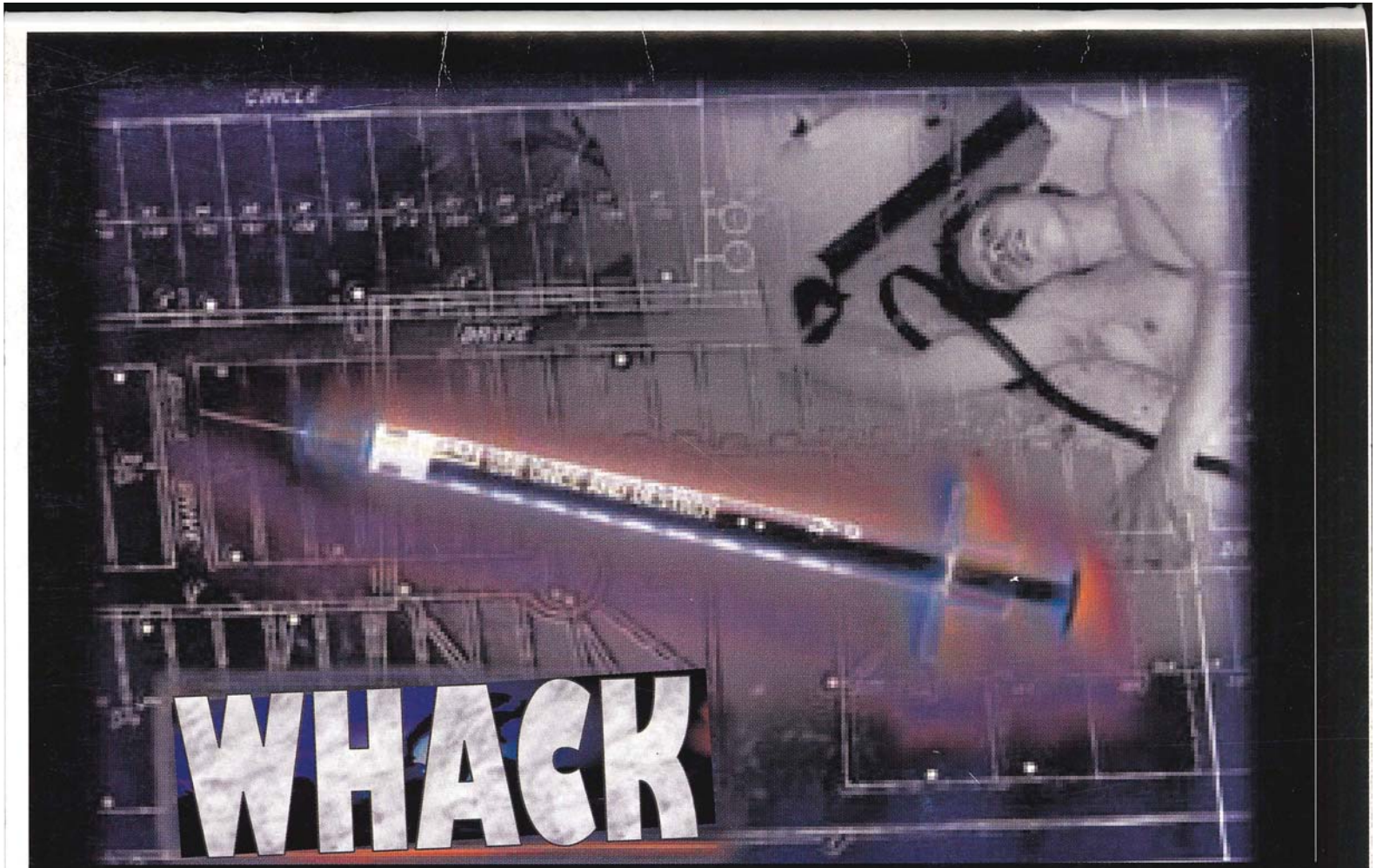

"INTERIM" EDITION - DECEMBER 02'

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  Administration

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RAYNES WOOLSTON

PO BOX 2435 - FITZROY - 3065 / 275B SMITH STREET - FITZROY - 3065
P: 03 9419 3633- F: 03 9417 7055 - E: vivaids@vivaids.org.au

MANAGERS REPORT

Welcome to an interim issue of WHACK. My name is Jill Meade and I am the Manager of VIVAIDS. I commenced in the position in April this year. During this time many strange and wonderful things have happened.

2002 has been a challenging year for all of us at VIVAIDS. The year started with the departure of Kristy Morgan, long time worker and for many years Co-ordinator of the organisation. I would like to use this opportunity to express VIVAIDS gratitude and appreciation to Kristy for her tireless work and commitment to advance the interest of drug users in Victoria.

In 2002 we also experienced the departure of Michael Arnold (currently working at NUAA, the NSW Users & AIDS Association), a long standing staff member at VIVAIDS. We thank you Michael for your commitment, hard work and legacy.

The beginning of the year, and as the result of Kristy's departure, saw Nicola Thomson (VIVAIDS PACS worker) take over the coordination of VIVAIDS. Nicola did a great job reorganising activities and work as well as conducting negotiations with government and VIVAIDS Management Committee (while managing her own project, PACS). All of us at VIVAIDS wish to thank you Nicola for your effort and dedication to the organisation and consumers.

2002 also saw the departure of Rohan Wightman the VIVAIDS Information Worker. VIVAIDS wants to thank Rohan for his commitment also.

WHACK has not been in circulation for more than a year now; we would like to offer our readers and supporters an apology. As you are probably well aware, last year we experienced strong media scrutiny of WHACK. The Herald Sun newspapers ran a number of articles criticising the magazine, arguing that it promoted drug use. VIVAIDS strongly rejected the papers' arguments and criticism. However, the exposure and negative publicity put pressure on VIVAIDS and on the production of WHACK. Therefore, the spring 2002 issue was withdrawn even before it hit the streets. It was a difficult decision, but one that VIVAIDS had to make.

VIVAIDS constitutes a committed and skilled group of people ready to work within the system and under whatever circumstances in order to prevent and reduce the harms and risks associated with drug use, and advance the interest and develop initiatives to address the needs of people that use drugs in Victoria.

The Herald Sun interpretation of the messages delivered by WHACK is a clear demonstration of the difficulties VIVAIDS, as an organisation, experiences working in a climate where harm reduction is confused (in its interpretation and implementation) with use reduction. It is very challenging to have to battle with the system, and convince the community that what we are about is not the promotion of drug use, but the reduction of the harm and risk associated with drug use.

WHACK is our way of communicating with the people we work with, the drug using community of Victoria. It is an important part of what we do at VIVAIDS. This interim issue is an example of what WHACK will be offering our readers next year. We are hopeful that the new year will see the employment of a Communication Officer who, in time, would take charge of creating WHACK. What we need is for you, the readers, to tell us what you would like from WHACK. Your ideas and encouragement will become an important part of future editions. The creation of this interim issue has been a collaborative work of VIVAIDS staff, supporters and members for content. This edition reflects the commitment and spirit at VIVAIDS.

2002 saw the consolidation of VIVAIDS' place in Victoria in the provision of peer education on harm and risk reduction, overdose prevention and management, the prevention and education of the Hepatitis C virus, as well as advocacy for people on pharmacotherapy programs. In the later part of 2002, we experienced an increased demand for training; with more and more requests for VIVAIDS' staff to share their experiences and knowledge in the understanding of peer education, harm reduction & IDU issues.

Certainly, 2002 has been a challenging year. VIVAIDS is growing with more projects being created, and with very capable people filling the positions. Watch this space for an update on our RaveSafe position soon to be filled and our Community Development Peer Education Officer filled very recently by Michael Kerger.

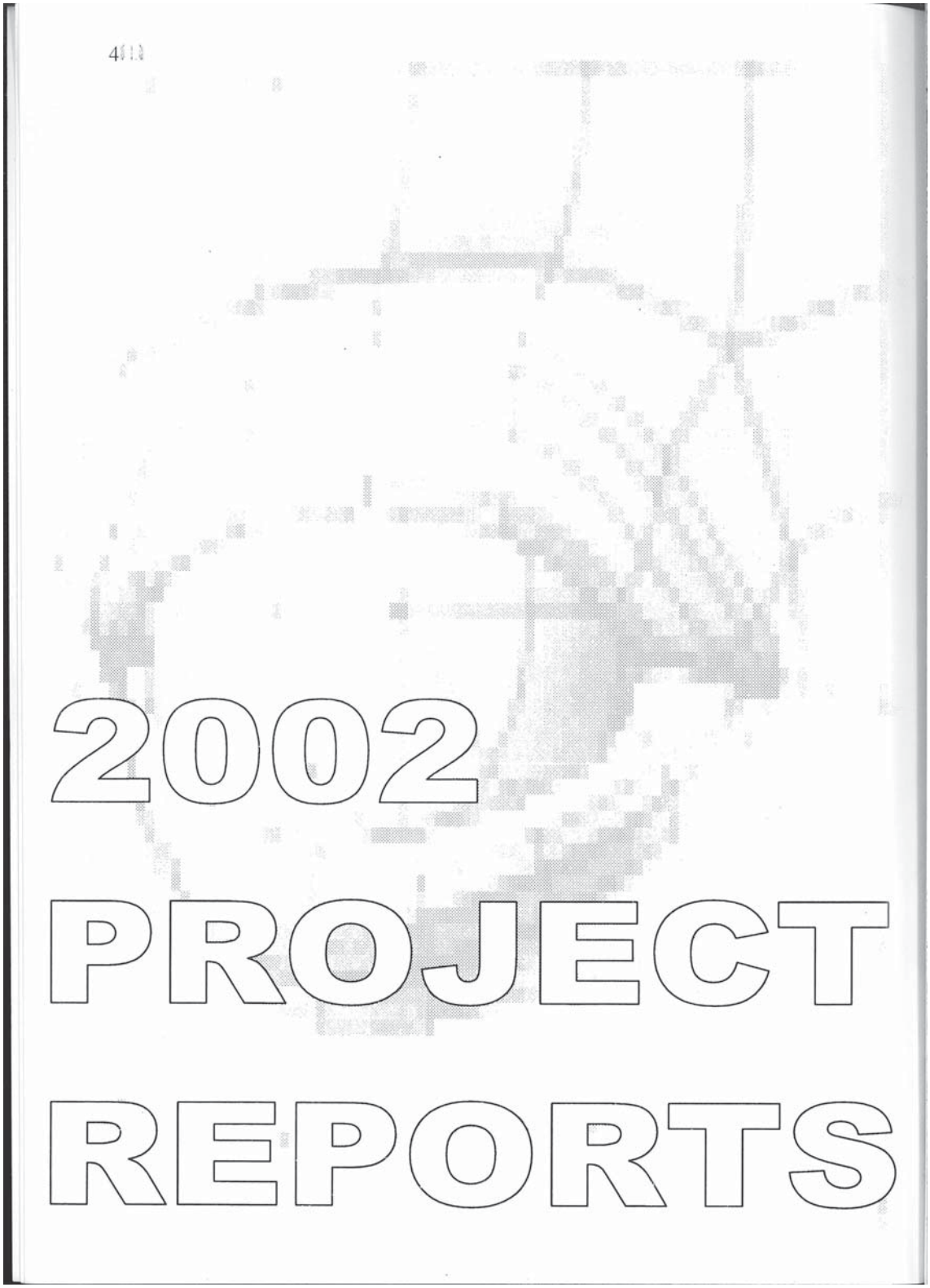
Many challenging and exciting things are ahead for us at VIVAIDS and WHACK will be the way to share them with you. I would like to take this opportunity to thank all current staff of VIVAIDS for their commitment to the organisation and for the support they have granted me. Finally I would like to thank you the member.

