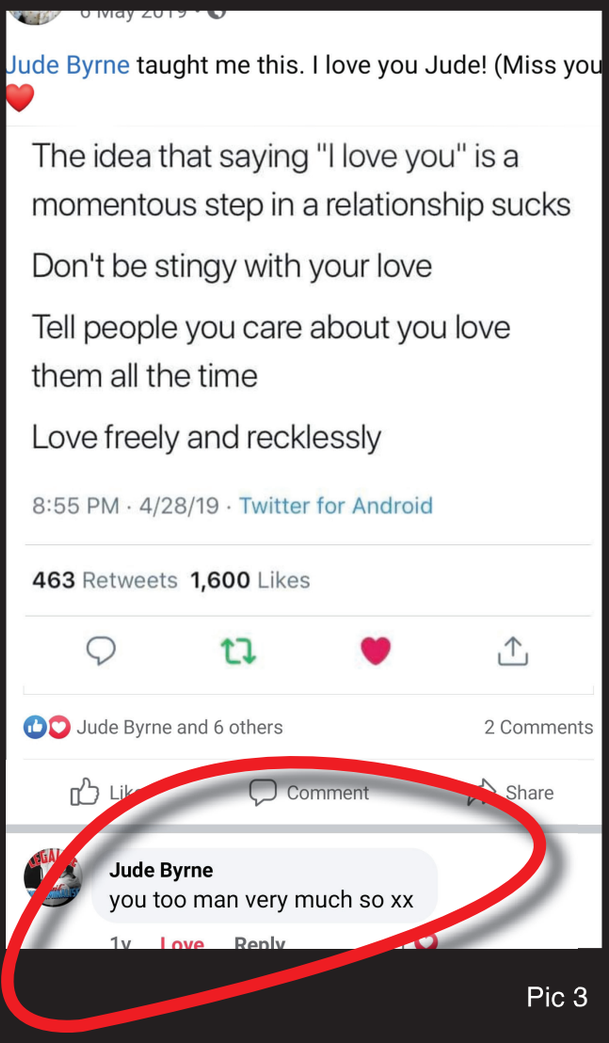
***

Jude was one of my best friends, and I am heartbroken that she is no longer around. One of the things about Jude that is making this time a teensy bit easier was that many of us knew how she felt about us. Before I left Canberra, Jude offered me a place to stay for the last couple of weeks I was there, so we spent 24 hours a day together during that time. The fact that we didn't get sick of each other, spoke to how close we were as friends (and I don't have many of those).

is when she said, *"I love you"* not long after meeting me for the first time. Years later, I tagged her in a meme on Facebook. (Pic 3)

I asked Jude about this. One explanation she gave was around living in the 70s and being a hippie into free love and all that. But as we got deeper into conversation she said,

"I just don't think a lot of our people heard that enough when they were growing up, so we've got to make up for a whole lot of love that they missed out on."
Amen, Jude. Amen.



Pic 3

Jude Byrne was a giant in our community but as a friend, she gave me so much to be grateful for. Everyone who knew her has their own story about how Jude touched them and made them feel special. Thank you for letting me share a few of those moments with you here.

The staff of HRVic would like to extend it's deepest love and condolences to Jude's family, friends, colleagues, comrades, allies, accomplices and significant others.

We will miss her nous her sharp wit, and her staunch hunger for justice & drug chooser rights.

An inspirational and motivational force to be reckoned with.

We love and miss you Jude.

xo

Love the HRVic Staff

ARTWORK (right) BY RAPHAEL A CILENTO


Jacket
Dead One
Dead One

A WOMAN WHO CHANGED OUR LIVES

BY ELE MORRISON

We all have people who are special to us personally; whether it's our mums or grandmas or if you're lucky, a few friends. There are some people in the world who are special in a different way. They make the world a better place for others without most of those people ever knowing about them.

Jude Byrne is one of those people.

If you've used drugs in Australia in the last 30 years, Jude Byrne influenced your life for the better and you probably never heard of her until you read these articles in this Whack magazine.

When harm reduction services like needle syringe programs (NSP) and drug user organisations became an official "thing" in the mid-1980s, there was a small number of people leading the charge for health and equality for Australian users. These people were out users, people who used needle syringe programs and who knew things you can only know from experience. Jude, alongside people like HRVic's previous CEO Jenny Kelsall, was one of these pioneers.

When I first met Jude in 2008 or 2009, we were at an International Harm Reduction Conference in Thailand. My uncle Tim, a man who worked in Canberra's first needle syringe program at the AIDS Council, was also at this conference. According to her story, my uncle Tim had served Jude the first time she got fits at an NSP. She talked about how amazed she was that finally, after years of being a user, being able to walk into a service to ask for something she needed and being given it without question, without having to come up with money and a reason, without having to explain herself. A brand new, sterile syringe. Very soon after that she became involved in starting the first Canberra drug user organisation.

I can't imagine what it was like for Jude and some of the other amazing people,

many of them women, who started these organisations. Jude was a single mother for most of the time she was going to work, sitting with politicians and police and bureaucrats as someone who did something illegal and highly stigmatised.

20 years later she was at a conference in Bangkok representing the Australian drug user organisation, AIVL, and the International Network of People who Use Drugs, INPUD, as their first president. The only presentation I remember from that conference is hers. She had to fill in for someone else at the last minute on the topic of "employing people who use drugs". Her one minute talk went something along the lines of: "You know, honestly, I don't even know why we're discussing this. The biggest problems we've had in Australia's user orgs have come from employing people who WEREN'T users."

During the decades she advocated for people who use drugs, Jude was involved in local, national and international committees, projects, organisations and protests. There probably isn't any drug user-led organisation in the world that Jude didn't touch in some way.

Until a short time before her death in March, Jude was completing part of a major project about older people who use drugs, living with the impacts of a lifetime of injecting, chronic health conditions and discriminatory health services. This was preceded by other big projects including some about

stigma and discrimination and others about supporting people who use drugs to work as peers.

These kinds of ideas were barely a blip on the radar of many of the other organisations that work with our community in Australia at the time. At least, that's how I remember it. I remember the idea of stigma and discrimination being revolutionary until users were able to show the effect being stigmatised has on the physical and mental health of our community. Jude was one of that small group of people who were able to cut through to what was actually important.

I'm not saying Jude was a saint. No one who knew her reasonably well had any illusions about Jude's dark side, but that's probably why we all loved that side of her as much as the generous, fierce, intelligent side of her. She had an innate ability to smell and spread gossip and somehow get away with it and she had excellent advice about many different practices best not mentioned in too much detail. The saints have nothing on people like her. Anyone can cure lepers, but not many people can outmanoeuvre our "expert" doctors in committee meetings about their chosen field of study, i.e. people who use drugs.

The legacy of people like Jude Byrne and Jenny Kelsall is truly in the things we have in this country - low prevalence of HIV, hepatitis C treatments, the organisations that bear our names, the fact stigma is something recognised as being at least as important as the transmission of a virus, that nothing about us without us is a phrase bureaucrats and politicians know and sometimes support (in principle).

We are nowhere near the end of the fight yet. A few little things like drug laws and stigma are still keeping far too many of us in prisons, in inadequate health, housing and employment conditions, and away from our families. But people like Jude took those first steps and they are the reason we have a fighting chance of getting to where we want to be one day.

Love and memories of a legend from around the world.

An Ode to Jude. (opposite page)

Never underestimate your worth and your impact on others.

If your truth, compassion and passion drives you to action it will affect others whether you intend to or not.

Friends and colleagues from around the globe- literally from every continent - sent their condolences and respects through thick and fast after news of Jude's passing.

We have posted here to share some of her stories -not to dwell on the sadness of the 'lack of' but to celebrate the advantage of being part of something and to hopefully fan that small spark inside other drug users -who have the passion to stand up for their community- into a full blown flame of courage to do so.

Shaun Shelly
7 March ·

Jude Byrne, what a lot you taught me in very few interactions - many at the sharp end of your tongue -always followed by a talk and a shifting or an agreement to disagree. I remember Prof Monique Michal Marks coming to me during the AIDS conference in Durban - "Shaun, I met this amazing woman walking down on the beachfront and it was dark. I went to her to warn her and ask what she was doing" "Scoring my own gear"
Enough said. A kindred soul.

God Geoffrey Ward I'm so sorry. Everyone else, I'm so sorry. Without Jude Byrne, we better bloody keep ourselves accountable. Let's not forget our roots in anarchist ethics.

8 March ·

Thanks to Geoff and Nicky for keeping me connected with the last days of my dear junkie sister Jude Byrne. Jude had been the President of the Australian IV and Illicit drug-users League (AIVL) and worked at their Hep C specialist. Jude and I became firm conference friends rampaging round different countries and conferences, fighting the cause and having lots of fun. The attached picture was taken by Nicky in San Paulo in the hotel top floor night club. We were the only 3 in there dancing around Jude's handbag and laughing raucously while downing caprinas.

The moment that most endeared me to Jude most was during a trip to Wales to visit the neolithic burial ground at Cefn Bryn and what is known as "Arthur's Stone". It's on top of a ridge and you climb up this windy path to find a stone with a cut in it which is claimed to be where the sword in the stone was pulled out by King Arthur. Jude was super excited about British history and like me read historical novels. Without Jude realising, I had slipped ahead and placed a plastic silver sword in Arthur's Stone. We casually fell back letting Jude round the corner first. Jude's moment of belief that maybe the sword in the stone had reappeared just in acknowledgement of her was just so sweet even if followed by "Oh you fucking bastards!!!!!!" as we all fell on the floor laughing.

Jude and I carried many of the challenges of the drug user movement in our relationship - the tensions between the acute needs of people inject drugs and how to also voice the needs of the wider community, how to mobilise collectively while protecting the right to self-determination of the smaller groups in our community who face the hardest human rights and health challenges, and how to manage a global network across languages and timezones. Our relationship did buckle under the pressure and we pulled back for a while. However, this just spoke to what we were both prepared to put on the line for our community and our global network. While Jude died frustrated that her lifetime of work would be left to the rest of us to finish, the global drug user rights movement would not exist today without her contribution as Chair of INPUD.

I was glad to have reconciled with Jude in the end and I'm frustrated that our casual pace of reconnecting on Zoom meant that she was suddenly very ill and we were left with the briefest of IM chats. I had been so looking forward to the chance to see Jude again at HR21 with our troubles behind us but not to be. Rest well sister. It was a blast!!

View 3 more comments

Thabang Dibetso
From Cosup Pretoria, I've always liked to engage with you and further develop me in the category of substances but to no avail due to time constrains,let hope you'll sometime make time for that.thnx U

Like · Reply · 10 w

Binod Pun Gurung
I'd never forget when Jude commented on one of my FB post nearly 2 years ago stating 'Your eyes speaks a lot, Binod' and today I'd like to payback my gratitude to her by saying 'Your whole work & you as an individual person will be always looked up as an inspiration to all PUDs especialy for women, Jude'

Andria EM is with **Judy Chang** and **12 others**.
14 March ·

This is Jude Byrne, a heroine of international harm reduction from Australia. We first met 1990 at one of our conferences in Holland. I was kinda shy of her, and frankly kinda jealous too. Let me explain.
Australia had the decency to fund organisations of active IV drug users..
That only happened for a short while in the UK about 20 yrs ago. I don't know the detail of the Oz situation but I do know, Jude was one of many great women doing this work. I write about this now, as I have cried so much about her "not being able to dodge this bullet" as she put it less than a fortnight ago..
Nine years ago, she was honoured with the International Rolleston Award at a Beirut gathering of international harm reducers. When I heard this was happening, I booked a plane solely to witness a peer I so admired be awarded like this. This day marked a huge achievement for many as Jude pointed out, and I wasn't gonna miss it for the world. I could go on about Jude for many pages, as have hundreds of others around the world. Her being gone from the international users movement will make a big dent, herein, but of course she leaves an incredible legacy of decades of advocacy in corridors of power all over the world, so we'll be carrying on emboldened as she inspired the hell out of so many of us. Rest in peace and power Jude Byrne G knows, we is gonna miss you

Dabu Mayanglambam ▸ Jude Byrne
6 March ·

Xristo Anastasiou ▸ **Jude Byrne**
6 March ·

Thank you for everything we learned from you ,it'll never be forgotten !

You will always be in our hearts..., Jude Byrne! ❤️

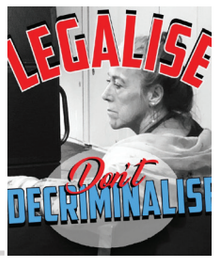
Seerius Jones ▸ **Jude Byrne**
6 March ·

Grateful to know you. 🖤🖤🖤 So glad you aren't in any more pain. Much love to the family and loved ones you love so much at this hard time. Rest Easy. Xoxo love Sam xoxo

Kolawole Muyideen Oreoluwa
7 March ·

Why a bullet she couldnt dodge killed a warrior? Where were you Chemo, why didn't you shrink the coconut size tumour for comfort End of Autumn for Jude Byrne Alas! the entire drug users/hepatitis advocates community in the world will miss a Legend!

Adieu Grandmaster!



Lee Hertel ▸ **Jude Byrne**
18 March ·

It was a lovely service, Geoffrey and family. I am pained by the loss of my incredible grande dame.

More fiery and hotter than a pistol and funny as fuck you were Jude Byrne. I was planning to make it a point not to sit next to you during "official" happenings because your wicked wicked tongue cracked me up and earned me facilitators' and teachers' dirty looks. Case in point KL and the hep C meeting. I would not have been surprised to hear from Karyn Kaplan, "I'm going to re-do the seating chart if this laughter keeps up."

I'm already conscious of the huge Jude-shaped tear in the fabric of my existence. I've searched myself and my memories and I pray that I have done your trailblazing work justice and that I have furthered the cause and neatened up the wayside.

I will consider it a huge personal failing if I ever feel that I am not being true to you pioneers of harm reduction.

It is dizzying and frightening to stand so high upon the shoulders of the giants of harm reduction who have come into my life and you who have left me.

I proudly and respectfully bear your weighty mantle forward. There is still so much work to be done.

God grant me the grace to see it all nearer to the ultimate end.

And NOT what that end might be. But what it MUST be. Uncategorically uncomprimisingly. Legalization. Nothing less. It is not negotiable. It is not up for discussion.

We drug users are owed that least bit from you, a world of hateful ignorant malicious bastards who set targets each and every damn day and have been doing so for forty. You have been totally unconcerned that your targets are us and our lives.

"You will not will win. We shall stand triumphant."

I love you M'lady. Adieu! Say hello to my love for me. He is going to LOVE you.

xoxo

Bill O'Loughlin ▸ **Jude Byrne**
6 March ·

Farewell old mate.
Her family and close friends are in my thoughts.
XX

Eamonn Murphy ▸ **Jude Byrne**
6 March ·

Rest well my friend. You will soar in whatever heaven you choose to grace with your beautiful soul.