Jill Meade

Manager

VIVAIDS

The Victorian Drug User Organisation



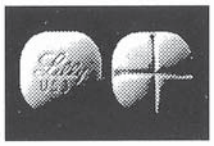
2002 PROJECT REPORTS

PACS

Nicola Thomson

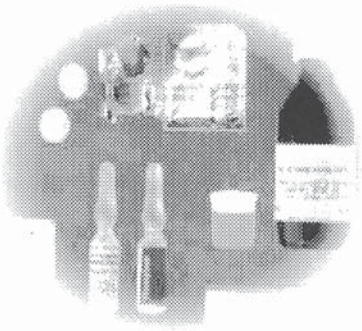
The Pharmacotherapy Advocacy and Complaints Resolution Service (PACS) was established in late 2000 and has now had over 500 contacts to the service. PACS aims to address problems that people on methadone or buprenorphine programs, may experience with service provision and ensure that consumers receive quality service and care from their service providers.

PACS is a collaborative project and works closely with organisations such as the Division of G.P Victoria, the Pharmaceutical Society of Australia and Turning point Alcohol and Drug Centre.
This gives PACS credibility in interactions with service providers and promotes better communication between stakeholders.
The most common contacts to PACS are from people who are finding it difficult to pay their dispensing fees.



Other complaints to the service concern issues such as:

- Discrimination from service providers,
- problems with dosing procedures
- difficulty in accessing a convenient service provider, and difficulty in getting the amount of takeaways needed.



PACS is able to address complaints by providing consumers with useful information about program guidelines and pharmacotherapies. PACS can talk through the issue assisting consumers to strategise ways of dealing with problems. PACS can also contact service providers to discuss the issue and mediate between consumer and service provider.
All contacts to PACS are recorded on a database and this is examined regularly for patterns of complaints.
As a result of having access to this information, the PACS officer is able to represent consumer interests in many forums

YOUNG DRUG USERS!

POSITION OVERVIEW: AS THE YDUPE OFFICER MY PRIMARY ROLE INVOLVES THE ORGANISATION OF PEER EDUCATION PROJECTS FOR YOUNG PEOPLE AGED BETWEEN 16 AND 25, ENSURING THAT THE NEEDS OF YOUNG DRUG USERS ARE MET THROUGH ONGOING INTERACTION AND DIALOGUE.
IN ORDER TO EFFECTIVELY FULFIL THIS ROLE, I AM RESPONSIBLE FOR THE DEVELOPMENT OF STRATEGIES AND TRAINING PROGRAMS THAT ENHANCE THE KNOWLEDGE AND SKILLS OF YOUNG DRUG USERS. FURTHERMORE, OTHER SERVICES WILL UTILISE MY EXPERIENCE TO CONDUCT FOCUS GROUPS AND WORKSHOPS WITH BOTH YOUNG PEOPLE AND WORKERS. I AM ALSO RESPONSIBLE FOR THE RUNNING OF THE VIVAIDS RADIO SHOW *'DRUGTALK'*, MAINTENANCE OF THE *'YOUNG DRUG USERS'* WEBSITE, CONFERENCE PRESENTATIONS AND CONTRIBUTIONS TO PUBLICATIONS SUCH AS *'WHACK'*.

PEER EDUCATION OFFICER

Joeseph Kim

SO WHAT EXACTLY HAS HAPPENED TO THE WORLD OF YOUNG DRUG USERS IN VICTORIA? WELL, SINCE THE DEPARTURE OF CELEBRATED VIVAIDS SHOCK-JOCK, MICHAEL ARNOLD, I HAVE TAKEN OVER THE HELM AS THE NEWLY FORMULATED **YOUNG DRUG USERS PEER EDUCATION OFFICER (YDUPEO)** AND AM LOOKING TO KEEP THE BALL ROLLING FURIOUSLY! (BY THE WAY, IT HAS ONLY BEEN FIVE WEEKS OF FEROCITY).

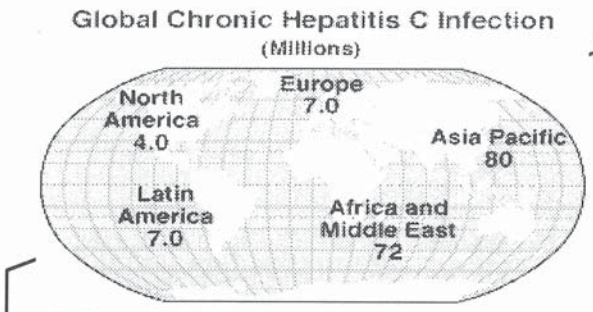
My name is Joseph Kim and I have been involved with illicit drug user issues for seven years, six of those years spent in Melbourne working with VIVAIDS in varying roles. I started out as simply a member, was then trained as a peer educator/ volunteer, served on the Committee of Management and am now working in a full-time capacity.

So far, **DrugTalk** has been hitting the airwaves, as usual, every Tuesday on 3CR (11am – 11:30am) with guest speakers coming from both Footscray and the CBD of Melbourne. Keep your ears glued to the speaker as more harm reduction crusaders come flying through the station... In terms of peer education projects, I have been hanging with graffiti artists in the City of Port Phillip looking high and low for a big bit of wall to spread the word on **Hepatitis C awareness** with a beautiful mural!

I guess I should mention the cups of tea, a handful of chocolate biscuits and settling in.... Oh, and I am doing my best to pick up as much as I can from where Michael left off folks, so please don't hesitate to pop in, give me call or send me an e-mail if you think you might want to get involved with some further youth-based peer education. All in all, life as we know it continues, with excitement around each turn and corner!

Hep C

•Clare Roberts

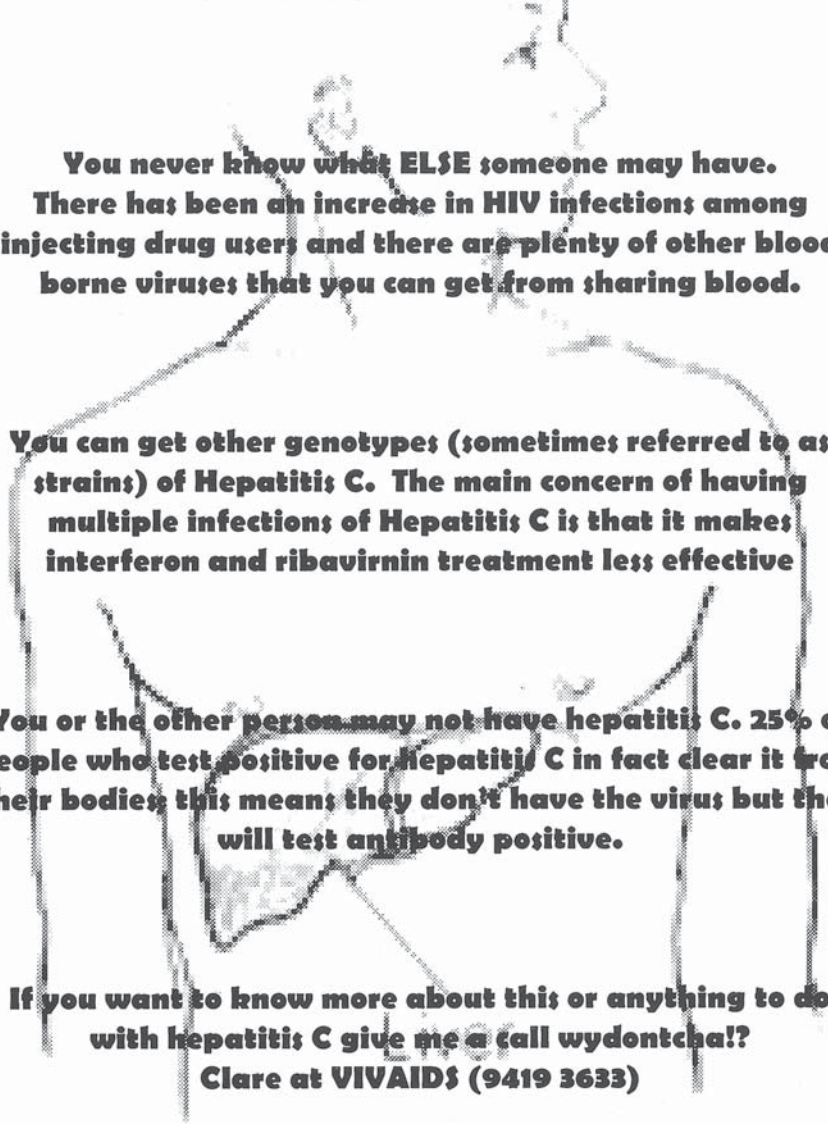


I am the Hepatitis C Officer here at VIVAIDS. Basically I devote my days to anything and everything there is to do with hep C, unless my attention wanders which happens from time to time. Here's a brief overview of what the hepatitis C project has done and is going to do....

Last year we created the "Via-Us, a tale of love, drugs and hep C" series of comics, if you haven't seen them yet, then what are you waiting for?!? call us at VIVAIDS.

This year and next we will look Nat the issue of hepatitis C and depression, create a resource on health maintenance for people with hep C, provide hep C peer education workshops and create peer resources and get out to country Victoria to work with users in rural areas. and also, as we always do, provide training to workers and health professionals to increase their understanding of user issues and harm reduction so they provide users with the right information and quality treatment and services that they deserve.

SOME REASONS TO THINK TWICE ABOUT SHARING INJECTING EQUIPMENT WITH OTHER PEOPLE WHO ARE ALSO HEPATITIS C POSITIVE

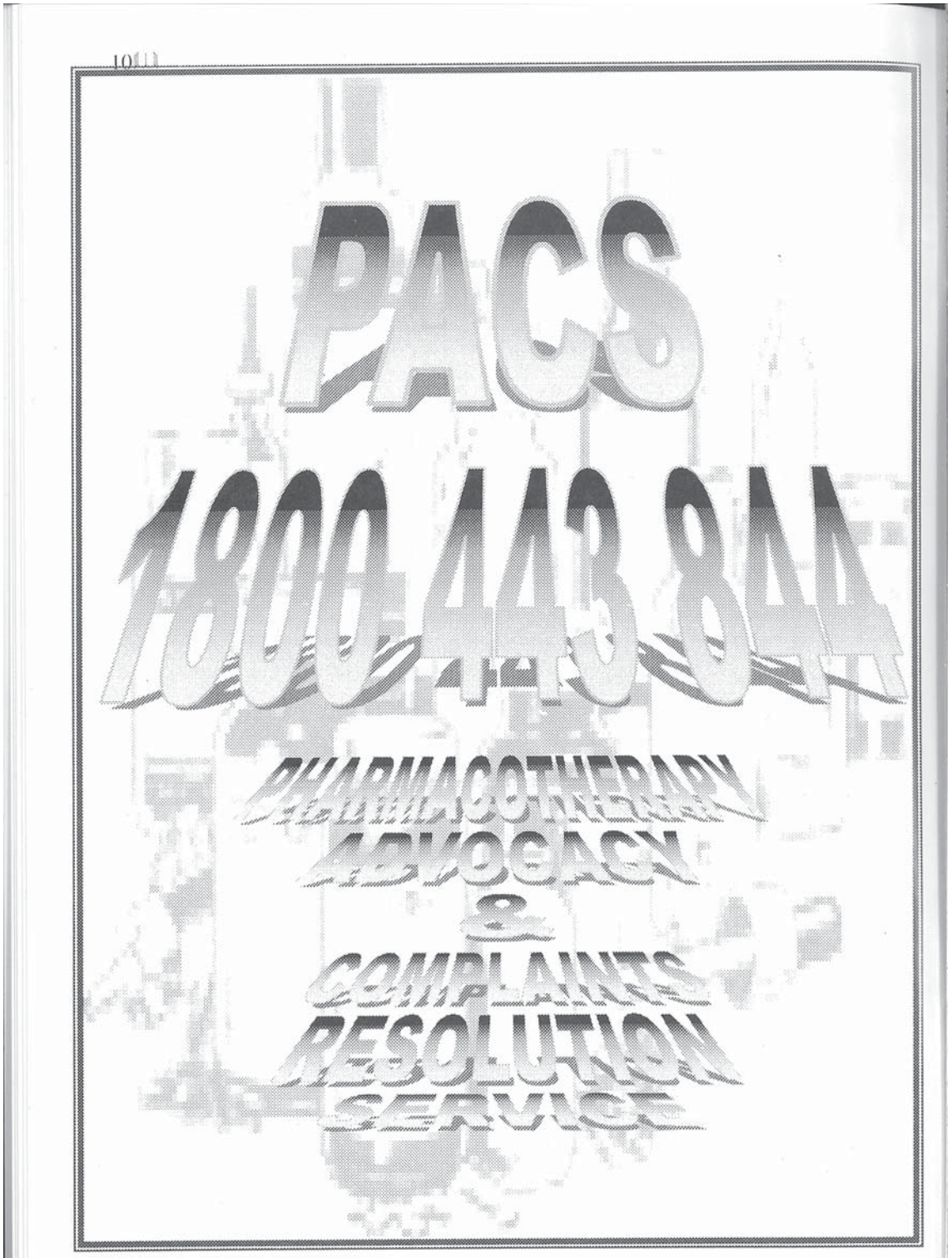


You never know what ELSE someone may have. There has been an increase in HIV infections among injecting drug users and there are plenty of other blood borne viruses that you can get from sharing blood.

You can get other genotypes (sometimes referred to as strains) of Hepatitis C. The main concern of having multiple infections of Hepatitis C is that it makes interferon and ribavirnin treatment less effective

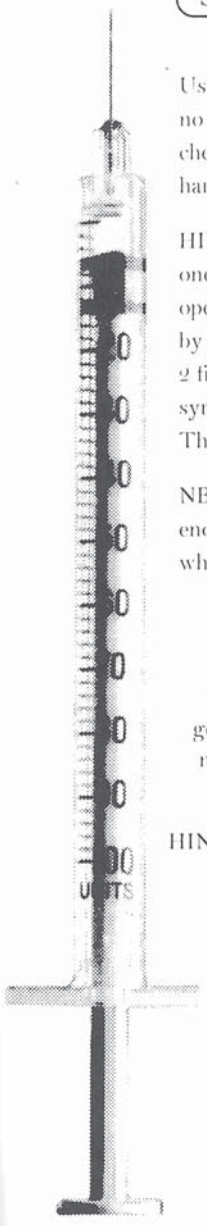
You or the other person may not have hepatitis C. 25% of people who test positive for hepatitis C in fact clear it from their bodies; this means they don't have the virus but they will test antibody positive.

If you want to know more about this or anything to do with hepatitis C give me a call wydontcha!?
Clare at VIVAID$ (9419 3633)


PACS
1800 443 84
PHARMACOTHERAPY
ADVOCACY
&
COMPLAINTS
RESOLUTION
SERVICE

HANDY HINTS FOR HITTING UP

SHARING 1 WATER AMPOULE BETWEEN A FEW USERS



Using clean, sterile water is the safest way to inject. You need to use water that no one else has used first. Ampoules of sterile water can be purchased from chemists or are sometimes available from NSPs. In other words, ampoules can be hard to get a hold of.

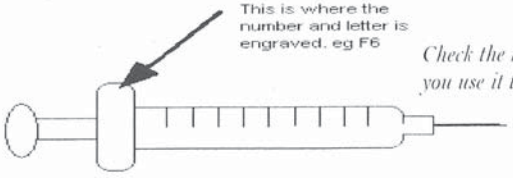
HINT: So what can you do if you're injecting with a few people and only have one water ampoule? Open the ampoule and tip some water into each person's opened syringe packet. Syringe packets are clean and you can get the water out by piercing the packet with a clean fit (NOT the fit you intend to inject with; use 2 fits, 1 to pierce the packet, 1 to inject). If you don't have a spare fit, keep the syringe packet upright and draw the water up from the bottom of the packet. This way, you will not need to pierce the packet.

NB Once the syring packet is open, it is no longer sterile. Plan ahead and get enough fits from your NSP. Ideally you should use 1 water ampoule per person when hitting up.

USING IN A GROUP - DON'T LOSE YOUR OWN FIT

There is nothing more frustrating than using with a group of people and then getting your fit mixed up with somebody else's. You should never reuse fits; it's not sterile and the fit becomes blunt after 1 use. However, for whatever reason, there may be times when you need to keep track of your fit.

HINT: Most fits in Victoria are the Terumo brand. Terumo fits have a number on them. The number is on the flat part of the barrel, opposite to the needle end.



Check the number of the fit before you use it to avoid confusion.

SAFER USING CONTINUED..

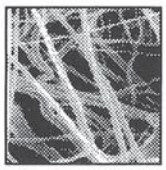
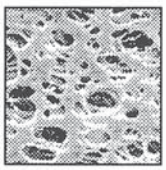
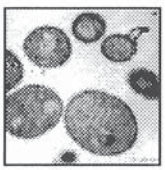
Syringe Filters (wheel filters)

These look like plastic discs or spinning tops.

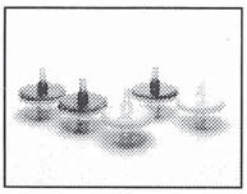
Many users in New Zealand use them to filter out particles and even bacteria from a drug solution. Some of the needle and syringe programs (NSPs) in Victoria now have them (MINE, SHARPS, Foot Patrol, WRAP).

There are different filters for different types of drugs (ecstasy, heroin, coke, valium etc).

You also use different filters depending on whether or not you want to filter out just particles or bacteria or both.


There is even a 0.1um wheel filter, which will as good as sterilise a drug solution, which is really handy if you have damaged heart valves or endocarditis.



However, all of these wheel filters have not, to our knowledge been trialled for the purpose of injecting drugs. They are often used in hospital situations.

Syringe filters are great if you want the cleanest, safest taste with illicit drugs.

Whack will have a detailed article on syringe filters in the near future. If you are going to use a syringe filter, make sure you know how to use it first, they can be a bit confusing!

For more information you can contact Sarah at VIVAIDS

VEINCARE

EVER HEARD OF BALLET DANCERS PAYING RIDICULOUS PRICES TO INSURE THEIR FEET, OR PIANISTS TREATING THEIR HANDS LIKE ROYALTY?

IT DOESN'T REQUIRE A GENIUS TO FIGURE OUT THAT THEY ARE SIMPLY LOOKING AFTER THEIR MOST VALUABLE PHYSICAL ASSETS. IN THE SAME VEIN, PEOPLE WHO INJECT DRUGS INTRAVENOUSLY NEED TO LOOK AFTER JUST THAT, THEIR VEINS! AS ANYONE WHO HAS BEEN ADVISED TO USE ALTERNATIVE ROUTES OF ADMINISTRATION KNOWS ("WHY DON'T YOU JUST SWALLOW IT?"), THE INJECTION OF A DRUG INTO THE VEIN HAS A UNIQUE QUALITY THAT HAS RESULTED IN THE WIDESPREAD USE OF NEEDLES AND SYRINGES. HOWEVER, IT CAN BE EASY TO TAKE YOUR VEINS FOR GRANTED AND AS THE OLD SAYING GOES:
"YOU DON'T KNOW WHAT YOU HAVE UNTIL ITS GONE".

SO, IN THE INTERESTS OF LIFELONG VEINS, I WANT TO SHARE SOME TIPS FOR GOOD VEIN CARE.

preperation:

ALWAYS HAVE FRESH AND STERILE EQUIPMENT AT THE READY. USED EQUIPMENT CAN NOT ONLY SPREAD VIRUSES, BUT WILL ALSO UNNECESSARILY DAMAGE YOUR VEINS, AS A USED FIT IS A BLUNT FIT. (REFER TO NSP LISTINGS STARTING PAGE 34)

WASH YOUR HANDS WITH SOAP AND WATER OR CLEAN YOUR FINGERS WITH SWABS IF YOU DON'T HAVE ACCESS TO A TAP.

TRY YOUR BEST TO FIND A PRIVATE SPACE WITH LITTLE OR NO DISTRACTIONS SO THAT YOU CAN PROPERLY FOCUS ON THE TASK AT HAND. VEIN CARE NEEDS GOOD TECHNIQUE AND GOOD TECHNIQUE NEEDS CONCENTRATION.