Francis Joseph ▸ **Jude Byrne**
7 March ·

What a loss!! Jude Byrne you will always live in our hearts ... RIP

Gaye Tarquin ▸ **Jude Byrne**
7 March ·

I'll miss you my friend....

Ken Vail ▸ **Jude Byrne**
6 March ·

R.I.P. Jude ❤️❤️❤️

Patrick McKenzie ▸ **Jude Byrne**
8 March ·

Vale to you Jude. We never actually met but I followed and admired your work, and enjoyed the brief correspondences and phone calls we had.
May we meet down the line perhaps 🙏🙂

1

David Herkt ▸ **Jude Byrne**
7 March ·

Oh, Jude.... I will miss your presence and the knowledge that you are in my world. You were fun to be with. Your energy, that naughtiness in your eyes, that swiftness, your sleeping always with the fan on (you taught me that habit which I still have) or a TV switched to white noise, and everything else.... We had such fun for some important years in our lives. You were always elegant, as befitted you.... I will not forget you.

Daniel Reeders ▸ **Jude Byrne**
6 March ·

Jude, much love, darling lady 💜 You will be very missed.

JES Bundesverband e.V.
8 March ·

Jude ist tot / Jude passed away
Die australische, europäische und internationale Druguser Community nimmt mit großer Trauer und Fassungslosigkeit den Tod seiner... See more

Jude is dead / Jude passed away
The Australian, European and international Drugusian community takes note of the death of its activist Jude Byrne with great sadness and stunnedness. Over many years, Jude has developed AIVL (The Australian Injecting and Illicit Drug Users League) into one of the most significant drug organizations in the world.

The Australian european and international drug user community notes with great sadness and bewilderment the death of its activist Jude Byrne. Jude spent many years in a leadership position developing AIVL (The Australian Injecting and Illicit Drug Users League) into one of the most significant drug user organizations in the world. .....

Paul Cherashore ▸ **Jude Byrne**
8 March ·

Jude, I'm at a loss for words. You'd laugh if you read this, knowing this to be an oh so rare occurrence. I will miss your badly typed emails and messages, your signature xx and your wit and wisdom. Plus you always got me, and that was so refreshing. I read elsewhere one of our intl activist colleagues saying he hoped you'd continue to raise hell from beyond the grave, and at first agreed, but im also relieved that you might be at peace, your work in this world done. And I ... See more

Mags Maher ▸ **Jude Byrne**
7 March ·

I have just heard Jude & I am at a loss for words, I thought that u would always just be there and I am going to miss you ❤️

NUAA NSW
6 March ·

Jude Byrne, who passed away yesterday after a short illness, was an extraordinary woman. First and foremost a mother and a grandmother with a fierce love for he... See more

Carol Holly, Judy Chang and 47 others 6 comments 3 shares

Like · Comment · Share

David Lynton Menadue
This is very sad to hear. Such a champion in the HIV sector for so many years farewell Comrade you were such a fierce and articulate advocate ❤️🙏💃🥃

Like · Reply · 12 w

4

Pea Phillips
Devastating news. Rest in power dear friend. And thank you for it all, your boundless determination and energy, the love you generated - and the real authentic human connection and respect you made with and have people. Your memory is a blessing and a ... See more

Like · Reply · 12 w · Edited

1

Annie Be
Hugs Jeff devastating news xxx

Like · Reply · 12 w

1

Louise Hansford
I'm so very sorry to hear this, absolutely love Jude and what a legacy she leaves ❤️🥰❤️

Like · Reply · 12 w

L Synn Stern
Heartbreaking news. Condolences to all.

Like · Reply · 12 w

Openkumar Oinam
Very sad news, Rest in Peace dear friend

NOPE- YOU AREN'T HAVING DEJA VU!

ONE OF OUR COMMUNITY CREATIVES WAS SO INSPIRED BY THE POEM "IF I COULD TALK TO HEROIN" BY MARIANNA JANS IN WHACK #43 THAT SHE FELT MOTIVATED TO WRITE HER OWN VERSION. WE LOVE IT WHEN AN AVALANCHE OF CREATIVITY STARTS. FROM ONE (METAPHORICAL) ICE CRYSTAL TO A VERITABLE SNOW STORM OF WORDS!

IF ANYONE ELSE FEELS INSPIRED TO TAKE THIS SNOWBALL AND RUN WITH IT, SEND IN YOUR CREATION FOR WHACK #45!

IF I COULD STILL TALK TO HEROIN

BY MARTINE THOMAS

I hate the way I depend on you

I'll do just about anything to get you

And the way you make me weak

Id have you if I could,

every day of the week

I hate the way you're always on my mind,

And the fact that you're so easy to find.

I hate it when you leave,

You should be legal I believe.

And the way I want only you-

When nothing else will do.

I hate you so much that I end up withdrawing,

Sometimes I even end up spewing

You make me so unproductive,

yet I find you so seductive.

I hate the way you always amaze me,

Without you I think I'd go crazy.

I hate it when you've been cut-

That makes me angry & as crazy as a nut.

I hate it when you make me happy,

No one feels the same around me.

And worse when you make me drop,

Even that doesn't make me want to stop.

I hate it when you're not around-

When there's no dealer to be found.

And the fact that you've changed me

Its caused so much trouble & pain for me

But mostly I hate the way I don't hate you-

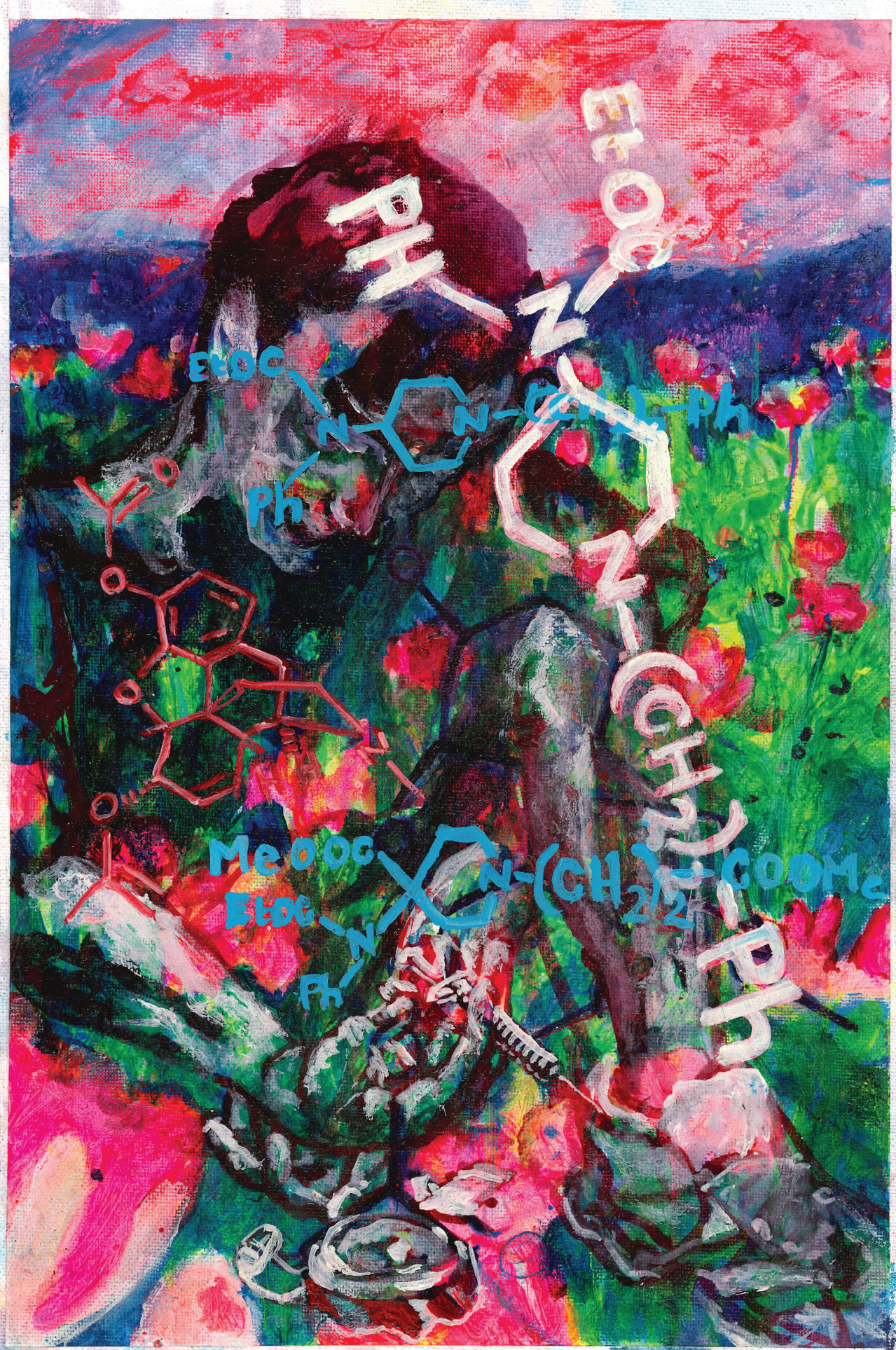
Its sad but it's true.

Not close, a little bit or even at all,

Ill love you and use you until I fall-

Until there's no life in me at all.

ARTWORK (right) BY RAPHAEL A CILENTO


PHENYLCYCLOPROPYL

PICTURE THOSE CELEBRITY REHABS IN MIAMI WHERE THE RICH AND FAMOUS GET A PERSONAL MASSEUSE, JACUZZI AND A MICHELIN AWARDED PERSONAL CHEF ....

TAKE THAT PICTURE, SHATTER IT ON THE GROUND IN PIECES AND CUT YOURSELF WITH THE REMNANTS AND YOU'VE GOT A MODERATELY DIFFICULT DAY IN A TC.

HOW TO SURVIVE - (AND MAYBE EVEN THRIVE) IN A THERAPEUTIC COMMUNITY REHAB

BY MAXIMILIAN ALEXANDER

Those who've been in one before will definitely know what this article is about.

For some, the mere mention of a therapeutic community may bring up fond memories of fun time with new friends, the vibrant intensity of early recovery, and a sense of community and nostalgia long passed. For others, the mere mention conjures memories of walking on eggshells for months on end, having every facet of your person examined under a microscope and any behaviours deemed unhelpful by the authorities excised by "treatment tools" that have left scars to this day.

But as you will hopefully garner by the end of this article, the reality of life in a therapeutic community (or TC for those in the know) is ultimately what you make of it. For those unfamiliar with the concept of a TC, here's a quick rundown.

A therapeutic community or TC is a particular kind of long-term residential rehab facility where most of the therapy is provided not by professionals and staff, rather by one's fellow residents, or 'peers'. The community is also largely run not by paid staff, but by the residents themselves. Senior residents coordinate the day-to-day running of the community, they run many of the groups, drive to resident's appointments, make sure everyone is awake or in bed, and where they need to be as per the program timetable. Sounds fun? It can be at times.

Don't be mistaken though.

Life in a TC can be really fucking tough.

Picture those celebrity rehabs in Miami where the rich and famous get a personal masseuse, jacuzzi and a Michelin awarded chef, take that picture, shatter it on the ground in pieces and cut yourself with the remnants, and you've got a moderately difficult day in a TC.

I've heard an ex-TC graduate describe the overall 18 month

process like *"being fucked up the arse by a gorilla,"* but claimed to be grateful for the overall experience, as suspicious as that sounded. I still take my hat off to him. I didn't manage to finish my TC experience.....or.....my other TC experience for that matter. I always left when I thought I got what I needed, but in hindsight I'm never the best gauge of what I need.

Enough pissing about. Here's my guide to surviving, and maybe even thriving, in a TC.

BEFORE YOU GO IN:

So for whatever reason, you've found yourself in the shit and you've decided you need to make a serious change.

Maybe you're sick of spending hours finding a vein but the idea of going back to smoking your gear feels like pissing your hard earned against the wall. Maybe you're sick of watching your back after running through that dealer and need somewhere safe to lay low. Maybe you just don't want to go to jail again, and mistakenly think long-term rehab is an easier way to do time. Whatever your reason, you've made the call to Direct Line (1800 888 236), found an Alcohol & Other Drug (AOD) worker, and they're helping put the wheels in motion. Believe it or not, the journey has already begun.

GET YOUR MEDS SORTED:

Are you on MATOD (medically assisted treatment for opioid dependency)? *ie. methadone/ suboxone/long acting bupe injection*

Now's a good time to think about whether you want to stay on it beyond rehab.

Your answer to this will affect your stay. If you hope to be rid of MAT long-term, I'd recommend trying to come off it completely in detox before you arrive, especially if you're going to one particular TC. This can be tough to wrangle though as not many detoxes allow opioid users to move on from their facility without some kind of MAT on board to "reduce risk of OD", even if there's a rehab bed waiting.

It'd be worthwhile asking your prescriber and/or the detox about long-acting buprenorphine injections. You might find getting a dose prior to leaving detox enough to make both the detox and rehab staff happy, and your own taper a bit smoother.

Why come off earlier rather than later?

Because coming off methadone or buprenorphine later on in the program can be harder.

When I was at a particular TC in 2013, you'd be lucky to get a Panadol off the nurse while detoxing.

Can't sleep because you're hanging out and bouncing off the walls? *"Go help the night worker with the vacuuming!"* was their response. If you've ever hung out from opioids or alcohol or benzos you know how hellish this would feel.

I know at least one TC that requires you to reduce off medicine assisted treatment (MAT) if you wish to stay beyond "Level 1", which is around the 3-4 month point. Otherwise you were expected to "plan out" for discharge.

Better to get the difficult reduction process started earlier when you have less "responso's" (responsibilities) and the program hasn't become too intense. I saw many residents spin out the door coming off MAT in that particular TC, I was technically one of them.

Other TC's may be more flexible, and (dare-I-say-it) compassionate for those coming off MAT. People are encouraged to take their time, and if you really need, you can go back to

some TC's own detox facilities if the process is too taxing while out at the farm.

I'd still recommend doing it early in the piece, so you get over the brain-fog and lethargy before the expectations and duties really kick in. Also you don't want to delay it until after 12-18 months, and graduate fresh off MAT with a brain still craving like you're newly detoxed and primed for RELAPSE.

Are you on psych medications?

Best get them all reviewed and sorted *before* you go in, especially if you've got a doctor who knows you well. If you're like me and prefer skating through on minimal meds, consider adjusting your approach. You're about to go through an intense period of hardcore, live-in, 24/7 therapy for months on end. Best prioritise your stability and sanity over your need to be med free.

Save the CATT team- (the crisis assessment and treatment team) an embarrassing visit to the facility. You can always review and reduce once you've found your rhythm in the program.

But what to wear?

Don't worry too much about clothes or looking good. Practical is best.

It's not a fashion parade.

It's not high school.

Many TC's have strict limits on what you bring anyway. Besides, the rougher you present the more cred you'll have over the kids who show up still smelling of mum's fabric softener.

If you're really doing it hard, on the streets or straight out of custody, the facilities often have a heap of hand-me-down's ready for your perusal.

You've arrived.
Now what?

Hopefully you've thoroughly cleaned out your bags and pockets of old paraphernalia and baggies as you'll have your items searched by seniors or staff. Some places go as far as expecting you to take a shower in the presence of senior residents. You'll probably be given a towel, some personal hygiene items, and a buddy. A buddy is someone who already knows the ropes enough to hopefully give you the ins and outs of whatever facility you're in. If they're doing their job right, they should go through the real important things first, like the *Cardinal Rules* (rules that result in discharge from the facility), boundaries, medication and meal times etc. They should also introduce you to everyone and make you feel at home. If they're not doing those things, don't be afraid to direct your questions to others.

Rehabs and TCs also have their own lingo, their own titles and weird names for things. Don't stress too much. You're not supposed to know everything straight up. Spend the first day settling in because after that you hit the ground running.

Some pitfalls for the uninitiated:

People have different reasons for going to rehab. Some might be doing it for a roof over their head, others to get away from the law. Hell, I knew a woman who went to rehab just to have fleeting rehab romances (sadly we didn't work out as a couple).Some may even be after a long term drug free existence.

It's important to get the lay of the land early and figure out who's who in the zoo, before you get too close to anyone. After all, the two biggest hazards early on are other people, and your own head.

Why other people?

Not everybody there will be as motivated to change their life as you are. Just because your peers have decided to go to rehab doesn't mean they've left all their street behaviour at the door. Even if you've miraculously turned into an angel by the time you unpack your luggage, your fellow newer peers most likely have not. It's only a matter of time before someone will make *their* cheeky business *your* business. Maybe someone offers you their Seroquel they've been stooking, or your roommate confides he stole the Gucci sunnies off the kid across the hall.

If your buddy went through the rules properly, you'll be aware that if you choose to keep this stuff dark, you could get consequences along with your new friend, just for not coming forward. This is called Knowledge Of, and it's a nasty rule to navigate and can trip up the best of them. Thankfully rehabs don't expect you to lose street mode the moment you arrive, and it's rare to see someone actually kicked out for knowing too much. But if seniors and staff are made aware you've kept secrets, you'll get some kind of consequence. Often an in-house discharge (TC lingo for starting your program from the beginning).

Watch out for contracts!

This was a huge problem for me. I couldn't shake the idea that if I had a little bit of dirt on a few people, and they did on me, that we'd be unable to call each other out, like a stale-mate.

On a birthday visit, Mum managed to bring some Lindt chocolate balls in for me, unawares they were contraband. I opted to "contract" all my housemates by sharing them among my housemates, hoping that the little bit of dirt we had on each other would keep us all tight in future.

But TC's have ways to break contracts, whether through honesty sheets, or honesty circles, where residents are expected to come clean about everything in an anxiety provoking setting. And there's enough loose lips to sink more than a few ships come that day of reckoning. Contracts may sound good in theory, but they never work.

Don't put your eggs in one basket.

By this I mean, spread yourself around a bit. Don't stick to one, or two people. Because when those people leave (and they probably will), it'll be like your first day all over again.

Leave your 'activist' at home.

We all have issues with authority to some extent, but rehab is no place to play Malcolm X. Coming in and pointing out the shortcomings of senior residents and staff straight up will not do you any favours. You may end up wondering why you're rostered to clean toilets so much more than your peers, or why your leave plan has been knocked back for the third time. Once again, a bit of good will goes a long way. Much like the real world.

No matter what, don't resort to violence. Living with other people can and will always be a challenge.

Dealing with 30, 60, or even 100 different personalities in one place, all in early recovery with raw emotions, can and will lead to conflict. It's up to you to deal with the conflict constructively and using the tools of the program. Don't shape up to fight, and don't threaten anyone. It's a shitty way to end up back on the street, on your ass and on your own.

No Violence or Threats of Violence is a *Cardinal Rule* they take very seriously. Thankfully if conflict arises, TC's have numerous tools to

help you deal with it constructively. You're encouraged to address them via the writing of Communiques or Assertions where you address your issue with the other party directly in a safe place, and if things get particularly hairy, you can have a conflict resolution group with whoever you have an issue with, mediated by staff or senior residents.

Keep it in your pants.

So you're finally not using heroin and you're reducing down off your MAT. You may find something else "come up", literally. Parts of your body that you'd put to sleep with copious amounts of narcotic drugs for years finally wake up, and you start to notice feelings of attraction toward other residents. All I can say is be careful. In the TC I was at, engaging in this stuff will make your stay difficult to say the least, and will see both you and your budding romance out the door quicker than a detoxer's wet-dream. Other facilities may not be so hardline, but rehab romances never go unnoticed, and are never tolerated. Best put that side of life on hold until you've moved onto the next phase of life post-rehab.

What about my own head?

Rarely a drug-dependent person's best friend anyway, while facing the demands of TC life, there will be many days your head will tell you to run. I wish I could say I'm the best person to give advice, as it's been some time since I've finished a program through to graduation, but I'll give it a try.

One of the first demons that'll need to be vanquished is the cravings of early recovery. Thankfully you're in the perfect place to put that monkey back in its place. All you have to do is voice your thoughts to your peers. Let them in on your thinking. Tell your buddy, your room-mate, or even the whole community come community meeting, and you'll find ample support to help you push through. And once you do, you'll likely be amazed at how thankful you are that you didn't pack your bags and run. This is especially true if you're coming off MAT.

The other time you'll fight that old urge is when the cards are stacked against you. This can happen once, twice or even a few times in your stay. It happens when the program, its staff and your peers, have identified a behaviour that's stopping you from getting along with the rest of the community. These are often the antisocial behaviours we've learned to survive through our using. It could be mistrust of others, aggression, manipulation or self-entitled behaviours. It could be dishonesty, flirtation, or simply forgetfulness. Whatever has been spotted, your staff and peers will challenge you to shape up. If you choose to fight the process, your stay will get more difficult.

However if you engage with the process in earnest, you'll find it's easier to change your ways than to buck the system. This is basically what they mean when they say 'Community as Method.' Your peers reflect back to you what they see in you, and in turn you're expected to adjust your behaviour to better get along with your peers.

What if I just want to cruise through, play cards and take it easy?

You're not the first person to ask this question. I wish it was that easy. If you genuinely are able to put up a mask that allows you to get along with everyone all the time, and keep your true self hidden from your peers 24/7 for 18 months, I can only admire your cunning. It's easier

said than done, and you'll probably be challenged for 'flying under the radar'. However I may have a little tip that might make your stay easier, and help you get along with others.

A bank of good-will goes a long way. If you help people out, you may just find they'll be less eager to turn the community spotlight on you. Have you noticed one of your peers forgetting to sign-in on the roster, or a peer late for their scheduled phone-call to Mum? Instead of accountability, why not go with a gentle (and quiet) reminder? They'll be thankful for the favour, and owe you one. Same goes for helping those who struggle reading or writing with their homework *(yes, there's occasionally homework)*.

Noticing the wash crew getting smashed with pots and pans? Jump in and help out. It's these little things that give you a reputation as a stand-up resi and someone others can count on. If your good will is noticed by some senior residents, you may find your stay becomes just that little bit easier.

If this article has piqued your interest in going to a long-term rehab, I wish you well.

As someone who has been in them more than once, I encourage you to make the most of it, as just like how the first time you used your drug-of-choice changed you, your first time in a TC brings about the most change-usually for the better. I remained abstinent for two years after finishing my first 6 month stint at a TC.

Just like it's difficult to feel the same buzz as the first time, I've found it hard to give myself fully over to the programs like I did that first time around. If you find yourself lucky enough to get a bed in a therapeutic community rehab, make the most of it, because the chance might not come by again.

Around 40,000 Victorians currently access treatment services each year.

IF YOU ARE INTERESTED IN FINDING A DETOX OR A REHAB OR A THERAPEUTIC COMMUNITY:

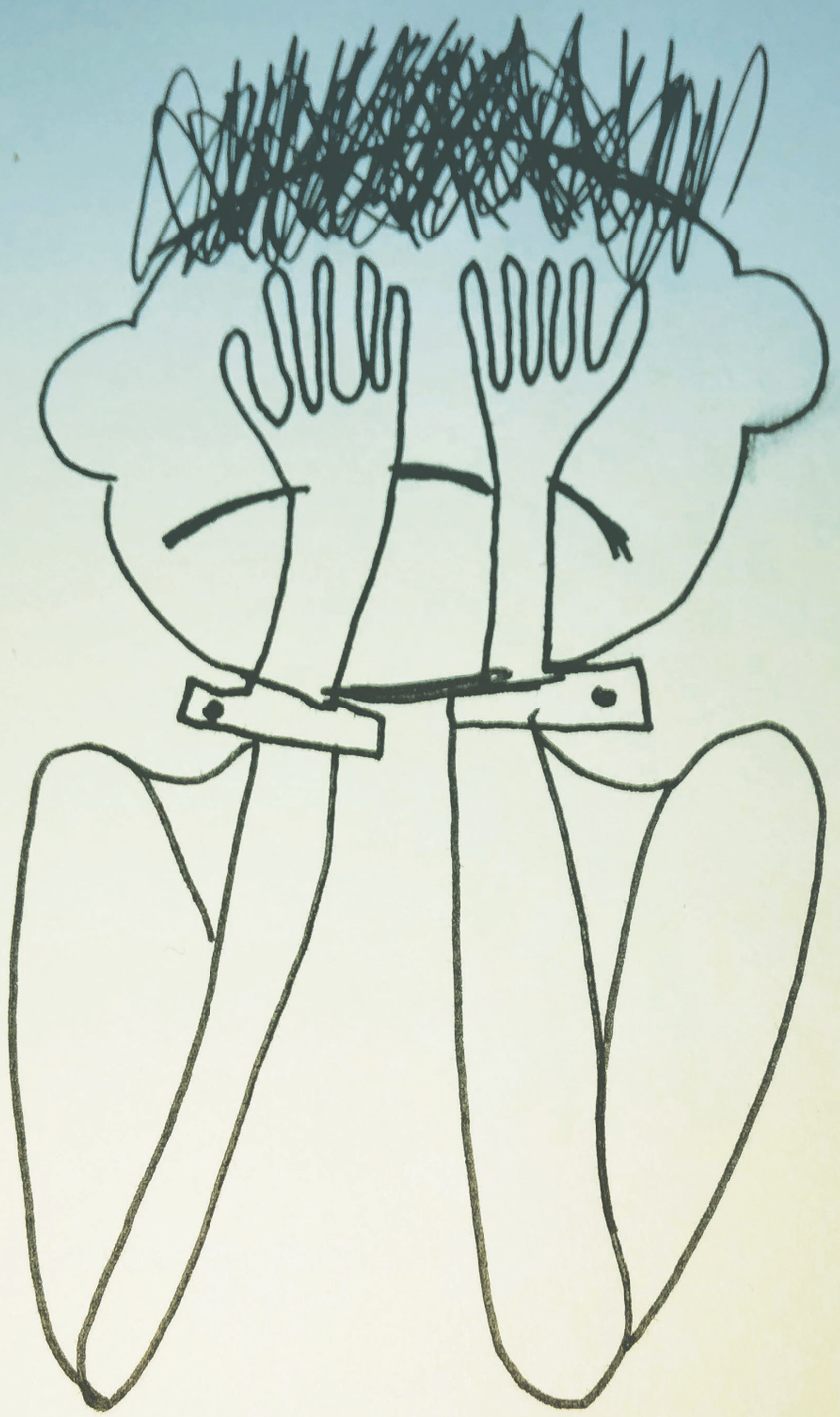
Two ways people can access intake services and referral to treatment are to contact **Directline** on **1800 888 236** or check their website- **www.directline.org.au**

or to look up the **Intake & assessment service** in your area on: https://www2.health.vic.gov.au/alcohol-and-drugs/aod-treatment-services/pathways-into-aod-treatment/intake-assessment-providers-aod-treatment

DirectLine
1800 888 236 24 HOURS 7 DAYS
CONFIDENTIAL ALCOHOL AND DRUG COUNSELLING AND REFERRAL LINE

ARTWORK (right) BY ELLA KROHN


We will make you poop
me too!



anxious feelings?

ARTWORK (left) BY FRANKIE B

TO VAX OR NOT TO VAX.

UMM.....WHAT WAS THE QUESTION?

AN INTERVIEW WITH PROFESSOR MARGARET HELLARD BY NICK WALLIS

For most of us, Covid-19 is the first pandemic that we have lived through. Our entire way of life has shifted in response to the contagious disease, and we have become used to disruptions which have spread from our personal lives all the way through to our global affairs.

Biotech companies explored new technological approaches with enormous resources, so they could find a vaccination and begin to move the world back toward something resembling normal.

The pace of the pandemic and the biotech response has been dizzying and confusing at times. We have all officially become citizens of the digital world, a new landscape that beckoned with promise of information democracy, while new sophisticated traps and pitfalls emerged and were created.

For an injection of clarity into this mess, I interviewed Professor Margaret Hellard to get a better idea of how these vaccinations work and unravel some of the tangled yarns of the vax.

NICK: *We've got three kinds of vaccines, just to confuse people. Thanks to the fantastic global efforts of scientists looking at different ways that this can be done, the vaccines can be produced relatively quickly compared to the past. Could you explain a little bit more about how the different vaccines technologies work and what makes them different?*

MARGARET: Yeah - there are a lot of different types of vaccines. What we are trying to do with a vaccine is prime or train the immune system to be ready to fight off bugs/infections. Rather than waiting to get the infection and fight it without any previous training or experience, a vaccine provides that training. Vaccines are usually designed to "look like the bug" (even though it isn't the bug or is a part of a dead bug) so the body's immune system arcs up and gets experience fighting off the bug and stopping infection. So when you are then exposed to the real bug - your immune system is ready and fights it off. That is the general philosophy behind all vaccines - they prime or train the body's immune system to be ready to fight off bugs and infections.

Also to help you understand how vaccines work, I also must give you a little bit of info about our immune system. We have immune cells roaming around the body trying to spot stuff that should not be in our body (like a bug). If one of these "early warning cells" sees something foreign they grab it and then working with other parts of the immune system evoke a big response, including creating memory cells and antibodies to protect us from a future infection.