- *AIM TO HAVE EXCELLENT LIGHTING IN THE SPACE WHERE YOU INJECT.*

EVEN IF IT IS DURING THE DAY, TURN ON THE LIGHT (IF IT IS INDOORS) AS IT DOES MAKE A DIFFERENCE. IF YOU ARE OUTDOORS, DO YOUR BEST. REALLY GOOD VISIBILITY IS THE KEY TO VEIN-FRIENDLY INJECTING. ONE THING TO WATCH OUT FOR IS THE SHADOW THAT YOUR HEAD CAN CAST ONTO YOUR ARM THAT CAN BE AVOIDED WITH A WELL-POSITIONED LAMP OR BY REPOSITIONING YOUR ARM.

- *IF YOU ARE SOMEONE WHO NEEDS A TOURNIQUET MAKE SURE THAT YOU HAVE ONE ON HAND. STOCKINGS, BELTS OR ANYTHING LIKE THESE ARE USEFUL. TOURNIQUETS ARE A GOOD IDEA AS THEY CAN PREVENT VEINS FROM ROLLING AND REDUCE YOUR CHANCES OF MISSING. MISSING THE VEIN IS NOT ONLY FRUSTRATING; IT CAN CAUSE A LOT OF DAMAGE AND BE REALLY PAINFUL.*

take-off:

BE SURE TO SWAB THE AREA WHERE YOU ARE ABOUT TO INJECT AND WAIT FOR THE SWAB TO DRY AS THIS IS WHEN THE SWAB BECOMES EFFECTIVE. DRYING TAKES AROUND 30 SECONDS BUT WAVING YOUR HAND OVER THE AREA CAN SPEED UP THE PROCESS. WIPE THE SWAB IN ONLY ONE DIRECTION AND THEN DISPOSE OF IT.

INSERT THE NEEDLE AT AROUND A 45-DEGREE ANGLE, MAKING SURE THAT YOU DON'T GO TOO DEEP AS YOU CAN GO THROUGH THE VEIN.

- *IF YOU ARE USING A TOURNIQUET ALWAYS RELEASE IT BEFORE YOU INJECT.*

VEIN CARE

- *When injecting, try not to go too fast as you can stop if something doesn't feel right during the middle of the process. If you experience pain, notice swelling or a skin reaction then it usually means that the needle has slipped out of the vein and it is best to pull out at this point.*

It can be useful to jack-back a second time during the injection to make sure that you are still in the vein.

landing:

After you pull the needle out, apply cotton wool or a tissue to the site with slight pressure as this reduces the bruising. Try to do this until the bleeding stops.

Once the bleeding has stopped, wash the site with soap and water to keep it clean. Swabs actually encourage bleeding but can be useful in cleaning the area around the site.

The following procedures can be helpful for the healing process to begin once the injection site has closed.

Hirudoid cream – used in the treatment of scars, bruising and swollen veins. General feedback is very good. (Available at Melbourne Inner-City Needle & Syringe Program at $5.50 for 14 gms/ $6.50 for 20 gms/ $7.50 for 40 gms. They can be contacted on 9417 1466. Also available from chemists.)

Arnica ointment – a natural substance that helps to reduce the effects of bruising. (Available at chemists and health food shops for around $5 for 20gms.)

Vitamin E capsules – puncturing these capsules with scissors or your teeth releases vitamin E oil that helps heal your veins and skin. Swallowing these as recommended on the bottle is also useful. (Available from chemists, health food stores and supermarkets from $12 to $30 depending on the strength.)

CONTINUED

VEIN CARE CONTINUED:

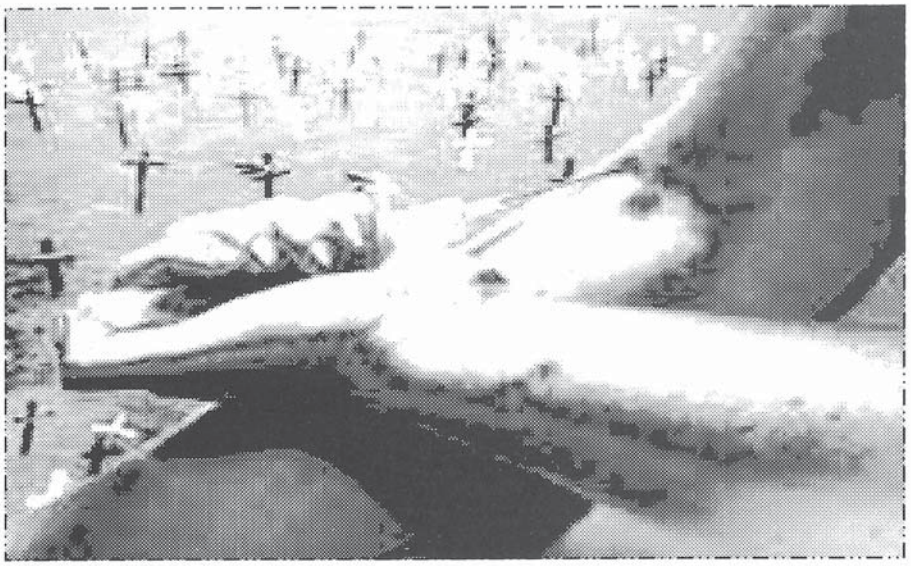
next time:

- ROTATE YOUR INJECTION SITES AS MUCH AS POSSIBLE AS THIS ALLOWS TIME FOR YOUR BODY TO HEAL WHERE YOU LAST INJECTED. A HEALTHY VEIN IS MUCH EASIER TO HIT.

- AVOID HITTING UP METHADONE, BUPRENORPHINE, GEL CAPS AND CERTAIN PILLS AS EXPERIENCE HAS SHOWN THAT THEY SEVERELY DAMAGE VEINS, ESPECIALLY IN THE LONG TERM.

IN GENERAL, KEEPING ACTIVE AND EATING WELL WILL ALSO MEAN BETTER VEINS. IT IS IMPORTANT TO KEEP IN MIND THAT YOU ARE THE EXPERT ON HOW YOUR VEINS BEHAVE AND THEREFORE YOU NEED TO DO WHAT WORKS FOR YOU. WHAT YOU HAVE JUST READ ARE SOME TIPS THAT I HAVE FOUND USEFUL AND I AM SURE THAT THERE IS MORE THAT CAN BE OF HELP.

TALK TO AS MANY RELEVANT PEOPLE ON WHAT IS USEFUL AND MOST IMPORTANTLY OF ALL, REDUCE THE RISKS AND HARMS!



2002 PROJECT REPORTS CONTINUED

OVERDOSE PREVENTION & PEER EDUCATION

The VIVAIDS Drug Overdose Prevention Peer Education project has been re-funded for another 12 months by the Department of Human Services. Although heroin overdose fatalities have remained relatively low, it is vital that we continue to educate drug users to be able to prevent, recognise and respond to overdose situations. As users ourselves, we are the people most likely to be present when somebody is in danger of overdosing as we often score and use together. If we know what to do, we can save lives.

Over the last year, many primary heroin users changed their drug of choice to methamphetamines. Users also began to use other drugs such as GHB (gamma hydroxy-butyrate) and Ketamine. VIVAIDS responded by broadening the overdose project to cover overdose with other drugs as well as heroin, this included changing the name of the project to 'Drug Overdose'.

We also had numerous requests from workers in the drug and alcohol field for training on overdose related issues.

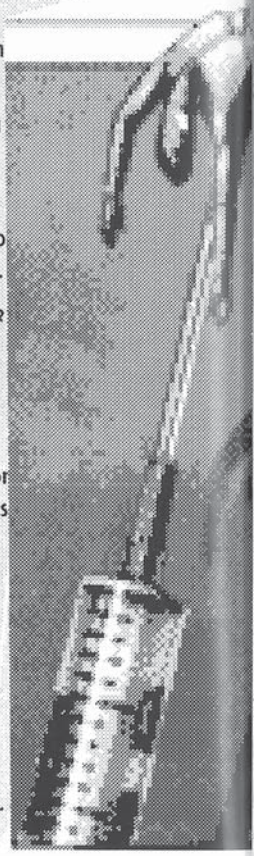
Training has so far been provided for over 200 drug users in a variety of locations throughout rural, suburban and metropolitan Victoria. This training included six workshops provided for users in prison in the final months of their sentence.

The overdose prevention project worker is now developing the training package which will be provided for drug users over the next nine months. If anybody would like to discuss this project with the project worker, please feel free to contact Sarah Lord at VIVAIDS.

PLAY SAFE, STAY SAFE!!!

Harm Reduction Pe

This project commenced in April 2001, and to date has produced a number of initiatives, programs and activities. Last year the project developed a peer education program aimed at working with at risk South East Asian youths residing at Malmsbury Juvenile Justice Centre. I have also been involved in outreach work and gained a good understanding of inner Melbourne drug user demographics and IDU population. I also worked in the re-establishment and co-ordination of the VIVAIDS radio program on 3CR, to promote and address issues and up-date information on Peer Education and Harm and Risk Reduction.

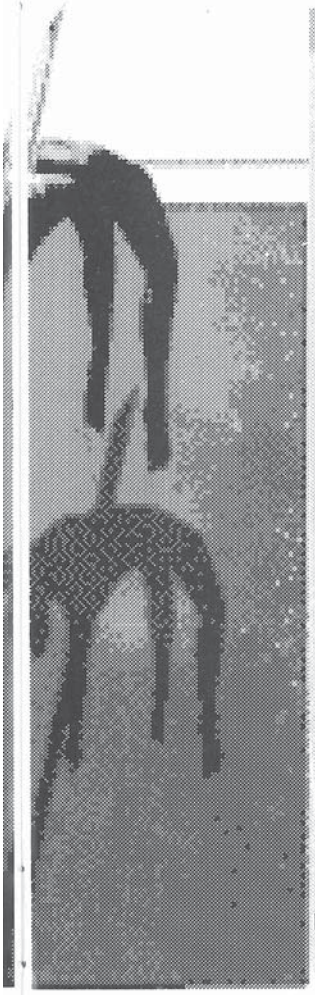


Some other work done in this project included the facilitation and management of consultation processes for the Peer Education and Information Reaching the Streets (PEIRS) Video Project, and participation on a project looking at how to improve the access of (CLDB) intravenous drug users to NSP's.

In 2002 the project was involved in implementing, delivering and evaluating peer education programs on harm and risk reduction. Programs aimed at providing users with opportunities to exercise self-determination, social empowerment and self-belief in the power of their life experiences.