So, to the COVID-19 vaccines – there are a few different ones. The **Pfizer vaccine** which is available in Australia (and the **Moderna vaccine**) **are messenger RNA (mRNA) vaccines.**

The **Astra Zeneca** vaccine, which is also available in Australia, **is a DNA vaccine**. There is also a protein vaccine likely to become available in Australia later in the year called Novavax. And others, that are constantly being worked on, will come along over the next few years.

To explain a bit about vaccines you have to also understand a little bit about the genetic material (sorry you must feel like you are back in biology class!) Humans all have genetic material that makes us who we are - it is called DNA. It is two little strands of genetic material twisted together in a helix shape. Every now and then our body wants to copy a bit of the DNA - it wants to replicate it. One way we do this is using a thing called messenger RNA (mRNA) - it is a single strand (rather than double stand of genetic material) that is sort of a photocopier of our genetic material. Bugs are the same - they are made up of genetic material – either RNA or DNA.

So for the mRNA vaccines like the Pfizer vaccine, the very clever scientists copied the mRNA of the spike protein of COVID-19. (When you see a picture of COVID it is a little round fat boy with spikes on the outside called spike proteins). It is these nasty little spike proteins that attach to our cells to let the virus into our cells and cause disease.

When the vaccine gets injected into us, the "early warning cells" of immune (the ones I mentioned earlier) sees these little bits of mRNA and think "there's a bit of spike protein- ah shit - we don't want spike proteins in us" so reacts by evoking a larger immune response. This means our body makes various immune cells to fight the infection including the memory cells and the antibodies.

If down the track, we are later exposed to the COVID-19 virus itself – the idea is that our immune system goes ballistic and the antibodies and other immune cells are released fast and in force. All that training from the vaccine, helps us fight off the real infection.

The Astra-Zeneca vaccine is a DNA vaccine**.** Another bunch of clever scientists used the virus's genetic instructions for building the spike vaccine, but rather than using mRNA (as happened for the Pfizer vaccine) this time the created a bit of DNA. They then placed this bit of DNA in another virus called an adenovirus. Just to note – the adeno virus is bad for you – just think of it as the delivery system – like UberEATS – the main game is what is being delivered – that bit of DNA that looks like the spike protein. Same as with the mRNA vaccine – the body's "early warning cells" say "nope – we don't want a spike protein around here" and evokes that larger immune response. So again the body is trained, primed and ready to fight off the virus.

It is a similar principle for the protein vaccine (Novavax). It is a little nanoparticle of the spike protein. So bits of spike protein get injected into us. As with the mRNA and the DNA, the "early warning cells" react, arc up our broader immune response and we are primed and trained.

As a result, regardless of which vaccine you get, your body is primed to fight COVID-19. This reduces your chances of getting COVID, or if you get the infection, you are better

equipped to not get as sick.

NICK: *Some people have been a little bit concerned, feeling like this is a very quick turn around and people have it in their head that vaccines take a long time to produce. Do you have any concerns about the quick turn around of the vaccine production?*

MARGARET: Yeah-You're right, it has been super-fast. The reason is a super large amount of money was invested to support scientists do the work and find a vaccine. Things take longer when there is not such a big investment. Am I concerned? No. The FDA in the United States, our PBAC (Pharmaceutical Benefits Advisory Committee), the European monitoring people, they're all really serious organisations that monitor what's going on. They balance up benefits of a vaccine versus the risk in the trials. They've still gone through all of the trials; it's just gone really fast. Something I think this is really important for people to understand. There is no such thing as a treatment or medication without risk. There's no such thing in life as no risk. So, to me, the most important thing to understand is there's no such thing as a perfect vaccine. You guys know that you weigh up risk and benefit all the time. A whole lot of the stuff you do every day is a weighing up of benefit/risk about everything.

As you will have heard the AstraZeneca vaccine has a side effect of a thrombocytopenic type of blood clot. They're really rare events. Depending on the data *(it is still coming in)* but perhaps one in a million people can die from the clot and one in 1- 200,000 might get this rare side effect, importantly now we know it can happen we are getting better at managing it.

So it is a matter of weighing up the very small risk of a major side effect against the benefits – as in not get COVID or get sick from COVID.

Now just so you know, full disclosure, I had Covid in March 2020. I normally don't get sick. With COVID I was "as sick as" for the first time in years. So from my "live experience" you don't want to get COVID. If you get it badly, you are feeling terrible for quite a while and some people get long COVID. So for me – the balance is on the side of the vaccine, and I have had my vaccine now to stop a future infection.

NICK: *So there's also been reporting of vaccine efficacy. The numbers around how often the vaccine prevents infection, which some people have interpreted as saying that the vaccine doesn't actually make you immune and thinking that immunity is going to be a 100% coverall, you're never going to get the disease. You're not going to get sick at all, so what's your take on that interpretation? Is the*

Professor Margaret Hellard

"I'm an infectious diseases specialist, public health specialist and an epidemiologist.

I work at the Burnet Institute, where I'm a deputy director. For many years, I have worked to reduce the impact of blood borne viruses on key populations in Australia and globally. I've done a lot of work around viral hepatitis, hepatitis C in particular, and HIV. I've worked alongside AIVL, Harm Reduction Victoria and similar organisations, thinking about how to reduce the likelihood of people getting infected. Harm reduction is super important, but no more important than thinking about what the barriers are for people to access care in a way that works for them. And how do we improve people's ability to access quality healthcare?

Because of the pandemic, I got asked to do some work in COVID, so I spent the last 12 months or more working on COVID stuff alongside my usual work in viral hepatitis, HIV and sexual health.

I like to say I do sex and drugs, but I've basically been doing a whole lot of Covid stuff as well."

immune system like an on/ off switch that once you've trained it, it's off, you cannot get that sickness anymore, and are there vaccines for other diseases that also reduce severity of illness without preventing infection outright?

MARGARET: Yeah, so it's a really good question and I'm going to say we don't know all the answers to all the questions yet. But first let me say the vaccines do work. They're not perfectly effective, but no vaccine ever is. But it DOES reduce your chance of getting infected, and it reduces your likelihood of getting sick.

Several vaccines work that way-The flu vaccine is a classic example of one that might stop some people from getting infected, but one of the key things it does do is it stops people from getting sick from the flu.

However there are things we don't know yet. My team has done some models on vaccines for the Government. And to get those models accurate I have asked some of my colleagues who are super-duper-uber clever to answer some of these questions (how well does the vaccine work) and they hate me asking because they don't have the answers yet and they're used to knowing the answer to everything, but sometimes you just don't know the answer yet.

For example a vaccine is 70 to 80% effective at stopping you getting sick. Does that mean that eight out of ten people never get infected, and two still are susceptible? Or is it that all of us have 80% coverage? So, 80% of the time we're going to be OK and 20% of the time, we're not, which is called a leaky vaccine. Or is it somewhere in between? We don't know yet.

NICK: *There's also been a lot of concern in the community about vaccines in general- ranging from people that just have a sort of mild hesitancy and want to believe in their immune systems own response, to the more outlandish theories about nanotechnology microchips in vaccines, hidden in them by global cabals and all sorts of things. One of the difficult things about navigating this territory is that some of the less out-there concerns about pharmaceutical companies being guided by profit motive more than human well-being are kind of rooted in some truth. So, for some people there is some sense to some of the less crazy theories.*

MARGARET: When you think about it, a super good conspiracy theory has an element of truth to it. And people take that bit of truth and take it off in a direction that begins to make not so much sense to most of us. Of course, people are going to be suspicious about the intentions of pharma companies. Personally I have no problem with pharma companies making money from their work in terms of development and stuff. That's their job: Create stuff and make profit to make new stuff. That is what they have done with COVID, invested, worked hard and now we have some great vaccines. And they should make a profit from that investment.

However I do have a problem with pharma companies making massive, unscrupulous profits, such that they are exploitative, or people can't get access to their stuff. The biggest issue to me is making sure that vaccines are available not just to the high-income countries, but the low- and middle-income countries. We need to make sure that Papua New Guinea gets the vaccine, the Pacific is vaccinated, that India and Nepal have plenty of vaccine. That countries in Africa can get vaccine. For me that is critical in terms of cost of vaccines and drug companies and profits and stuff like that.

The reality is, you are always going to have a group of people that are going to be really reluctant to get vaccinated, they're way out on the conspiracy theory edge. Some people, that's where they spend their lives and that's OK. But most people, they're not conspiracy theorists. They have very reasonable concerns about having a vaccine under this circumstance and they are not conspiracy theory people, they're just people with really reasonable questions. For me the most important thing is that we

answer people's questions, and we answer them as clearly and honestly as we possibly can with the information, available at that moment. I think if we're super, super honest and say we can answers some of your questions at the moment, but not all your questions. However, as soon as we get an answer – we'll tell you. So for me - I'll tell people that based on the current information, on the balance of risk at the moment, get vaccinated.

There is risk. Go look at it, ask your doctor. Think about it, but That's the truth. If I have any new information that changes that balance of risk, I'm storming back to tell you as plainly as clearly as I can. I think that's how we get trust is to say I don't know everything at the moment, but I'll tell you what I know, I'll tell you as clearly as I possibly can.

Having anxiety doesn't make you a conspiracy theory person, it just makes you kind of normal.

NICK: *And finally, for our own community, the drug using Community, there have been some concerns among people that are living with HIV, HEP B, or HEP C that possibly vaccines might have some drug interactions or complications for people that are living with a blood borne virus. Is there any substantiation to those thoughts?*

MARGARET: As far as we're aware, at this stage, there are no issues for people with blood borne viruses to get vaccinated. The exceptions are if you have a history of clotting. Also, if somebody has super severe liver disease, and I mean somebody with cirrhosis, you'd be wanting to talk to your doctor about some stuff, but mostly no.

NICK: *Just a final summary, just to wrap up all that we've been talking about.*

MARGARET: The whole COVID thing has been super confusing and super anxiety producing. People have had to cope with a whole lot of stuff over last 12 months.

It is not strange to be fearful or worried and anxious. That's kind of normal. But we have got really good vaccines now.

They're not going to solve every one of our Covid problems, but they're going to help get us closer to getting back to normal.

So, my recommendation would be, ask questions, get vaccinated and keep asking questions.

If you're uncertain, you're not an outlier, you're not being weird. You're not being stupid. If you've got lots of questions, ask them. Don't let your anxiety or questions stop you being vaccinated.

NICK: *Thank you so much Margaret*

FIND A WORD

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WORDS TO FIND

AEROSMITH
BADLOVES
BEASTIEBOYS
BLUR
CAKE
CARS
COLDCHISEL
COLDPLAY
CROWDEDHOUSE
CULT
EVANESCENCE
FOOFIGHTERS
GUNSNROSES
HEART
KANYE
KORN
LIVE
MOTLEYCRUE
NIRVANA
OASIS
OFFSPRING
PEARLJAM
POWDERFINGER
RADIOHEAD
REM
ROLLINGSTONES
SKIDROW
SPIDERBAIT

THE LEFTOVER LETTERS SPELL OUT–

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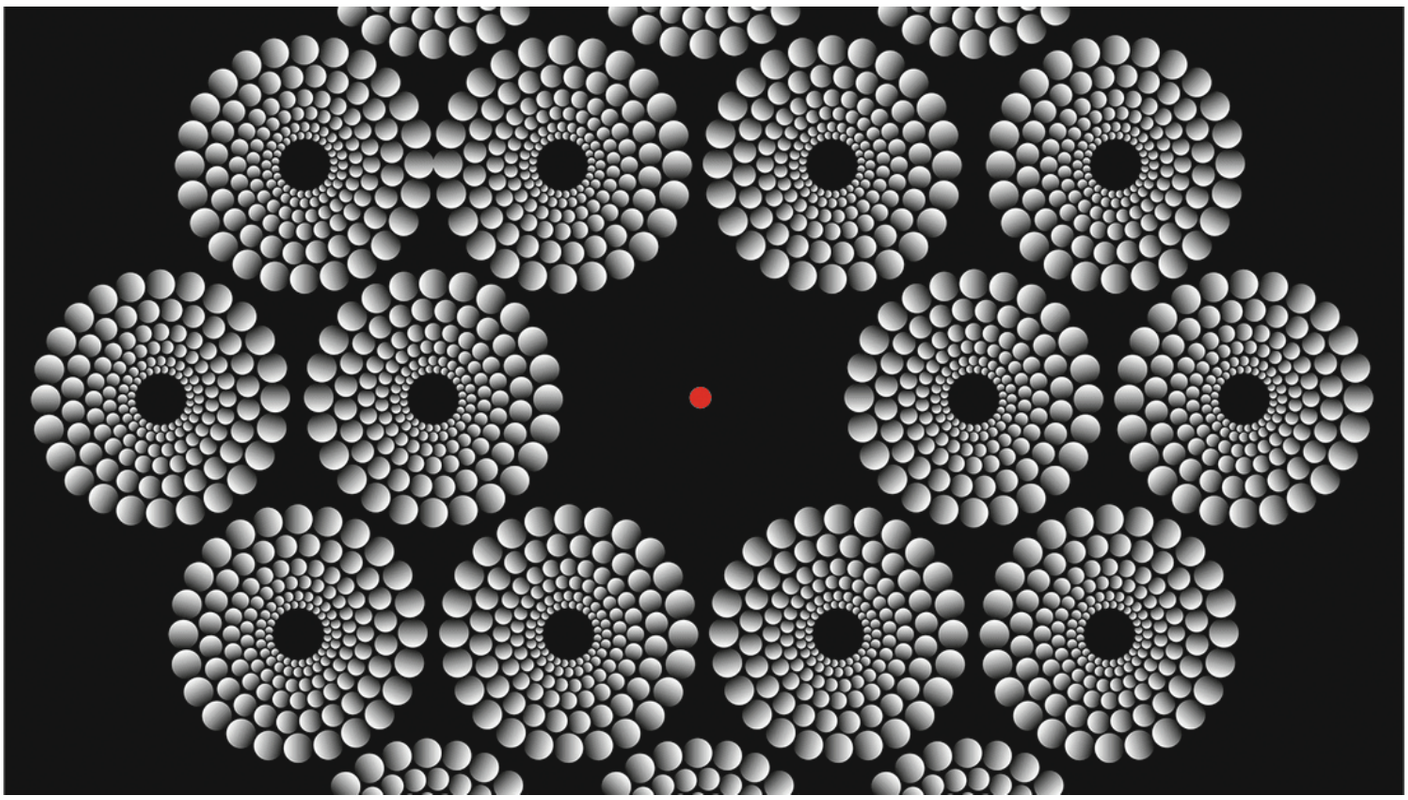
THE ANSWER IS ON BACK PAGE

MIND TRICKS

Your brain creates a simulation of the world that may or may not match the real thing. The "reality" you experience is the result of your exclusive interaction with that simulation. We define "illusions" as the phenomena in which your perception differs from physical reality in a way that is readily evident. You may see something that is not there, or fail to see something that is there, or see something in a way that does not reflect its physical properties.

"The Spinning Disks Illusion" BY JOHANNES ZANKER



RIDDLE 1

There are 5 sisters in a room:

Ann is reading a book,

Margaret is cooking,

Kate is playing chess,
Marie is doing laundry.

What is the 5th sister doing?

RIDDLE 2

Turn me on my side and I am everything.

Cut me in half and I am nothing.

What am I.

Answers on Back Page

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-WHACK Editorial Team

TRUST

BY NADIA GAVIN

WHY DOES IT SEEM THAT PEOPLE WHO USE DRUGS ONLY TRUST OTHER PEOPLE WHO USE DRUGS?

WHY?- BECAUSE WE ALWAYS HAVE.

Because we will only seek out other people who use drugs to get credible information, knowledge, and education because we speak the same language.

There is an overstanding!

Shared experiences, same threats, common fears.

Why? Because we are feared by society, the most loathed, mostly caused by the way media has always portrayed us.

Now - Imagine this:

Let's say you walk into a service. You have had the worst day ever and you are just looking for help. You are greeted by someone with a genuinely warm, knowing tone.

We forget that, to make it through the average day of a drug user, we use all of our senses, especially the invisible ones. These invisible cues are what keep us alive. Our skills are more evolved, more heightened than most. Others may never need to use these skills, but for us they are a must to survive.

Now, this staff member you're speaking to seems to know exactly what you are there for and helps you traverse the system to get what you need. You notice their staff ID, and the words, "Harm reduction PEER worker" stand out. You realise that this service hires drug users, people with living or lived experience, and you haven't been treated like a child. You have been treated with absolute respect, and they never once tried to convince you that what you actually want and need to do is stop taking drugs.

THIS was a great experience, and you tell all your mates that this service you walked into is a safe space. A space where you won't be stigmatised or discriminated against like society believes you need to be treated, to be shamed into stopping this 'behaviour' that offends THEM so much. Instead, you're treated like an adult. Treated like the individual you are!

In Victoria, peer workers, workers with living and lived-current and past experience of drug use, have come in and out of favour for the last 20 years, especially in the AOD sector.

In the last few years, there has been more of a push towards funding projects and positions for people who are from the drug using community by the Department of Health and Human Services.

The mental health sector has a more established lived/living experience workforce, and the AOD (Alcohol and Other Drugs) sector has been focusing on lived experience peer workers and workers in 'recovery'.

Now we feel that we need to differentiate that in harm reduction services, our focus is on supporting the living experience workers (people who *currently* use drugs).

___

Why?

Current drug using peers have a better understanding of what the service user's needs are NOW. We are living it.

We come from the same community, we speak the same language, and we face the same risks, like overdose, blood-borne viruses, and most importantly we experience the same stigma and discrimination.

THE REALITY IS-PEOPLE WHO USE DRUGS, GO IN AND OUT OF 'RECOVERY' ALL THE TIME, BUT SOCIETY LOVES THE REDEMPTION NARRATIVE, WHICH SAYS, "YOU WERE BAD, BUT YOU HAVE NOW SEEN THE LIGHT"

(literally for some).

What about us so called 'functional drug users'?

The people who use drugs daily, and work regular J.O.Bs to pay their bills. Who have children and are good parents and are 'good' people.

We are here.

We have always been here and we are the not so in-your-face majority of people who use drugs.

I have worked with people who use drugs from around the world and we are here, we are hidden largely because drugs are illegal. Some of us have always been here- in the under current, fighting for the rights of all people who use drugs. Especially considering that the rights and liberties of people who use drugs are taken away every single day.

If we are given the opportunity, shouldn't we step out into the light?

Maybe a lot more of us would, if it was safe to step into the light. (You may be surprised how many of your co workers, friends, bosses, business partners, health workers, etc. step out of line, into the light beside you.)

The more people with living / current experience working in the services we access, the more opportunities for workplace readiness training for organisations, the more changes to the cultures within the whole AOD sector, from the bottom up and top down, the better it is for our community.

We are a community, whether broader society believe it or not.

We are here to stay, and we are now getting funding to build this workforce.

This is an opportunity that has been over three decades in the making.

WE ARE POSITIVE DRUG USER ROLE MODELS,

AND WE WON'T STOP FIGHTING FOR OUR OWN RIGHTS AND FOR THE RIGHTS OF ALL PEOPLE WHO USE DRUGS.

RIGHTS AS HUMAN BEINGS WITH AUTONOMY OVER OUR OWN BODIES AND THE ABILITY TO MAKE LIFE BETTER FOR OTHERS THAT COME AFTER US.

Keep following this positive change on Harm Reduction Victoria's website.

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-WHACK Editorial Team

A LETTER TO WHACK

SEEKING HEALTHCARE SANS STIGMA

BY HUMBLE MEANS

Dear WHACK,
my name is Humble Means.

I'm not usually the type to write letters to a publication but when the publication has a name like WHACK, well I can't help but feel duty-bound.

Also, I believe my forty-plus-year romance with heroin gives me the right to share some experiences with my fellow drug using comrades, so on we push.

I like to think I'm the most fortunate man I know. Not just because I've beaten liver cancer caused by Hep-C four times, but because I have two amazing sons, wonderful loving friends and family along with winning the geographical lottery of being born in Australia, among countless other advantages.

I know it sounds amazing, but there is an issue that always seems to linger nearby, like the stank of a politician's promise.

What is the evil which infects our paradise you ask?

It has a few names - discrimination, bigotry, stigma and more. But I call it "hate".

I just got off the phone after a consultation with my transplant doctor and the clinics' social worker, and my ears are ringing.

In fact, they are hurting.

My surgeon had been on leave, and I made the mistake of asking how their new-born baby was. The phone was slammed so hard into the cradle, my ears were hurt from

wearing earphones. But I guess that was my mistake. I've never received anything but aggression and insults from this person, it was stupid of me. It's a mistake I would not usually make, but because of fear and desperation, I was attempting to persuade her that I'm a human being and that we have being human in common.

Dumb on my behalf.

It's after this call I get to thinking about the very first time I felt absolute hate directed at me personally. Before I finished the thought, my memory had retrieved the incident from my mind files.

I was 5 years old and in Prep at St Martin's Primary, and the crush in my life back then is a freckle face girl called "Kathy".

I was already planning out our life. How could I resist Kathy? She was an 'older woman'. She was 6 years old and in grade one, and her father not only drove a tip truck, but a bulldozer as well. Win Win!

One play lunch, I sucked up the courage to ask Kathy to let me kiss her. I still remember how I savoured the moment. I can look back and see that I had the sense to take my time and enjoy this moment.

Once Kathy had granted permission, I gently leaned in and kissed her on the cheek. Everything went so well. I was happy, Kathy was happy, all of her girlfriends were happy-giggling and clapping.

It couldn't have worked out better, and I couldn't wait until lunchtime.

Before lunch came, I was called out of class and sent over to the grade two area. Grade two is the year that nuns take over our education and this is my first close-up encounter with a nun.

Approaching, I could see the Head Nun talking to Kathy, telling her what a wonderful girl she is, but she would have to keep away from"the likes of him"- pointing at me.
Kathy was sent back to class, then the nun turned her attention to me and pulled out a small wooden ruler- 30cm long- from her huge, flared sleeves, and started to hit me around the face and head with it.

She then worked her way down one side of my body and back up the other side, just hitting me over and over and over, all the while screaming I was the "Devil's child, and I was surely going to burn in hell".

The beating didn't hurt so much, but I was startled by how out of control and absolutely berserk she was.

That's the first time I felt hate, but not the last.

This phone call with my surgeon was just the most recent.

I feel embarrassed being a middle-aged, white male complaining about bigotry, but I'm not the only person whose been on the receiving end of this bigotry. People of all colours, shapes, sizes, ages, and sex from every corner of the world encounter it everywhere we go.

I find it in the courts, in Social Services, the law. I even find it in my own family, but by a long, long way it has (in my personal experience) been most prominent in the health sector.

I've been a patient where my history with opiates is unknown, and a patient where my history is known.

I've also worked in a hospital A&E department for over two years.

I know the health sector inside and out, and how well someone is treated varies greatly depending on how much or little the person treating you knows about you, their own personal beliefs, their fears, ignorance etc.

I've been battling Hep C and liver cancer for decades.

At a conservative estimate, and I do mean conservative, over the past decade I would have consulted with at least 60 liver or gastro specialists.
So naturally, when I walk into a consultation with a new doctor, I put on my armour and I tell myself there is a good chance that I may have to write off today's consultation, and hope maybe the next doctor I see will actually consult and treat me.

The fact is, I always need to have my armour on when I deal with doctors.

I'm polite, I am friendly, I don't react to their insults, I never display rude manners.

My number one rule is: Never show the slightest hint- on my face or in my voice- that their jibes have hurt. Never.

When I was younger, I had a brilliant poker face.

I gave nothing away.

But it gets harder - especially when their behaviour hurts the ones that I love, or if I'm battling to get life-saving treatment and they are trying

to blow me off. I look at my beautiful, intelligent son and feel helpless as to how I can lift him out this deep depression he's sunk into since they last denied me a place on the transplant list. His only statement when I tried to talk with him on the issue was, "I pretty much knew they would do this to you."

He is smart and has watched me jump through hoops and ever-changing goal posts with the stink of betrayal wafting around every promise they've made to me in the last two and a half years.
I do not lie nor exaggerate when I say the bigotry that I and other drug users face is most common in medicine.
In my personal experience, I'd say it happens to me about 75%-90% of the time. I'm sure it differs for others in the same predicament.

I think some of the doctors are worried I'm too stupid to understand when they're insulting me and they go the extra mile. That's my assumption.
That bureaucratic tone that drips with cold hatred gets used. We all know that tone. You often get it at Centrelink or anywhere we come in contact with a bureaucrat that just wants you out of their hair.
They hope and wait for you to raise your voice or swear or make an insult of some type, so they can get rid of you.

Some doctors try to have as minimal contact as possible with you. They tend to just look at the computer or look down at their desk and it's not uncommon for them to say, "No need to sit down, you won't be here long."

As I read back what I've been writing here, I feel like I'm a bit of a whinger. The truth is I'm a very grateful man and very aware of how fortunate I am just through winning the geographic lottery and landing in Australia.
I have had my life saved from liver cancer on four different occasions and I haven't put my hand in my pocket once.
I'm someone who learned early on that what is most important in life to me-but surprisingly not through my near-death battles with illness. I understood a long time ago how precious and amazing life is and what's most important in it.

Working in the A&E department, you encounter people who may be old, full of cancer and close to the end, but they don't expect to die that day. They fight and try to last until their loved ones arrive to say goodbye. Sometimes I'd get the job to sit with these people, hold their hand, stroke their hair, just try to give them some sort of comfort while they're waiting for their family.
This is work that changes you.

Grateful that I am, the fact is that many of my doctors seem to hate me for something I did when I was 17 years old. There were 5 of us, and we shared syringes back in 1979.
I've outlasted the other four by more than a decade. I've seen hepatitis and secondary cancers take my brother and many, many friends over the years.
Today's call with my surgeon was a discussion about why I had been removed from the transplant list.

At first, they were concerned about my commitment to the process. I missed four appointments at the clinic. It took me two minutes to confirm that every missed appointment was caused by their incompetence.

In one case, I was 50 meters around the corner on the same floor having an arthroscopy and colonoscopy. For some reason, someone booked me in for a clinic appointment at exactly the same time of 1:30 p.m. on that same Tuesday. I assumed it was a mistake by them and I was right.

What else was I to think?

Three weeks after being told I was on the list, I got a call one day from a doctor I'd never met, but who let me talk for ten minutes about how great things were going, how happy my family was, how well I was going without cigarettes, before he interrupted me to explain their aforementioned concerns with a thick *schadenfreude in his voice. I really think he was enjoying himself.**

**pleasure derived by someone from another person's misfortune.*

Many won't believe my assessment on that doctor, but I've seen it from the inside and from the outside. The people who will believe me are most likely 'my people'. Those of us who've used opiates at some point. Those of us who have also been treated this way by someone or many 'some ones' at various medical and health facilities around the world.

I believe the last century with its barbaric laws and the damage caused by these same laws, will be looked upon in the future as something like the old witch trials, only multiplied by tens of millions.
I was born fortunate, in that I haven't -not for one second in my life- have I looked at my using drugs as "immoral", but I have seen the damage done every day to people who accept and put this judgment on themselves.

I have an incredible list of occasions when I've suffered bigotry from health specialists. I would need a year to document them all, and maybe one day I will.

I often feel like grabbing them and explaining, "I am a human, I have many people who love me, and I love them." Death frightens me just as much as it does them, but I find so many of these healthcare providers, with all the years of education behind them, are a bit 'thick' when it comes to these deeper but simpler 'sames' we share.

I know this from working alongside them and from years of consultations.

I'm alive because I fight them and keep fighting when it seems they'd rather I go away and die.

I only beat Hep C after five different treatments, and the treatment that finally cleared me, I only received when I had a certain hospital over a legal barrel. Otherwise, I felt I was just another body for the scrap heap.

This thing of theirs, this seemingly accepted, politically correct bigotry that so many indulge in, is very low on the world's need-to-address issues, and will be around for a long time yet. But don't ever doubt that because its about people who use or have used drugs that it isn't as ugly and wrong as any other bigotry.

Having a dabble is not wrong in and of itself. Yes- some do cause harm to indulge their desire. I do not condone this, but most of us don't behave in this manner.
We are everywhere and for the most part, we are almost all decent people who do not deserve this crap.

So let us not accept their misplaced judgments that are protected by the law and let us walk tall in the world.

We shouldn't avoid healthcare or medical treatment for fear of being treated as third/fourth class citizens.

Yours lovingly and sincerely,

Humble Means

WHACK's regular section 'Substance Spotlight' focuses on providing factual, relevant, & practical information about different substances to assist you in making informed decisions around taking substances while promoting safer using.

KETAMINE

K, SPECIAL K, KET, VITAMIN K, KETTERS, KITKAT, KITTY

Ketamine was developed in 1963 by Parke-Davis Laboratories as a replacement for the surgical anaesthetic phencyclidine (PCP).

It is widely used in human and veterinary medicine, typically in surgical and emergency & intensive care settings. Recently, it has become the subject of significant clinical research due to the discovery that it can rapidly relieve treatment-resistant depression and suicidal ideation.

At lower doses ketamine produces pain relief and sedation, while at higher dosages the drug produces dissociation and hallucinatory effects.

Ketamine is a dissociative anaesthetic, developed in the mid 1960's and used primarily in human & veterinary anaesthesiology. Ketamine is liquid in its original form but it is commonly sold as a white powder for recreational use. Ketamine is used for therapeutic, psychedelic and recreational purposes. Because ketamine's effect is dissociative, the experience is different to many other psychedelic drugs.