Cristian

er Education Project



This included the production of informing material to share with the community on the aims and objectives of this program, as well as sought support and commitment from the D&A field and the public and private sector. We hope the information collected will be of use to inform and develop future Peer Education training programs.

The project has also collected information through literature review, and develop a body of knowledge on current drug use trends, social context of drug use and IDUs knowledge of risk and risk reduction strategies as well as up to date knowledge on harm reduction and peer education initiatives in Victoria, Australia and worldwide.

The project officer delivered training on Harm Minimisation to Government Officials from South East Asian countries gaining knowledge on Australian Health Policy Response to drug related problems and issues. The program was developed and delivered by a consortium between Victoria University, Swinburne University and Oxfam.

The Project officer will continue to develop interprofessional relationships with key stakeholders, with an aim to gain support for the establishment of harm and risk reduction peer education programs across Victoria. It is expected for the project to be delivering peer education programs to Victorian drug users in Juvenile Justice settings and the services working with them in early 2003.

Becerra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THE DANGEROUS CLASSES
PROSTITUTION
& DRUG
WATCH AREA
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Are Being
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Benjamin Rosenzweig

For those of you who don't live in one of the towers of the public housing estates such as Atheton Gardens on Brunswick Street, imagine this: security guards are permanently parked on your front yard, whether you want them there or not. If anyone wants to visit you, they must give their names, prove their identity if this is demanded, say who they are visiting and the exact address (ie. flat number), and the exact time of entry. This procedure is repeated on exit, recording time of departure. This information is routinely shared with police.

Let's say you complain. Maybe you find this intrusive. The private security guards, your landlord, maybe your neighbors, maybe the police think you might have something to hide. Maybe you do have aspects of your life you don't particularly want recorded for eternity and available to any and all authorities. You are told that it is for your own good, your own "security", that neighbors support it. The equivalent would be, perhaps, if Neighborhood Watch in your street voted to have guards monitoring who visits every person and when, demanding identities and the names of individuals being visited or not letting people through.

Maybe you have too many visitors, or people staying over too often: you don't want to call attention to yourself. Your must now contend with a massive increase of surveillance and control. Even the word 'surveillance' doesn't quite capture the nature of this system as one of *interrogation* in the classic mould, familiar from cinema as the demand of authorities to see one's *papers*, to prove one's identity and justify one's activities at any moment and ever more often. A world of *check-points*. In the world of people who can afford and get private rental housing or own their own homes, this imaginary Neighborhood Watch vote would presumably make no difference, would justify nothing. In the world of those who can afford to own their own homes, no-one in this country would even consider imposing such a regime on someone against their will.

Things are different in the towers. Because the "welfare" aspects of the state and its bureaucracies, those "services" that are particularly for the "disadvantaged", are ever-increasingly being integrated into, made part of, the "repressive" aspects of the state, its forms of control and coercion, whether police and courts, evictions, loss of access to the dole or other "welfare" payments, or control over the tiniest details of your everyday life under constant threat, for example, to your having access to your kids.

In the last year these new security arrangements have been established at most of the public housing towers in Melbourne, and the information collected has been used to justify dozens of evictions, a fact of which the government has bragged of in media releases. And of course those most fucked over by these new arrangements are precisely those with the least ability to object, to make any kind of public or collective stand.

When introduced these security measures were justified as protection from outside threats, from people who didn't live on the estates coming in *at will* and committing crime or, as it was put, being "anti-social". Since then there has been no doubt that this system is targeted as much at people who live in the towers as at people visiting. Of course it is your choice: you can move out if you want. For many this would mean homelessness. This is what freedom means at the bottom end of capitalism.

Rent for a flat on a housing estate is determined as a certain proportion of the income of the person listed as living there. You are not permitted to have people staying in the flat without paying rent. Specifically, you can have your partner or someone else stay up to three nights a week: any more and they must pay rent. This means, of course, that if your partner also lives in a public housing flat, that you can stay three nights at their place, they can stay three nights at yours, but at least one night a week your must spend apart. The reality is that this was never policed in the past: the new security arrangements that make this possible, mean that even if this rule is not universally applied, it can be used to get rid of particular people

who are judged to be bad or a problem, not those nice, compliant, law-abiding poor people.

Public housing has long been used by the very poor as a de facto private welfare system within the welfare state. The flat I used to live in was more or less a homeless shelter for homeless junkies for quite a while – if you had nowhere to stay, you could crash at our place. This certainly meant that the place got crowded, but this was a decision for us to make. Even in the non-junkie world, a division that is all too effectively enforced, impoverished communities, whether ethnic communities or networks of people otherwise defined, used public housing in similar ways if not often to the same degree: with partners, friends, acquaintances, friends of friends, relatives of acquaintances, someone you met on the street.

In reasserting the government's control over who lives in every flat and when to the smallest degree, the government can proudly claim to have removed yet another of the ways in which people sought to help each other to live not as isolated individuals: they have divided us, set my interests as a tenant against yours as a homeless person, set those of drug users or dealers against other impoverished people trying to survive, "criminals" against nice people. To be sure, conflicts were already there, and it is these conflicts that have allowed the government to give these changes a veneer of popular support even as they force the socially marginal ever further into the margins, to the edges of survival itself in many cases. These divisions have been *used*.

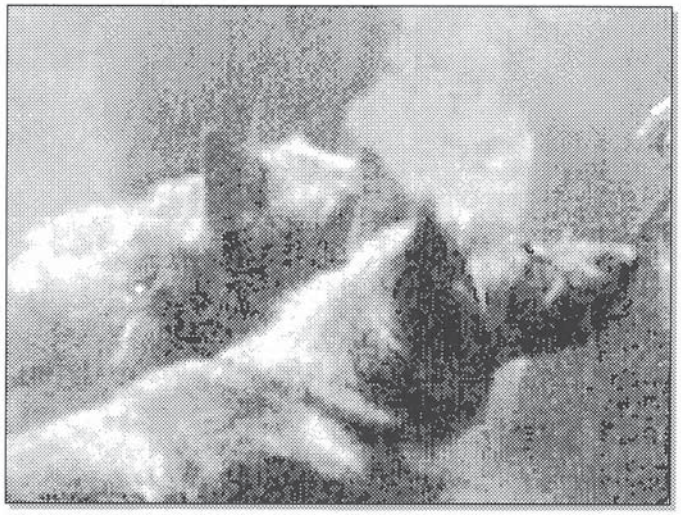
The further yuppification of many areas in which the public housing estates exist means that I could look out of my tower, an island of poverty, on to an ocean of shops, restaurants and cafes in which I not only cannot afford to shop or eat, but at which I am an object of suspicion, an unwelcome manifestation of poverty and desperation understood as a threat, someone whose movements are to be policed and directed not only by private security and police and government departments and Centrelink, but by

every person who thinks that owning or running a shop near me gives them the right to attempt to assert control over who goes where, who is on the street near their business, what people are doing should they visit the toilet even if they are paying customers. This last issue is probably less of a problem if you wear a suit and carry a briefcase.

The only conceivable way in which these developments, and the worse ones that are going to follow, can even begin to be resisted is *political*. Whether under the sign of zero tolerance of the government-approved versions of 'harm minimisation', heroin users in particular are still being pushed ever-further to the margins of society, of the economy, even of survival. Most versions of harm minimisation are compatible, are in fact founded upon heroin still being an illegal and expensive commodity, or at best one government-controlled in ways that would seek also to add new forms of government control of our lives. Are compatible, in fact, with people still being put in cages, being observed as a social problem, being bureaucratically interrogated and coerced. What we need is *radical junkie politics*, not of nice middle class casual and socially functional users, not founded on nice progressive doctors or lawyers or Christian welfare agencies or David Penington or the like. Or even based upon self- or government-appointed 'representatives' or our interests isolated from and unanswerable to those whose experiences and needs they allegedly embody, but in the first instance *made up of* the most marginal and fucked over, its activities and goals *determined* and *undertaken* by us, and not by helping professionals however 'well-intentioned', or by whatever the government can be induced to fund in the belief that our goals are close enough to theirs: movements of homeless users, of those on the housing estates, of sex workers, of those in and out of prison, etcetera. Organising ourselves.

The effective destruction of the Prostitutes Collective of Victoria – the end of any organisation claiming to represent and be collectively organised and controlled by sex workers – removed one way in which we could have *begun* to organise such movements, even if it had limited impact on the lives of most sex workers outside of St Kilda in its last years. In many states those organisations claiming to represent drug-users have been taken over by social workers and/or by non-users with or hoping to develop careers in the welfare/community sector, or have just become so involved in providing services contracted

by government departments that the idea of building movements of people pushing for genuine social change *in opposition to* governments, to government policy or to the dominant forms of social and economic organisation is something foreign. This is true even if the organisations concerned were not created by a governmental decision to fund them, but came out of movements of users attempting to organise themselves as a social and political force, if they started with *members* rather than *clients*. Maybe some of these organisations can be part of attempting to organise movements of the most marginal, maybe not. Maybe some are too dominated by people hoping for or having good careers in the ever-burgeoning drug-user management industry. In any case, if the kind of social movements that are necessary if drug-users are ever to assert themselves are to come into being, we need to deal with such organisations on our terms, not let government funding and careers in the 'helping professions' determine the limits of what we can say and do. Ultimately maybe our allies need to be elsewhere.



GETTIN' BACK ON...

Are you feeling the symptoms of hep C?

Here's some handy hints for getting back out there on the dance floor. If you are preparing for a big night then there are some important things to take into consideration. Things like: am I going to be able to keep up all night? What drugs can I take? Are there drugs that will be easier on my liver?

How am I going to feel the next day?

Energy tips for keeping up with all the groovers out there on the dance floor: Make sure you have plenty of rest before hand, even if it's not sleep try not to be too active the day before the big night.

Eat nutritious food on the day. Foods rich in carbohydrates like pasta are a good source of energy to help you keep going. It's best to avoid processed foods and foods saturated in fats because your body has to work harder to get rid of the toxins.

Drugs, processed foods or foods high in fat contain toxins that your body has to filter. This puts strain on the liver (filtering toxins from the body come under it's job description) and if it's already under strain from dealing with a virus like hepatitis C it will have to work harder. The harder the liver works, generally, the sicker you may feel.

It's really important to keep hydrated before, during and after the big event. It's actually really good for your body and liver if you are well hydrated all the time not just in preparation for a big party. Keeping your body hydrated will help your liver flush out the toxins in your body, this also may help you come down more softly instead of a crash landing which can happen some times.

Juice is really good for the body and can provide many nutrients that are essential for a happy liver. Carrot and celery are a great combination for energy boosters and also apple juice. For those of you who can handle the more obscure juices give this a go: Carrot (85%), greens, celery, spinach, parsley (10%), beetroot (5%) this is great for the liver and can really help with fatigue as well.