People who use Ketamine can find themselves completely disconnected from their surroundings, their body and sensations. A well-known effect of ketamine at higher-range doses is the 'K-hole', where the user is removed from reality and set adrift in an introspective dream-like world, often involving complete dissociation, visuals and out of body experiences.

ADMINISTRATION

Most commonly insufflated, which is a fancy word for snorted, but can also be swallowed, injected and plugged (put up your bum using a syringe barrel*)

***With no needle attached**

DOSAGE TIPS

In any system where drugs are illegal, a safe supply can never be expected nor guaranteed making drug use inherently risky. The mentioned doses below are based on information available to HRVic at the time of print and we can NOT give any guarantee of safety as the effects of these doses can vary greatly from one person to another.

Depending on administration and purity, a standard dose of ketamine is usually anywhere from 15 to 300mg.

Because of this huge variation, it is best to:

• Always start with a very small amount to test the strength. Due to its potency, ketamine is commonly used in small doses (bumps) rather than one large amount, such as a line.

• Give it plenty of time to work between bumps (doses)

• If injecting- especially if IV- only have TINY amounts as it comes on IMMEDIATELY and you will usually k-hole right away. Try to have a sober friend around to keep an eye out for you.

DURATION

Depending on how it is administered, the effects of ketamine can last anywhere from 5 to 60 minutes.

Following administration, ketamine is quickly metabolised by the liver into less active metabolites. Approximately 90% of ketamine is excreted via the kidneys in urine, in the form of metabolites[1].

Total Duration- 45-60 min

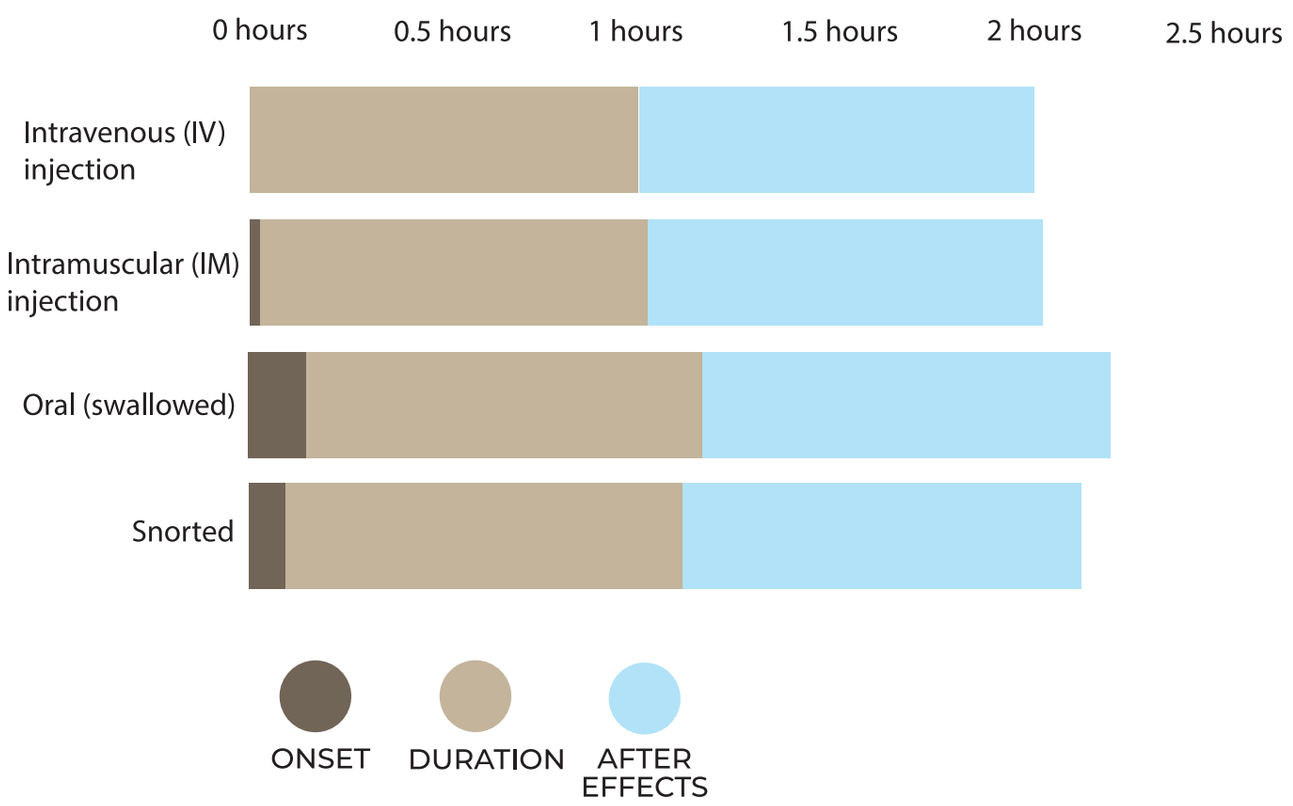
Onset- 4-15 min*
**The effects appear within seconds when K is injected IV, whereas it can take up to 4 minutes for the onset of action when injected IM.*

Peak- 20-60 min

Coming Down-30-60 min

After Effects- 1-3 hrs

KETAMINE DURATION



[1] PubChem. (2019). Ketamine. [2.] Par Pharmaceutical. (2017). Ketalar (ketamine hydrochloride) injection., [3] Rosenbaum, S.B., & Palacios, J.L. (2019). Ketamine. StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing.

HALF LIFE

The half-life of ketamine is about 2.5 hours in adults[2]. Ketamine remains active in your system for another 3 hours after the effects have worn off.

From a clinical standpoint it is estimated that a drug is effectively eliminated after 4-5 half-lives, meaning the majority of ketamine should be out of the system of an adult in about 10 to 12.5 hours. Factors such as age, body mass, metabolic rate, drug dosage, and route of administration can affect the duration and elimination of the drug.[3]

WHAT IS A 'HALF LIFE'?

The 'half-life' of a drug is an estimate of the length of time that it takes for the amount of that drug in the body to be reduced by exactly one half (50%).

This depends on how the body processes and gets rid of the drug. (some via the kidneys or some via the liver). It can vary from a few hours to a few days, or sometimes weeks.

BUT - WHAT DOES IT FEEL LIKE?

A feeling of drunkeness and well being at low doses. As dose increases the user may begin to feel a disconnection from their body. At 'k-hole' doses the user may become completely disconnected from both body and mind.

KETAMINE EFFECTS

PHYSICAL

The following is a list of possible effects, which may vary from person to person.

- Analgesia, numbness
- Relaxing
- Feels like being in a dream
- Pleasant body high
- Increased energy
- Ataxia (loss of motor skills & coordination)
- Nausea, vomiting
- Increased heart rate
- Slurred speech
- Nasal discomfort after snorting
- Susceptibility to accidents from loss of coordination & change in perception of body & time
- Loss of consciousness
- Increased or decreased blood pressure
- Reduced heart rate & breathing (risk increases with increased dose or with combination of other CNS (central nervous system) depressants
- Possible lower urinary tract symptoms (LUTS) increased frequency of urination, urinary incontinence, pain during urination, passing blood in urine
- Headache
- Increased salivation
- Seizures
- Palpitations

EMOTIONAL

- Euphoria
- Meaningful spiritual experience
- Disorientation
- Frightening or untimely distortion (or loss) of sensory perception
- Enhances sense of connection with the world (beings or objects)
- Disconnection from the world (beings or objects) and a peculiar feeling of loneliness

PSYCHOLOGICAL

- Sense of calm and serenity
- Pleasant mental high
- Abstract thinking
- Distortion or loss of sensory perceptions (common)
- Open and closed eye visuals (common)
- Dissociation of mind from body
- Significant distortion of time perception
- Confusion, disorientation
- Amnesia
- Out of body experience
- Shifts in reality perception
- 'K-Hole'- intense mind-body dissociation, out of body experiences, highly realistic visuals
- Risk of psychological dependency
- Severe confusion, disorganised thinking
- Paranoia and egocentrism (with regular use)
- Severe dissociation, depersonalisation
- Nightmares
- Delirium

LONG TERM EFFECTS

- Psychological dependency
- Can lead to cognitive impairments including memory problems
- Possible severe degeneration of the bladder and urinary tract. Be cautious with ketamine if you are sensitive to urinary tract infections or bladder problems. The chances of developing these issues are linked to use frequency and amount taken or dose.

SAFER USING TIPS

• Try to use in a safe environment with friends & people you trust - somewhere you feel comfortable. It is best to have a sober friend or experienced user present no matter how you are taking it. See 'Set and Setting'.

• Eating within 1½ hours prior to using ketamine can cause nausea & vomiting

• It's advised to sit or lie down with doses higher than 50mg because of the effects on coordination

• Be cautious with redosing as there may still be ketamine in your system when you no longer feel the effects

• Ketamine can increase the chance of developing problems with your urinary tract. If you are sensitive to urinary tract infections (UTIs) or problems, moderation with ketamine use may be advised. Chances of developing problems are linked to frequency and dose.

SNORTING

• Snort water before and after to avoid damaging the protective lining in your nose

• Use your own clean straw for snorting to prevent the risk of transmitting blood borne viruses (such as hepatitis C) via microscopic amounts of blood.

• Do not use money-it is covered in bacteria and other nasties

SHELVING OR INJECTING

• Avoid BBVs like Hep C, Hep B and HIV by using new & sterile syringes & equipment

• Use sterile water to mix with crystal/powdered ketamine

• Wash your hands thoroughly before and after use

• Find a discreet and safe place to do it

• Intravenous (IV) use of ketamine can pose a risk as it (the high) comes on very quickly. There is no 'build up' which means possibly going from nothing to a K-Hole immediately.

• Lubricate the syringe to avoid tearing skin when shelving

• Dispose of syringes & equipment responsibly

SET AND SETTING

'Set' is **the mindset** you bring with you to the using experience. It includes your physical, emotional & spiritual condition, what you expect about the drug's effects & how you react to it.

'Setting' is **the environment** that you are in. This includes the social environment, who you are with and the physical surroundings, e.g. at home, at a festival or an unfamiliar location.

DRUG COMBINATIONS*

Possible outcomes- what works for one person may not work for another. If you plan on mixing your substances- do your research and proceed with caution. Don't forget that prescription meds are also drugs and as such can have diverse effects when mixed with other chemical substances-physically and psychologically.

DANGEROUS

Ketamine +Alcohol
+GHB/GBL/14B
" +Opioids
+Tramadol

These substances cause ataxia & bring a very high risk of vomiting and unconsciousness. If the user falls unconscious while under the influence there is a severe risk of vomit aspiration if they are not placed in the recovery position.

CAUTION

Ketamine +Amphetamines
+Cocaine

No unexpected interactions, though likely to increase blood pressure but not an issue with sensible doses. Moving around on high doses of this combination may be ill advised due to risk of physical injury.

Ketamine +Benzodiazepines

Both substances potentiate the ataxia and sedation caused by the other and can lead to unexpected loss of consciousness at high doses. While unconscious, vomit aspiration is a risk if not placed in the recovery position.

Ketamine +MAOIs

MAO-B inhibitors appear to increase the potency of Ketamine. MAO-A inhibitors have some negative reports associated with the combination but there isn't much information available

LOW RISK & INCREASED EFFECTS

Ketamine +Mushrooms
+LSD
+DMT
+Mescaline
+DOx

Ketamine and psychedelics tend to potentiate each other - go slowly

Ketamine +NBOMes
+2C-x
+2C-T-x
+αMT
+5-MeO-xxT
+Cannabis
+MXE
+PCP
+N2O
+MDMA

No unexpected interactions, though likely to increase blood pressure but not an issue with sensible doses. Moving around on high doses of this combination may be ill advised due to risk of physical injury.

WHAT DOES THAT MEAN?

ATAXIA:

Ataxia is a fancy medical term for describing a lack of muscle control or coordination of voluntary movements, such as walking or picking up objects. Being unbalanced or 'wobbly' basically. Think of being really drunk.

ASPIRATION:

Aspiration means breathing foreign objects into your airways. Usually, this is food, saliva, or stomach contents when you swallow, vomit, or experience heartburn.

It can cause choking or infections in the lungs like pneumonia.

AND.... WHAT ABOUT THE LAW?

*Reference: https://drugs.tripsit.me/ketamine

THE LAW & KETAMINE:

Ketalar®, Ketamil®, Ketavet®, Ketamav® are the brand names of prescription ketamine available in Australia.
Ketamine is a Schedule 8 drug.
Possessing or using an unprescribed schedule 8 drug is illegal in Australia.

POSSESSION CHARGES

The police can charge you with possession if you have a drug:
- **on your body**
- **in your house**
- **in a car that you own or are driving.**

It is also illegal to possess a drug of dependence for the purpose of trafficking it to another person. There is no separate offence of supply in Victoria (other than supply to a child) or of manufacturing drugs of dependence.

Possession of Ketamine
There are three elements relevant to proving possession: knowledge, custody and control:

Knowledge means that you must know that the substance is a drug and that it is in your custody;

Custody usually means having the drugs in your physical possession (for example, in your pocket or wallet or under you pillow).
However, custody can also extend to include such places as your house or car;

Control means that you have the right to do something with the drugs (for example, keep or use them).

Do not admit to possession.
Say 'No comment' until you speak with a lawyer.

REMEMBER: NO CONVERSATION WITH POLICE IS "OFF THE RECORD"

DETECTION:

Detection times are based on the time you last took the drug. Taking multiple doses over a period of several hours can lengthen the detection window.[4]

Saliva: up to 1-2 days after consuming
Urine: up to 14 days after
Hair: Up to 90 days
Blood: up to 4 days

ROADSIDE DRUG TEST:

Ketamine cannot be and is not tested for in roadside drug tests.

Be aware when you've combined with other substances, such as cannabis or MDMA, which IS detectable.

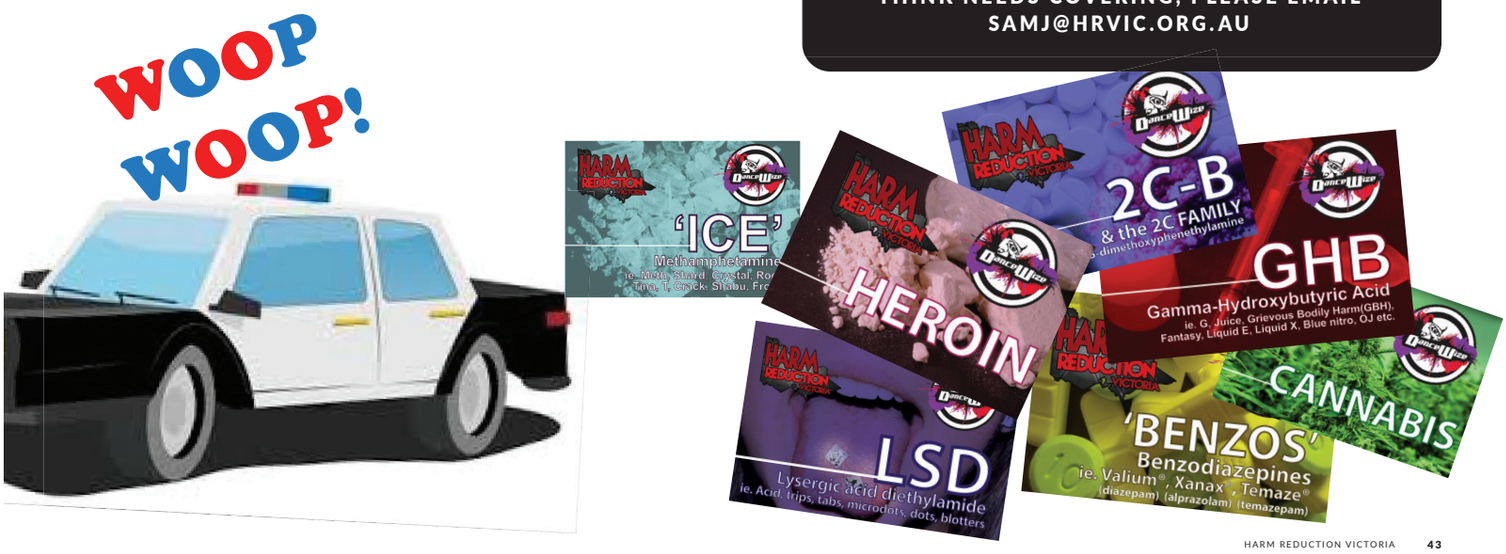
[4] https://delphihealthgroup.com/ketamine/stay-in-system/
https://blog.andatech.com.au/drug-detection-times
https://www.therecoveryvillage.com/ketamine-addiction/how-long-stay-in-system/

HARM REDUCTION VICTORIA HAS A SERIES OF SUBSTANCE SPECIFIC INFO BROCHURES AVAILABLE -WE CURRENTLY COVER 18 DIFFERENT SUBSTANCES. YOU CAN ORDER THEM OR DOWNLOAD THEM TO PRINT YOURSELF,

DIRECTLY FROM OUR WEBSITE'S RESOURCE PAGE:

WWW.HRVIC.ORG.AU/RESOURCES

IF YOU HAVE AN IDEA OF A SUBSTANCE YOU THINK NEEDS COVERING, PLEASE EMAIL SAMJ@HRVIC.ORG.AU



AUSTRALIA (WA)

NEW WA MPS BRIAN WALKER AND SOPHIA MOERMOND FIGHT TO LEGALISE CANNABIS

BY JOE SPAGNOLO

THE WEST AUSTRALIAN, SUN, 16 MAY 2021

They're arguably the most controversial and unusual pair of MPs to sit in the WA Parliament. Brian Walker and Sophia Moermond believe smoking pot should not be a criminal offence. The pair will in eight days be sworn in as MPs representing the Legalise Cannabis WA Party in the Legislative Council.

Both believe recreational use of cannabis should be legal in WA and will eventually put to Parliament a private members' Bill to argue the case. Speaking to The Sunday Times this week, Dr Walker said he and Ms Moermond's election was "meant to be"

"This is a universal call," he said. "This is exactly right. We were in the right place at the right time. We got around 2 .5 per cent of the votes, so it's a sizeable part of the community. It is my passion that people are well, physically, mentally, financially and socially.

"And access to cannabis in all its forms would assist people to live better. I'd ask people to have an open and inquiring mind."

Dr Walker is a GP in Serpentine. He says he has never smoked dope, but uses medicinal cannabis for a shoulder injury he sustained while Japanese sword fighting.

He also prescribes medicinal cannabis through his work as a GP.

Ms Moermond has worked as an acupuncturist, naturopath, Chinese medicine practitioner and a "vitamins educator".

She says she also worked as a registered nurse in The Netherlands. She admits smoking the "occasional" joint and takes medicinal cannabis for trauma.

"This is about freedom," Dr Walker said.

"Most people who are using cannabis and, in fact, other drugs, aren't doing it because they want to be druggies and dropouts in society. They are actually treating themselves.

"Most of the problems they are treating is a trauma they have experienced earlier in their lives, or in their current life.

"They are not getting access to proper mental and health care and so what are they going to do? You can change the way your mind functions simply by taking cannabis. It automatically makes you a criminal, which I think is awful. This is barbaric.

"It (cannabis) is a lot healthier than taking a six pack of beer. There's no downside to having a cone."

Ms Moermond said she first smoked cannabis in high school and started smoking again recently to help with insomnia.

"Plants should be used medicinally," she said. "But the other side of that is that people should have the freedom, they should have bodily autonomy — they should have choice around these sorts of things.

"If you look at why cannabis was made illegal, there is no real reason for it."

PHOTO CREDIT: IAN MUNRO/ THE WEST AUSTRALIAN

AUSTRALIA (VIC)

SYPHILIS EPIDEMIC IN MELBOURNE SUBURBS: SCIENTISTS USE GENOMIC SEQUENCING TO TRACK STD BY MELISSA

CUNNINGHAM, THE AGE, MAY 17, 2021

Scientists will use genomic sequencing for the first time to track fast-moving syphilis outbreaks infiltrating Melbourne's outer suburbs, as doctors warn immediate intervention is needed to contain an evolving epidemic of the sexually transmitted disease.
Doctors at the Royal Victorian Eye and Ear Hospital are also reporting a 20-fold increase in people presenting with syphilis-related eye infections.
A rising number of Victorians are also being admitted to the hospital with delayed diagnosis of ocular syphilis and some are being left with permanent vision loss.
Worrying clusters of the disease are spreading unchecked in Melbourne's outer western and south-eastern suburbs, with hotspots emerging in the local government areas of Brimbank, Melton and Casey.

There were 56 cases of syphilis recorded in Brimbank last year, while 42 were detected in Casey, up from 27 cases in 2019, and 46 cases reported in Melton.
Researchers say the potentially fatal disease, which previously only circulated among men who had sex with other men, is infecting women at an alarming rate.
An analysis by Alfred Health's Melbourne Sexual Health Centre found there had been a 220 per cent spike in syphilis infections among females in recent years.
Despite months of coronavirus lockdown in Victoria, the state still recorded more than 1400 cases of syphilis last year, while more than 560 cases have been detected so far this year. In the past year, more than 170 infections have been detected in women.

Peter Doherty Institute for Infection and Immunity professor of microbiology, Deborah Williamson, said genomic sequencing had emerged as a critical tool to contain COVID-19, allowing health authorities to quickly examine outbreaks, map clusters, identify super-spreading events, mutant strains and understand behaviours that spread the disease.
Scientists and sexual health physicians studying the epidemic are now applying the lessons learned about containing coronavirus to the sexually transmitted disease – which first appeared in the 15th century – and shut down outbreaks before they take off.
"It's an ancient disease, but the way we have diagnosed and treated it hasn't really changed for many, many years," Professor Williamson said.
"We think applying these cutting-edge technologies that we have used for coronavirus will be quite transformative for this disease, which has long plagued humankind."

In the early 2000s, doctors at the Royal Victorian Eye and Ear Hospital recorded only about one case of ocular syphilis a year.
However, since 2018, doctors have reported seeing more than 20 cases annually and some weeks they are admitting up to five patients with ocular syphilis into hospital a week. The treatment consists of penicillin given intravenously for two weeks.
"Ocular syphilis can affect the eyes in many different ways and some of the vision loss can be profound," ophthalmologist Danielle Ong said.

READ THE REST OF THIS ARTICLE:
https://www.theage.com.au/national/victoria/syphilis-epidemic-in-melbourne-suburbs-scientists-use-genomic-sequencing-to-track-std-20210511-p57qqv.html

PREVENTION

There is no vaccine for syphilis, and a person may catch it more than once. But there are ways to avoid the health problems caused by syphilis. Practising safe sex protects against – but does not completely prevent – the disease.

TESTING IS KEY. It involves checking the blood for antibodies against Treponema bacteria. The test is inexpensive and you get results within a day.

Anyone who is sexually active can ask for a test, but certain situations should trigger a test: pregnancy; HIV infection or sexually transmissible infections; and a partner with syphilis.

What in the World?!

NEWS FROM THE WORLD

CANADA

HOW CANADIAN DRUG USERS HELPED SAVE AN INJECTABLE OPIOID AGONIST PROGRAM

BY SESSI KUWABARA BLANCHARD / FILTER MARCH 3, 2021

Amid a historic fatal overdose crisis, the Canadian province of Alberta wanted to end an opioid use disorder (OUD) treatment program that met the needs of patients for whom oral opioid agonist treatment (oOAT), like methadone or buprenorphine, had proven unsuccessful.
But a group of 11 patients enrolled in the government-funded injectable opioid agonist treatment (iOAT) clinics—based in Edmonton and Calgary, and providing supervised hydromorphone injections alongside wrap-around social services—were not going to let their program go down without a fight.

Although Judge G.S. Dunlop denied, on February 25, the plaintiffs' request for the Court of Queen's Bench to stop the Alberta Health Service (AHS) from shutting iOAT clinics on March 31, AHS plans on continuing to offer its unique services in a new form—while erasing the drug-user advocacy that seems to have helped save the program in the first place.

"My clients believe and will continue to fight for iOAT to be available to any Albertans who need it, and we know there is work going on to ensure that is the case within AHS," tweeted Nanda, who appealed Justice Dunlop's decision on March 1, "but forcing the government to step back on its proposal is an achievement worth celebrating."

This article has been deliberately shortened to fit into WHACK's format.
READ THE FULL ARTICLE HERE:
https://filtermag.org/alberta-injectable-opioid-agonist-treatment/

NEW ZEALAND

JUST MONTHS INTO A YEARLONG PILOT, NEW ZEALAND LEGALIZES DRUG-CHECKING BY UMME HOQUE MAY 5, 2021

Festival-goers in New Zealand were taking what they thought was pure MDMA. But days after ingestion, the drugs were leading to hundreds of people developing mysterious symptoms like seizures, nausea and anxiety.
In December 2020, the government implemented an evidence-based, yearlong pilot program to address the growing crisis: legalizing public drug-checking services to help people know what's in the pills they intend to consume at festivals. Now, after just a few months, Minister for Health Andrew Little has announced that the interim legislation will be made permanent.
New Zealand is the FIRST country in the world to fully legalize—in the sense of explicitly providing for—these services. (Drug-checking is sanctioned in Switzerland based on the interpretation of preexisting law, while the Netherlands has an office-based drug-checking program that receives government funding; festival services meanwhile operate in legal grey areas, with at least tacit permission, in countries such as Portugal, the United Kingdom and the United States.)
"One of the big risks of drug use is that the user doesn't know what they are consuming and that the substance is something more dangerous," Sarah Helm, executive director of New Zealand Drug Foundation, told Filter.
NZ Drug Foundation provides logistical and advocacy support to the volunteer-run drug-checking organization KnowYourStuffNZ—which is the country's principle provider of these services, and was appointed by the Ministry of Health to administer the pilot.
"We are very happy that after seven years of operating in a legal grey area, we and our clients now have some legal certainty," Wendy Allison, the founder and managing director of KnowYourStuffNZ, told Filter.
"We've proven that drug checking reduces harm and the demand for the service is skyrocketing."
The drug-checking processes and technologies used by KnowYourStuffNZ have the ability to identify thousands of different substances. People who wish to ensure their bodily autonomy by learning the content of pills, powders, liquids and crystals they intend to consume can do so if they have a sample size of 5-10mg.
The volunteers who perform this service then provide "non-judgmental harm reduction advice" based on the results—not telling the person not to ingest the substance if it isn't "pure," but simply advising them on the risks.
"One of the best parts of legalizing the drug checking service has been the public discussion and awareness."

This article has been deliberately shortened to fit into WHACK's format.READ THE FULL ARTICLE HERE:
https://filtermag.org/new-zealand-drug-checking-festivals/

JAPAN

WHY JAPAN'S HUGE DROP IN SMOKING IS A STORY PROHIBITIONISTS IGNORE

BY ALEX NORCIA , FILTER MAY 13, 2021

Nowhere on Earth has cigarette consumption dropped as rapidly as it has in Japan over the past few years.

Just look at the numbers: In the first quarter of 2021—January, February and March of this year—domestic cigarette sales in Japan totaled about 25 billion sticks. In 2016, that same period saw around 43.6 billion domestic cigarette sales in the country. There has been close to a 43 percent decline in half a decade.

It is an extraordinary success. And it seems attributable to a single shift: Japan's population of smokers, with the government's acquiescence, has embraced heated tobacco products (HTPs), which heat tobacco sticks to produce vapor—not smoke—that is inhaled.

There are currently at least three such products on the Japanese market, with the first introduced in 2014, and Japan has become a testing ground of sorts. Market analyst reports estimate that Japan has the world's biggest HTP market, with 85 percent of global sales in 2018. Nearby countries—notably South Korea—have followed suit by making HTPs available, also seeing cigarette sales fall.

Critics of mainstream tobacco control—which tends to favor prohibition-centered measures on lower-risk products—point to Japan as a potential model for nations around the world. And that's despite the Japanese example being flawed and somewhat limited: HTPs may be ubiquitous, but vaping products are effectively outlawed. Unlike the United States, Japan is a party to the World Health Organization's Framework Convention on Tobacco Control. Though the WHO includes "harm reduction strategies" in its definition of "tobacco control," it has not yet definitively embraced vaping or the use of HTPs.

Japan's success nonetheless has been widely ignored by anti-smoking organizations like the Michael Bloomberg-funded Campaign for Tobacco-Free Kids and leading health agencies like the WHO. The reason, many tobacco harm reduction proponents insist, is because manufacturers, and not necessarily the public health community, are the ones driving the change. There has not been any real educational campaign on reduced-risk products by the government, for example.

"Smoking has never dropped that fast. It is very odd that the tobacco control community is not more interested in finding out why."

"The iron rule of tobacco control mythology is that the tobacco industry and public health must always be in a fundamental and irreconcilable conflict," Clive Bates, a tobacco control expert from the

United Kingdom, told Filter. "So the astonishing changes we see in Japan have to be explained away or ignored, or their story falls apart."

"There can be no question: HTPs have caused cigarette sales to plummet in Japan," Dr. Charles A. Gardner, the executive director of INNCO, a global nonprofit that supports the rights and well-being of adults who use safer nicotine, told Filter. "In all of human history, smoking has never dropped that fast. It is very odd that the tobacco control community is not more interested in finding out why."