Watermelon juice is good for cooling down and it's good for the kidneys and bladder. I hot lemon juice in the morning is a good way to get the liver going. It's really important to keep hydrated before during and after the big event so remember to drink water but don't overdo it. Try to drink 500mls of water an hour, more if you are dancing and less if you are sitting down. But what ever you are doing it's a pretty good general rule. It is also important to remember that diuretics like tea and coffee make you lose fluids, for every cup of tea, you lose 1 cup of fluid.

Try to have your juices and fluids at room temperature - not cold. Cold water and juices can really give the stomache, liver and digestive tract a really tough time and the results can be nausea, cramps and discomfort.

Trying to stay on top of things can be a little overwhelming at times. Trying to eat the right things, drink enough fluids can be enough to worry about. But then there's the drugs and whether they'll be good and how long they'll last and how much they cost and who you're going with and trying to stick together. There's a lot going on. Aside from all of this eating, drinking, drugs, the thing of up most importance to keep in mind is that raves and parties can provide one with a dreadfully good time so eating and drinking the right stuff will help with the fun but just remember for god's sake have fun and get out there and DANCE!!

...THE DANCE FLOOR

CONTACTS

HEPATITIS C

VIVAIDS Hepatitis C IDU Worker
9419 3633
Hepatitis C Helpline
9349 1111
Hepatitis C Council
9639 3200
QueerAlso Foundation
9510 5569
Police Gay a0nd Lesbian Liason Com.
9247 5244
QUID Queer Users of Illicit Drugs
9429 3322
Victorian AIDS Council/Gay Men's Health Centre
9865 6700
Asianline
confidential support telephone line for info and referral on sexuality and STD/HIV issues by Asians for Asians
9534 2142/1800 622 795 (toll free)
Boy's Project (PCV)
provides info and referrals, advice, advocacy and safe sex/injecting equipment for male and transgender sex workers
9534 1046 (ask for Kirk)
Gay and Lesbian Switchboard
info, counselling and referrals
9510 5488/1800 631 493 (toll free)

HIV/AIDS

AHAG AIDS Housing Action Group
9417 4311
AIDSCARE
9531 4742/9509 2889
AIDSLINE
9347 6099/1800 133392 (toll free)
Dept of Human Services Victoria STD/BBV Program
9412 7777
Positive Living Centre/People Living With HIV/AIDS
9525 4455
Whole Health Clinic Inc
9459 7258
Victorian AIDS Council
9865 6700/9827 3733
Dandenong Hospital AIDS Prevention and Support Unit
9794 0790
HIV Assistance
9534 7419
Melbourne Sexual Health Centre
9374 0244/1800 032 017 (toll free)
Positive Women
9276 6918

Aboriginal Services

Victorian Aboriginal Health Service
9419 3000
Galiamble Recovery Centre
9534 1602
Ballarat and District Aboriginal Co-op
53 315 344
Central Gippsland Aboriginal Co-op
51 344 616
Gipps and East Gippsl Aboriginal Co-op
5152 1922
Geelong and District Aboriginal Co-operative Ltd
5277 0044
Goolum Goolum Aboriginal Co-operative (Horsham)
5382 5033
Gunditjmara Aboriginal Co-operative (Warrnambool)
5562 9729
Jumburra Alcohol and Substance Abuse Centre (Bairnsdale)
5152 2040
Mildura Aboriginal Co-operative and Bacchus House
5023 0893
Ngwala Willumbong Co-operative Ltd
9510 3233
Resource Centre (Shepparton)
5831 3124
Swan Hill and District Aboriginal Co-operative Ltd
5033 2964
KWathaurong Aboriginal Co-operative (North Geelong)
5277 0044/0417 216880(ah)

YOUTH SERVICES

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

Impact Youth and Family Counselling
9791 3677
Melbourne Youth Support Service
9650 3304

SEXUAL HEALTH

KMelbourne Sexual Health Centre
9347 0244/1800 032 017 (toll free)
Action Centre
9654 4766
Infectious Diseases Service Royal Melbourne Hospital
9342 7212
Springvale Community Health Centre
9548 3255
Dandenong Hospital AIDS Prevention and Support Unit
9794 0790
Sexual Health Clinic (Frankston)
9784 7777
Family Planning Clinic
9429 1177
Carlton Clinic
9347 9422
Royal Women's Hospital Communicable Diseases Clinic
9344 2000

WOMEN'S SERVICES

WIRE (Women's Information and Referral Exchange)
9654 6844/1800 136570 (toll free)
PCV (Prostitutes Collective of Vic)
9534 8166
Women's Health Vic
9662 3755/1800 133 321 (toll free)
Drug Info Line for Women
9344 2277
Springvale Community Health Centre
9548 3255

Dandenong Community Health Centre
9791 9299

Royal Women's Chemical Dependency Unit
9344 2363/9344 2386
Positive Women
9276 6918
Women's Legal Resource Centre
9642 0877
Women's Refuge Refferal Service
9329 8433/1800 015 188
Women's Domestic Violence Crisis Service
9329 8433/1800 015 188
South Eastern Centre Against Sexual Assault
9594 2289
Young Women's Health Service
9548 3255
Young Women's Project
9563 2022
SWCHS (Statewide Women's Community Housing Service)
9387 1033

LEGAL

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

DRUG AND ALCOHOL INFORMATION COUNSELLING DETOX ADVICE

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

need clean fits?
NSP's next pages...

NEEDLE & SYRINGE PROGRAMS

Altona
9398 1309
Altona Meadows
9360 7555
Ascot Vale
9376 5244

Kensington
9376 0523
Melbourne/APHAP Foot Patrol
1800 700 102
Melbourne Open Family (Autralia) Inc
0414 966 820

Carlton North/Vivaids Inc
9381 2211
Coburg
9350 4000
Collingwood/Melbourne Inner City AIDS Prevention Centre
9417 1466

Braybrook/Bernard Folley Pharmacy
9311 1493
Braybrook/Sunshine CHS
9364 9622
Carlton/Melbourne Sexual Health Centre
9347 0244
Carlton/Melbourne Uni Health Service
9344 6904
Carlton/The Carlton Clinic
9347 9422
Deer Park
9363 4202
Footscray/Green Cross Proect Inc.
outreach only: thurs–fri 7–10pm
0407 523 424
Footscray/WRAP
9687 5202
syringe disposal hotline
9689 6115
Gisborne
5428 3000

Melbourne/RMIT City Campus Health Service
9925 2723
Melton
9747 0700
Niddrie
9379 4794
St Albans
9296 1200
Werribee/Anglicare & Werribee Family Services
9742 5300
Werribee/Mercy Hospital
24 hours every day
9216 8600
Williamstown
9932 4043

NORTHERN METRO REGION

Broadmeadows
9356 5000
Brunswick
9387 6711
Carlton North/North Yarra CHS
9347 0022

0418 179 814
syringe disposal hotline
9417 5125
Collingwood/North Yarra CHS
9419 6155
Eltham
9431 1333
Epping
9408 6333
Fitzroy/North Yarra CHS
9419 5266
Fitzroy/Turning Point
9254 8050
Fitzroy North
9481 0671
Glenroy
9300 2644
outreach: every night 7:30–11:30pm
0418 170 556
syringe disposal hotline
9304 2140
Greensborough/Banyule CHS
9471 3155/0417 349 309

Greensborough/Nillumbuk Shire
9433 3303
Heidelberg West
9459 8833
Northcote/Hanover Inner Northern Accommodation Resource Centre
9486 6811
Northcote/Darebin CHS
9489 1388
Reservoir
9471 3155
outreach: every night 7:30–11:30pm
018 545 789
syringe disposal hotline
018 545 789
Richmond/Buoyancy Foundation
9429 3322
Richmond/North Richmond CHS
9429 5477
Sunbury
9744 4455
Hawthorn
9214 8483
Healesville
24 hours every day
5962 3681
Hughesdale
9568 2599
Lilydale
9735 4188
Nunawading
outreach 24 hours every day
9878 3782
Ringwood
9879 3933
Wantirna South
9298 8800
Warburton
24 hours every day
5954 7500
Yarra unction
5967 2681
Cockatoo
5968 8146
Cranbourne/Chris Warne Pharmacy
5996 2455
Cranbourne and District CHC
5996 6411
Dandenong
9794 0790
outreach: thurs & sat 7:30–11:30pm
0418 556 147
syringe disposal hotline
0418 556 147
Doveton
9791 5700
Frankston/SHARPS
9781 3111
outreach: thurs & sat 7:30–11:30pm
1800 642 287
syringe disposal hotline
0417 345 750

Eastern Metro Region

Belgrave
9754 8963
Blackburn
9877 2525
Box Hill/ACCESS
9895 3348
Box Hill/Whitehorse CHS
9890 2220

Southern Metro Region

Aspendale
9580 5777
Bentleigh East
9579 2333
Bunyip
5629 5204
Caulfield
9523 6666
City of Frankston Civic Centre
9784 1888
City of Frankston Youth Resource Centre
9784 1868
Frankston/Frankston CHS
9783 6077
Mornington
5975 1644

Pakenham
5940 1866
Prahran/Inner South CHS
9214 1300
Prahran/Swinburne University of Technology
9214 6721

South Yarra
9865 6700
Springvale
outreach only (foot patrol)
1800 650 116

COUNTRY

Barwon South Western Region

Lorne
24 hours every day
5289 1508
Ocean Grove
5256 1311
Point Lonsdale
5258 0888

Rosebud
5986 5147
St Kilda/St Kilda Crisis Centre
9525 4100
St Kilda/Inner South CHS
9534 0981
outreach: every night 7:30–11:30pm
0419 204 811
syringe disposal hotline
0418 175 249
St Kilda/Youth Health Bus
9534 0981/018 551 324
St Kilda/Open Family Inc
0414 966 820
St Kilda/Positive Living Centre
9525 5866
St Kilda/Prostitutes Collective of Victoria
9534 8166
St Kilda/Solly Lew Pharmacy
9534 8084
South Melbourne
9690 9144

Aireys Inlet
5289 6432
Angelsea
5263 1952
Apollo Bay
5237 6994
Colac
24 hours every day
5230 0100
Drysdale
5251 2291
Geelong Area/Corio CHS
5273 2200
Geelong CHS Inc Site 1
5222 1700
Geelong CHS Inc Site 2
5221 5166
Geelong CHS Inc Newcome Site
5248 6080
Geelong Aboriginal Co-operative
5277 0044
Hamilton
24 hours every day
5571 0277