Switching from combustible cigarettes to HTPs reduces your exposure to chemicals that cause harm. We don't need to ask the companies that make HTPs: The US Food and Drug Administration (FDA) agrees. In July 2020, the FDA authorized Philip Morris to market IQOS, another one of the devices available in Japan, as a "modified risk product" in the States. The authorization allows the manufacturer to state the following: firstly, that the IQOS system heats tobacco but doesn't burn it; secondly, that it "significantly reduces the production of harmful and potentially harmful chemicals;" and, lastly, that "scientific studies have shown that switching completely from conventional cigarettes to the IQOS system significantly reduces your body's exposure to harmful or potentially harmful chemicals."

"We too are astonished that more people in the tobacco control community aren't viewing the situation in Japan as a tremendous breakthrough," Dr. Moira Gilchrist, the vice president of strategic and scientific communications at Philip Morris International (PMI), told Filter. "It's a real world example, on a massive scale, of what happens when a company gets it right on science and on product, and when governments allow innovation to thrive. Japanese adults are voting with their feet and leaving cigarettes—in droves. There is no good reason why the continuing success in Japan can't be replicated in every country."

READ THE FULL ARTICLE HERE: https://filtermag.org/why-japans-huge-drop-in-smoking-is-a-story-prohibitionists-ignore/

THE DINING TABLE

PERIODICALLY, WE NEED A FEED
BUT HAVE NO FUNDS TO GET ONE.

Br Breakfast

Ln Lunch

INNER WEST

Brotherhood of St Laurence - Coolibah Centre
67a Brunswick St.
Fitzroy
ph. 9483 1323
Mon-Sun 8:30am
Sat 10am-2pm
LOW COST

St Mary's House of Welcome
165-169 Brunswick St
Fitzroy
ph. 9417 6497
Mon-Sat 8:30am
$2 DONATION

Ozanam Community Centre
268 Abbotsford St
North Melbourne
ph. 9329 6733
Mon-Fri
12pm-1pm
$2 DONATION

St Brendan's Catholic Parish
103 Wellington St
Flemington
ph. 9376 7378
Mon
(NOT Public Holidays)
12pm-1pm
FREE

INNER NORTH

Salvation Army
869 Bourke St
Melbourne
ph. 9653 3299
Mon-Fri 9am-1pm
FREE

Collingwood Neighbourhood House
253 Hoddle St
Collingwood
ph. 9417 4856
Wed 10:30am
FREE
Men Only

Food Not Bombs - Fitzroy
Cnr Brunswick &
King William ST
Fitzroy
fnbmelb@riseup.net
Mon 12:45pm
FREE
V*

Church of All Nations
180 Palmerston St
Carlton
ph. 9347 7077
Tues *Light Lunch*
Wed *Full Lunch*
11:30am-1pm
$2 DONATION

Ozanam Community Centre
268 Abbotsford St
North Melbourne
ph. 9329 6733
Mon-Fri
9:15am -10am
$2 DONATION

Inner Space NEW
4 Johnston Street
Collingwood
ph. 9448 5530
Mon,Tues,Wed & Fri
11am-1pm
Breakfast Program
C showers & washing machine facilities available

Inner Space NEW
4 Johnston Street
Collingwood
ph. 9448 5530
Mon- Fri
3pm-5pm
Afternoon Drop In
(Food Parcels Avail)

Anglicare- St Marks Church Community Centre
250 George St
Fitzroy
ph. 9419 3288
Mon- Fri
10:30am-2:30pm
FREE

INNER SOUTH

Sacred Heart Mission- Community Meals
87 Grey Street
St Kilda
ph. 9537 1166
Daily (incl. Weekends & Public holidays)
9am
FREE

Star Health - Wominjeka BBQ
Veg Out Community Garden
(opposite Luna Park)
Cnr Shakespeare Grv /
Chaucer St, **St Kilda**
ph. 9525 1300
Mon 11:30am
FREE
Aboriginal/TSI

INNER STH EAST

Hare Krishna Food for Life Melbourne
197 Danks Street,
Albert Park
ph.9699 5122
Mon-Sun 8:30am
FREE

Sacred Heart Mission- Women's House
65 Robe St.
St Kilda
ph. 9537 1166
Mon-Fri 11:30am
FREE
Women Only

Fd =food
Sv =soup van
Kr =Koorie & TS Islanders
Mn = men
Wn = women
V* = Veg/vegan

Table to be updated regularly-if you know where to get a good feed for free

LUCKILY THERE ARE PLACES ALL OVER MELBOURNE,
EVERY DAY OF THE WEEK WITH SOMETHING ON OFFER.
WASH YOUR HANDS AND COME TO THE TABLE!

DnR
Dinner

Asylum Seeker Resource Centre (ASRC)
214-218 Nicholson St
Footscray
ph. 9326 6066
Mon-Fri
12:30pm
FREE

Kensington Neighbourhood House
89 McCracken St
Kensington
ph. 9376 6366
Tues 5:30-8pm
FREE
Women 55+ Only

Society of St Vincent de Paul - West Melb Soup Vans
Queen Victoria Market (Car Park), Peel St
West Melbourne
ph. 9895 5800
Daily 9:15pm
FREE

Society of St Vincent de Paul - Nth Melb Soup Vans
Cnr Boundary Rd / Macaulay Rd
North Melbourne
ph. 9895 5800
Daily 7pm
FREE

Society of St Vincent de Paul - Footscray Soup Vans
Whitten Oval, Cnr Barkly St / Gordon St
Footscray
ph. 9895 5800
Mon-Fri, Sun 8pm
FREE

Brunswick Uniting Church
212- 214 Sydney Rd
Brunswick
ph. 0431 193 810
Wed
12:30pm
FREE

Food Not Bombs - Fitzroy
Cnr Brunswick & Gertrude ST
Fitzroy
fnbmelb@riseup.net
Tues 7:30 pm
FREE
V*

Society of St Vincent de Paul - Collingwood Soup Vans
Cnr Smith St / Stanley St
Collingwood
ph. 9895 5800
Tues,Thurs,Fri,Sun
7:30pm
FREE

Food Not Bombs - Footscray
Barkly ST
Outside Western Oval
Footscray
fnbmelb@riseup.net
Mon 7:30pm
FREE
V*

Food Not Bombs - Coburg
Coburg Library
Coburg
fnbmelb@riseup.net
Wed 7pm
FREE
V*

Open Table
125 Napier St
Fitzroy
ph. 0403 218 123
Visit website for dates/time
hello@open-table.org
FREE

Nth Fitzroy Seventh Day Adventist Church
27 Alfred Crescent
Fitzroy North
ph. 0409 422 064
Sun
6:30-7:30pm
FREE

Society of St Vincent de Paul - Fitzroy Soup Vans
All Saints Church
174 Brunswick St
Fitzroy
ph. 9895 5800
Daily 7:45pm
FREE

Missionaries of Charity Men's Service Fitzroy
Rear, 69 George St
Fitzroy
ph. 9417 1704
Mon,Tues,Sat,Sun
4pm
FREE
Men Only 18+

Hare Krishna Food for Life Melbourne
197 Danks St
Albert Park
ph.9699 5122
Mon-Sun 8:30am
FREE

Society of St Vincent de Paul - Southbank Soup Vans
Hanover House
52 Haig St.
Southbank
ph. 9895 5800
Daily 9pm
FREE

Society of St Vincent de Paul - Fed Square Soup Vans
Federation Square
Cnr Russell St / Flinders St
Melbourne
ph. 9895 5800
Daily 8:15pm
FREE

Society of St Vincent de Paul - Batman Park Soup Vans
Rebecca Walk (Spencer St)
Batman Park,
Melbourne
ph. 9895 5800
Daily 8:30pm
FREE

Society of St Vincent de Paul - Richmond Soup Vans
Cnr Hoddle St / Wellington Pde
Richmond
ph. 9895 5800
Mon 7:30pm
FREE

Parish of the Parks St Silas Church Hall
99 Bridport St
Albert Park
ph. 9696 5116
Sun
5pm sharp
FREE

Hare Krishna Food for Life Melbourne
197 Danks St
Albert Park
ph.9699 5122
Mon-Sun 8:30am
FREE

ee or cheap, email whack@hrvic.org.au with the info so we can share it.

HEALTH TREATMENT

Including Pharmacotherapy, Rehab and Detox

Your local Community Health Centre is a great place to access free or low cost health services.

You can find yours by googling:

CoHealth Melb, or by accessing the health department's directory: https://**www.health.vic.gov.au**

Directline is an info & referral phone service able to provide assistance if you want to detox, start a pharmacotherapy program or find a GP etc.

Directline 24/7 on **1800 888 236.**

Victorian Aboriginal Health Service
Ph: 03 **9419 3000**

DRUG RELATED SERVICES

Primary Health Care Units for Drug users: non judgmental healthcare, doctors and nurses as well as a range of other services… counselling, showers etc.

CoHealth-InnerSpace
4 Johnson Street
Collingwood
Ph: 03 9448 5530

CoHealth-Healthworks
4-12 Buckley Street
Footscray
Ph: 03 9448 5511

Monash Health Drug & Alcohol Service
(formerly SEADS)
84 Foster Street
Dandenong
Ph: 03 9792 7620

The Living Room
7-9 Hosier Lane Melbourne CBD
Ph: 03 9662 4488
1800 440 188

SHARPS
20 Young Street Frankston
Ph: 03 9781 1622

Access Health Program
31 Grey Street
St Kilda
Ph: 03 9536 7780

SEXUAL HEALTH

Melbourne Sexual Health Centre
580 Swanston Street
Carlton
Ph: 03 9341 6200 or
Freecall: 1800 032 017
(toll free outside Melb only)
Mon-Thurs
8.30am- 12.30 pm.
1.30 – 5.00 pm.

Family Planning Vic
901 Whitehorse Road,
Box Hill
Ph: 03 9257 0100 or
Freecall: 1800 013 952
Mon-Fri 9am – 5pm
Please call for appointment.
Drop in appts. : 1-5 pm *(arrive before 4pm)*

The HIV & Sexual Health Connect Line
Mon- Fri 10 am – 6 pm
Ph: 1800 038 125
TTY *(hearing or speech impaired)*: **1800 555 677**

WOMEN'S SERVICES

Safe Step's 24/7 Family Violence Response
Freecall: 1800 015 188

W.I.R.E. Women's Support Line
327 Spencer Street
West Melbourne
Mon – Fri 9am – 5pm
Ph: **1300 134 130**
telephone interpreter service available

Women's Health Vic
Nurse on call
Ph: **1300 606 024**

Women's Legal Service Victoria
Tues & Thurs
5.30pm – 8.00pm
Ph: 03 8622 0600 or
Freecall: 1800 133 302

Women's Welcome Centre
20 Flemington Road
Parkville
Ph: 03 8345 2000 or
Freecall: 1800 442 00

Flat Out: Statewide Support for Women Leaving Prison
54 Pin Oak Crescent
Flemington
Mon- Fri 9.00 am – 5pm
Ph: 03 9372 6155

Women's Health West
317-319 Barkly Street
Footscray
Mon- Fri 9.00 am – 5pm
Ph: 03 9689 9588

Women's Health North
680 High Street
Northcote
Mon- Fri 9.30 am – 5pm
Ph: 03 9484 1666

Needle and Syringe Programs (NSP)

These lists are always changing. You can also find an NSP *(Needle and Syringe program)* **in your area, by calling Directline** *(1800 88 2360)* or if you are cashed up, basic equipment can be purchased and disposed of at many chemists for anywhere between $3 and $10 dollars.

Night Mobile Services

(call and arrange to meet)
Every night of the Year
7.30pm – 11.15 pm
(except CBD foot patrol)

Inner City
Ph: 0418 179 814
North East
Ph: 0418 545 789
Inner South
Ph: 0419 204 811
CHOPER (Eastern)
Ph: 0414 266 203

Frankston/Dandenong
Ph: 1800 642 287
7 days a week
6.30 pm – 9.45 pm,
except public holidays

North West (NWOS)
Ph: **0418 170 556**
7 days a week
6.00 pm – 1 am
***NEW TIME**

Day Mobile Services

(call and arrange to meet)
Geelong
Ph: 1800 196 850
Mon- Fri 9.00 am – 4pm

Foot Patrol CBD

Ph: **1800 700 102**
Foot Patrol operate from:
Mon-Fri 12.30-5.00pm & 5:30pm-10pm
Sat & Sun 12.00-3.30pm & 6.30pm-10.00pm

Fixed Site Services

(call in & pick up your equipment)
See the 'Primary Healthcare Units for Drug Users' column for inner city fixed sites.

Victoria's only 24 hour, 7 day a week NSP is at :
Salvation Army Health Information Exchange
29 Grey Street
St Kilda
ph: 03 9536 7703
**Please be aware that items such as sterile water and wheel filters are not always free.*

Youth Projects Glenroy
6 Hartington St
Glenroy
Phone: 03 9304 9100
10:30am-5pm

Whitehorse CHC
43 Carrington Road
Box Hill
Ph: 03 9890 2220

Barwon Health
40 Little Malop Street
Geelong
Ph: 1300 094 187 (24/7)

Ballarat CHC
12 Lilburne Street
Lucas
Ph: 03 5338 4500

Bendigo CHC
171 Hargraves Street
Bendigo
Ph: 03 5448 1600

OTHER SERVICES

MSIR (Medically Supervised Injecting Room)
23 Lennox St Richmond
PH. 9418 9811
Call for opening hours

THIS TABLE IS UPDATED REGULARLY- EMAIL whack@ hrvic.org.au TO ADD YOUR SERVICE

WHACKIFIEDS

Support Don't Punish

Saturday, June 26 2021

Information Tables: 6:15-7:00 pm

Live Zoom interview with Johann Hari and Jenny Valentish from 7pm-7:45 pm

Intermission: 7:45-8:00pm

Movie: 8pm -10:15 The United States vs Billie Holiday

This amazing biography delves into the beginning of the criminalisation of people who use drugs in America based on the New York Times Best Selling book, Chasing the Scream by internationally acclaimed writer Johann Hari. Johann Hari will appear live from London to introduce the movie and talk about the amazing back story of Billie Holiday and her battle with Harry Anslinger, the newly appointed head of the Federal Bureau of Narcotics. He will be talking with Jenny Valentish, a journalist and author of 'Woman of Substances: A Journey into Addiction and Treatment', where she explores the unique experiences of women with alcohol and drugs.

Venue: Astor Theatre, St Kilda

Tickets Available from https://www.eventbrite.com.au/e/the-united-states-vs-billie-holiday-with-johann-hari-tickets-150137032907?aff=ebdssbeac

PUZZLE ANSWERS

RIDDLE 1:
The 5th sister is playing chess with Kate

RIDDLE 2:
I am a number 8

WORD FIND
ANSWER:
PILL TESTING SAVES LIVES