Portarlington
5259 2537
Portland/Portland CHS
5523 4000
Portland and District Hospital
5521 0333
Terang
5592 1745
Timboon
5598 3049
Torquay
5261 3001
Warrnambool/Gunditmara Aboriginal Co-operative
24 hours every day
5561 2648/0419 552 028
Warrnambool/Independant Young Persons Support Services
5561 8888
Warrnambool/The WRAD Center
5562 0022

Grampians Region

Ararat
5352 1007
Ballarat Area/Ballarat CHS
5333 1635
Ballarat CHS Sebastopol Site
5335 7801
Ballarat CHS The Cooinda Centre
5338 1277
Daylesford
5348 2523
Horsham/Goolum Goolum Aboriginal Co-operative
5382 5033
Horsham/Palm Lodge Rehabilitation Center
5381 1062
Horsham/Wimmera Base Hospital
24 hours every day
5381 9275
Stalwell
5358 3700

Echuca Regional Health—Community Division
5480 6111
Echuca/Nernda Aboriginal Corp
5482 3075
Inglewood
5438 3100
Kyneton
5422 3011
Maryborough/District Health Service/Community Health
5461 3222
Maryborough/DHS Maryborough Hospital
24 hours every day
5461 0333
Merbein
5025 2518
Mildura
5023 7511
St Arnaud
5495 1200
Swan Hill/ Swan Hill & District Aboriginal Co-operative
5032 2964
Swan Hill/Swan Hill District Hospital
5032 1111

Benalla/Benalla District and Memorial Hospital
5760 2222
Benalla/Delatite CHS
5762 2299
Bright
outreach by negotiation
5755 1022
Cobram
24 hours every day
5871 1888
Corryong
24 hours every day
02 6076 1355
Eildon
5774 2404
Mansfield
24 hours every day
5775 2111
Marysville
5963 3244
Moyhu
outreach by negotiation
5727 9324
Myrtleford
outreach by negotiation
5752 1822
Seymour
24 hours every day
5793 6100

Loddon Mallee Region

Community Health Bendigo—Eaglehawke Site
5434 4300
Bendigo Area/Community Health Bendigo—Kangaroo Flat Site
5430 0500
Castlemaine
5472 4044

Hume Region

Alexandra
24 hours every day
5772 1000

Shepparton
5831 2012
Tallangatta
24 hours every day
02 6071 2205
Wangaratta/Ovens and King CHS Inc
outreach by negotiation
5722 2355
Wangaratta/District Base Hospital
24 hours every day
5722 0261
Whitfield
outreach by negotiation
5729 8387
Wodonga
02 6056 1550
Yarrawonga
24 hours every day
5743 8111

Churchill/Latrobe CHS Inc
5122 1400
Korumburra
5654 2702
Lakes Entrance/Lakes Entrance CHS
5155 1314
Lakes Entrance/Lakes Entrance Youth Housing Service
5155 1151
Leongatha
24 hours every day
5667 5527
Loch Sport
5146 0349
Mallacoota
5158 0243
Moe
5127 5555

Orbost/Orbost & District CHC
5154 1144
Sale/Central Wellington Health Service Gippsland Base Hospital
7am–10pm every day
5144 4111
Sale/CWHS Wellington Comm Care
5149 6800
San Remo
5678 5388
Traralgon
5171 1400
Warragul/Access Centre
5623 4168
Warragul/West Gippsland Healthcare Group
24 hours every day
5623 0611
Warragul/WGHG Community Services Division

Yea
24 hours every day
5797 2500

Gippsland Region

Bairnsdale
5152 0222
Cann River
5158 6274
Churchill/Hazelwood Health Centre
5122 2555

Morewell/Central Gippsland Alcohol & Drug Service
5134 8000
Morewell/Davies & Moller Morwell Amcal Pharmacy
5134 3072
Nowa Nowa
5155 7294
Orbost/Far East Gippsland Health & Support Service
24 hours every day
5154 1277

5623 4488
Wonthaggi
24 hours every day
5671 3333
Yarram
5182 0242

Calling all Drug Users ...

VIVAIDS is delivering workshops about

DRUG OVERDOSE in lots of areas around

Melbourne and regional Victoria in 2003.

Workshops run for about 2&1/2 hours, all participants are paid $25.00 & get a certificate, info pack & key ring.

We talk about:

overdose myths

risk taking

effects of different drugs

recognising when a friend is in trouble

We learn how to save a friend from a drug overdose.

Each workshop can take up to 10 participants, SO if you would like VIVAIDS to come to your area just contact Sarah on 03 94193633 or 04 25817452

We can run workshops for AOD/NSP/PHCU staff too.

VIVAIDS

SELF-ETHNOGRAPHY OF ADDICTION

BY CRISTIAN BECERRA

ABSTRACT

"Many people tell me I have a disease-the disease of addiction-that will last my whole life, and that I will always be in recovery. "Once an addict, always an addict. I have to accept this point of view, and must live with this chronic illness until I die. Or until I accept that I need help-the kind of help that is recommended by (and profitable to) therapists, probation officers, twelve step participants, counsellors and case workers-I am in denial about the real deadliness of my disease and that I may never get better. Not to believe what I am told about myself confirms to those who are sure of these convictions that I am still on the verge of chronic drug use, in the tenacious grips of my cunning and baffling disease, on a sure path to doom".

(Anonymous)

INTRODUCTION

I could continue this narrative, and add: "because this individual is not ready to accept the notion that he has a disease, he is setting himself up for a downward spiralling relapse. It is just a question of time before he falters and goes back to old destructive ways. If he doesn't die, or end in jail, he may be lucky and finally see the light, open his mind, and accept the truth about himself that fellow addicts, professionals in the D&A field and the community, already know". He the 'addict' is being bullied into accepting treatment, with the most effective of threats, made to submit, to comply, through the strategic manipulation of information and knowledge.

SELF-ETHNOGRAP

The disease Model

The disease model of addiction permeates our society. Its terminology has influenced public policies and perceptions, (our own prime minister, John Howard speaks of a pathology of addiction), especially in how people are treated for their addiction and alcoholism. The court system refers people to treatment programs, where a single alienating characteristic, will become people's primary identity and from then on they will identify themselves by the problem that they must continually combat after introducing themselves by name they must confirm, they are "addicts". Self is reduced to this socially defined 'identity'. Acceptance of this version of self is rewarded by encouragement and assured incorporation back into the group, into society. It is, literally, the first step towards 'recovery'!

Sure, treatment, risk management and harm minimisation are good, and for some people are the answer to their questions, their problems, their chaos, but the basis and frameworks are detrimental, perpetuating a sense of deviation from what is considered normal. It exacerbates guilt and shame, with a heavy focus on recognizing and redeeming past errors and lost time (the non-utilitarian nature of drug use). You are told you are powerless over your addiction, that you need a partner, a guide, and support (detox, pharmacotherapies, counselling, rehab and 12 step programs, all part of the State and private health apparatus, administering social control) to help you through life and through the steps. You are urged to comply with new regimes, to abandon your previous life, to renegade your friends and your history. Relapse is equated with failure. You are warned: people, who do not comply, rarely recover. Professionals involved in mental health and other related fields (including law enforcement) would, most of the time, adhere to this view. The nature of the 'disease' requires that as soon as you pick up a drink, you'll become a drunk. Or it will lead you to the drug of your choice, spinning out of control after a glass of wine. However, in too many cases, this is not true, and has led me to question other parts of this model, the one that said, I have disease.

For example, alcohol was always around and mostly consumed uneventfully in my family. Having a bicultural family made it easier for me to question the ideology of recovery, which has increasingly become a social doctrine in my country of origin (Chile). Having tried, experimented and experienced drugs and other substances, and always been very open about it, I feel society, not just in my country of origin, but here in Australia, is coming at me from several different directions to "infect" me with a disease in order to categorise and explain me.

When I decided to grow professionally and as a human being, and immerse my self in life; still for most people around me, I am no longer the migrant or the male, the

father or the professional, or the person, I am an addict. Two things have helped me defeat this "diagnosis": learning about life, from life itself and living through my experiences, through the processes, where life can be questioned and debated, loved and hated, and always under the influence of my own and/or foreign substances.

SUBSTANCES; THEY ARE NOT ALL THE SAME!

The social context for alcohol and other licit substances is different from that of heroin or cocaine, and the many types of amphetamines, and I choose to make a clear distinction between them. The underground world- (the sub-culture) ruled by its own laws-is a very appealing part of drugs for many users. A great number of users (from habitual to dependant users) will encounter different types of people, with different ways of relating to one another that seemed spontaneous, mysterious, risky, and unfamiliar, fascinating and seductive. This world and its lifestyle had much more influence on people than physical or mental addiction to the drug.

Isolating drug use into a biomedical category rapes it of its greater role as a focus of personal and social activity, communal growing (and development), by ignoring the rich and complex relations negotiated among a unique group of sometimes socially disassociated and marginalised, but always diverse people. Reducing drug use to a personal sickness makes any conventional treatment one dimensional, lacking essential social and contextual components in its interpretation and interventions. The socially binding force of drug use extends past users into the establishment of communities, where people are binding together by more than just using substances, but the sharing of their inner/outer selves, with such a force that they create community experiences (in traditional terms). Classification of addiction as a disease makes it viable for governments to distribute funding, and deter illicit drug trafficking, and discourage demand for drugs (that's the bulk of the investment). What is left? To provide care, to establish rehabilitation centers and detoxes, to create drug and alcohol counselling jobs, to promote lucrative urine testing laboratories. This in turn legitimises addiction as a definable biomedical entity, and the circle is complete.

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THE NEW DEFINITIONS, AND THE 21ST CENTURY

However, through the nineties we experienced a change in the use of the terminology to define addiction and people that use drugs. The terminology has changed and drug and alcohol problems are referred to as substance abuse; no longer defined as disease.

People living a life permeated by drugs, drug use and addiction, cannot expect for their needs, aspirations and entitlements to be met, to get help to combat the disease, because we are not longer talking of a disease. In our society, represented by institutions, such as governments, agencies and organisations, drug addiction has become a symptom of something else, like anxiety or depression. The disease model acts as a financial resource within the network of drug and alcohol related services, which profit from the individual user, yet no disease exists when the individual seeks medical or health services. The disease model maintains economic power over parts of the biomedical establishment, not affording drug user the possibility of bringing about changes on any other terms. Unfortunately, terminology is not clearly accepted in all sectors of this establishment, so a diagnosed person is left unsure about who they are in the eyes of whom.

In this system, the individual is denied the right and responsibility to choose their own path and develop their own ideas about what their issues are, on how to interpret and tell their own life histories, or provide definitions for their experiences of drug use and abuse, or on how to design their own present life and their future. There is no therapeutic alliance in one's own 'recovery' but demand of compliance. Just like the disease concept of addiction makes people sicker than they really are, adding another difficulty to the issues that may have lead people to chronic drug use in the first place.

Like many other people, on a personal level I have felt fear, rage and a loss of control. Maintaining contact with different networks and sub-cultures, both in the drug and alcohol sector and drug use scene, helped me make sense of my and many other's people situations, and after living in Australia for more than 12 years, I became somewhat at ease, though never completely, or complaisantly. Understanding my and other people past drug use through its societal attributes, I am able to find some solace and appeasement, by taking some responsibility off me as an individual who has never failed to see drug use for what it is, an expression of an individual's relationship with him/herself, and his or her world.

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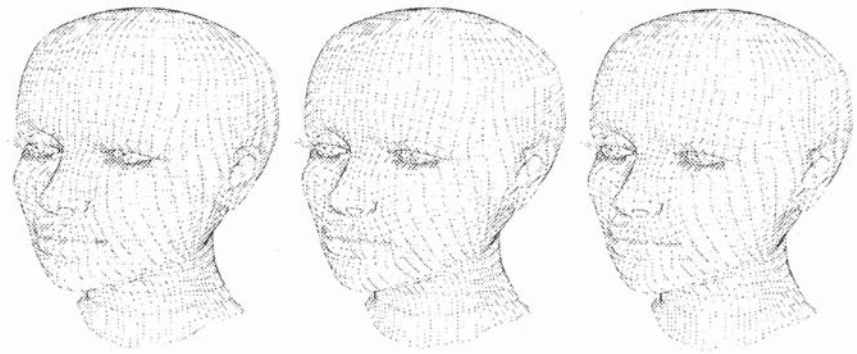
I have learned from my past experiences. I don't regret anything except my compliancy with which I have taken the fight against the "war on drugs". I invest time and effort to make up for it, making my voice stronger, surviving attacks from the establishment, working hard for recognition, learning to fight from the inside. I have reconfigured my values to make the needs of drug users and my own needs a priority in my life. I appreciate life on more simple terms, and I am freeing myself of many fears that prevent people from sharing understanding and empathy. I look forward to finding answers to my and other people's questions on why and how we, drug users, came to become so hated and feared in the community.

Like so many other people, I still struggle with issues related to my self-image. I place great value on others representation of my self. In the past I would sacrifice my mental health just to be accepted by others and to preserve my identity (that included drug use). This was the reason I persisted with my ideas on heroin use, even though I knew it was detrimental. It helped me detach from a painful world of disappointments and a life void of true importance and meaning.

Today my desire for the drug is still there, managed and under control, but my community participation is truly active and full of encouragement. We invite marginalisation in our search for greater truth through life experience, resisting the definition of self demanded by the oppressive system which leads to further isolation but inviting contemplation and action towards change.



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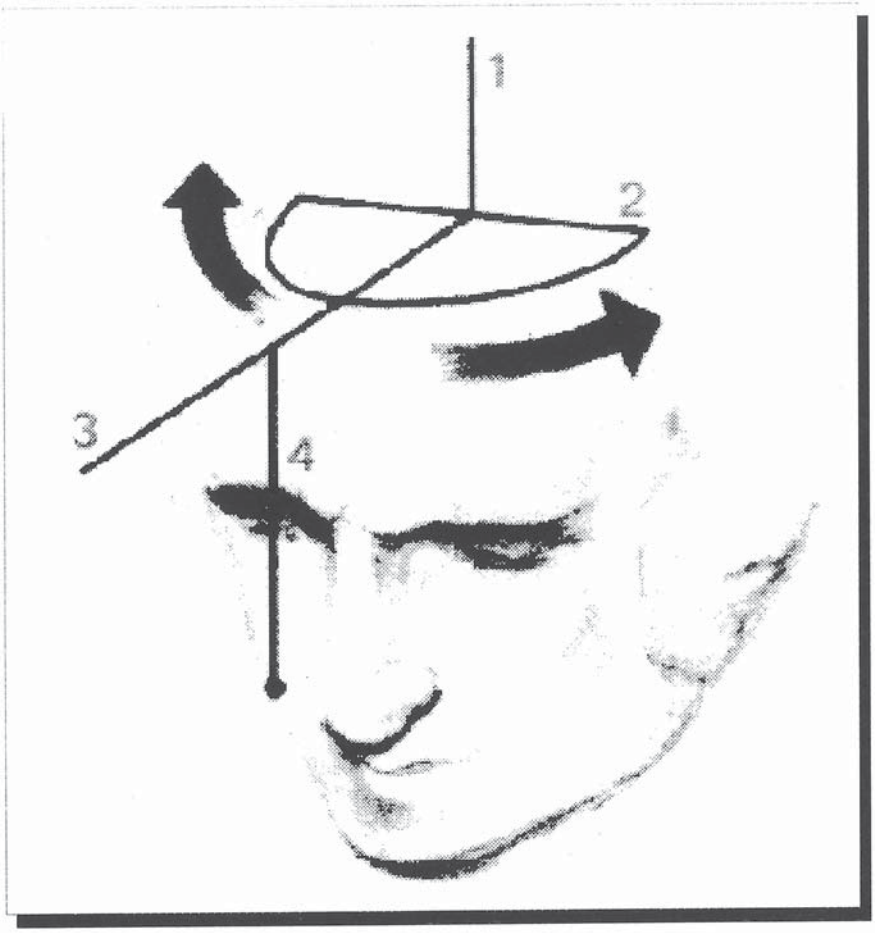

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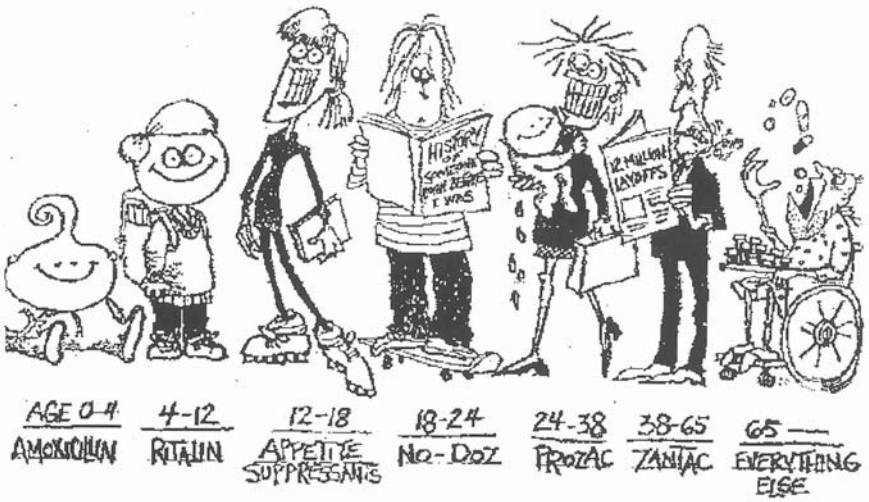

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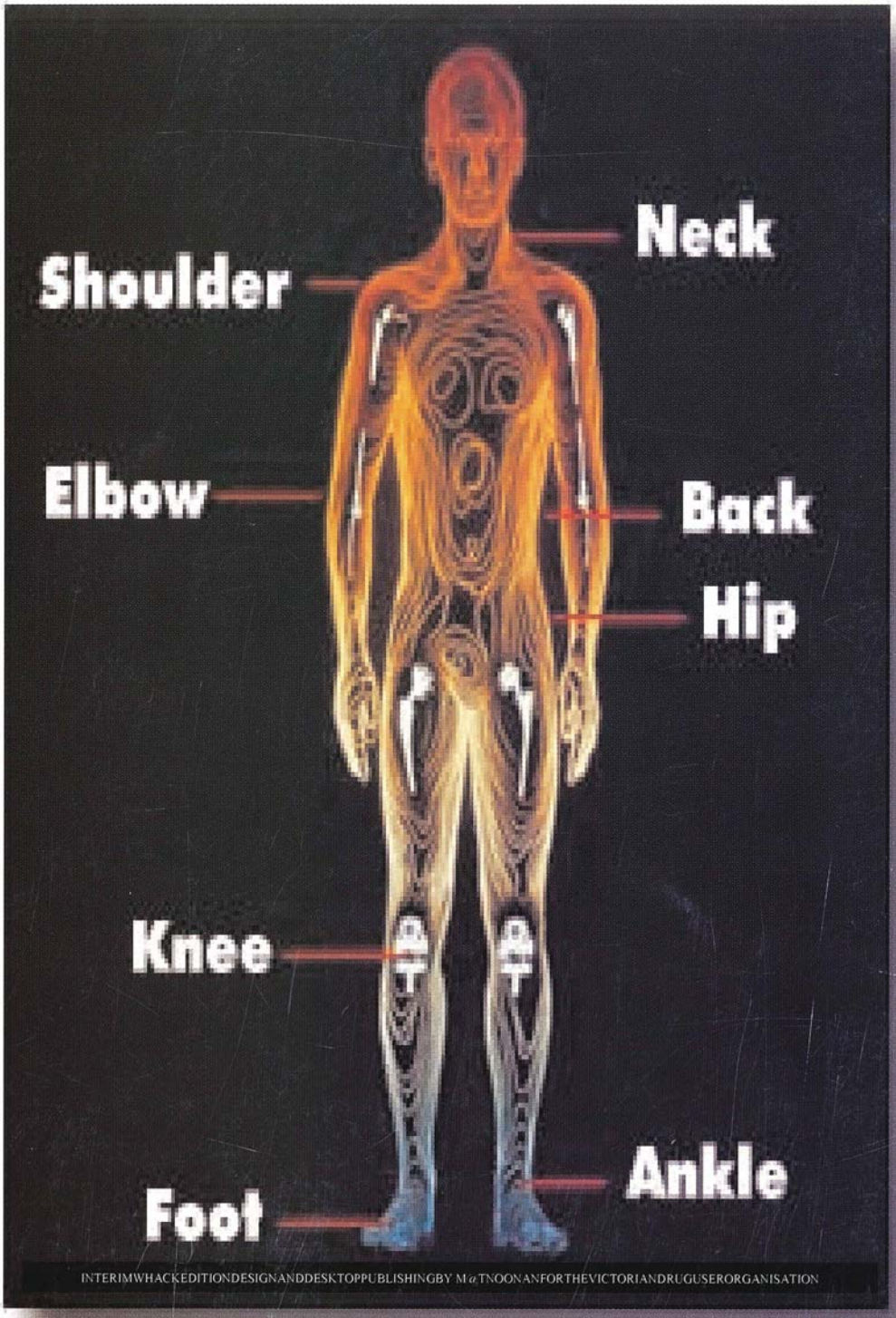

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