

WHACK

#45 SPRING
2021

IT ALWAYS SEEMS IMPOSSIBLE-
UNTIL IT'S DONE.

- NELSON MANDELA



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*"I'm Friends with
The Monster
That's Under my Bed"*

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to serve as a voice for the Victorian drug user community
and to provide a forum for debate
and comment on the issues affecting
people who use drugs in Victoria.

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HRVic seeks to reduce the potential harms that are sometimes associated with drug use
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nation as the traditional owners of the land on which WHACK is published. We respectfully
acknowledge all Aboriginal nations within Victoria where this magazine is distributed.

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#45 SPRING 2021

JUST BECAUSE YOU DON'T UNDERSTAND IT
DOESN'T MEAN IT ISN'T SO

- LEMONY SNICKET

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magazine and as such we
want **your** contributions!!

Do you fancy doing some
journalism?

Do you write a blog or draw/
paint/do digital artwork or
take photos?

Are you interested in learning
to do any of those things?

WHACK is putting together a
new Production Team made
up of **us -the community-** that
want to learn to put together
a community magazine and/
or that want to mentor others
who'd like to.

If you are interested, please
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ARTWORK ^(below) BY TRIKZ

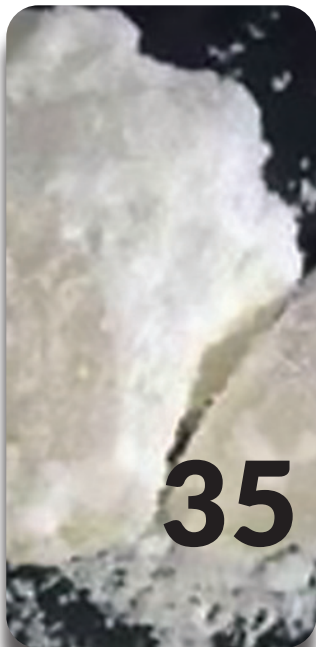
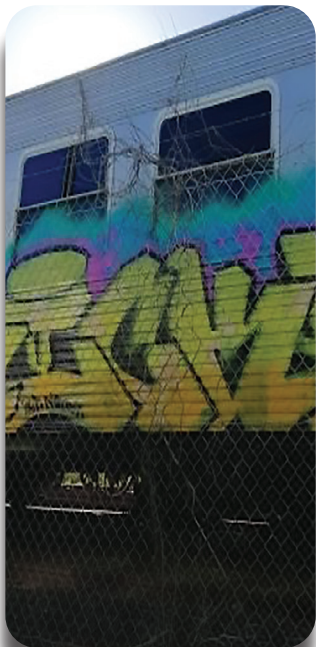


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LETTERS TO WHACK

BY NAME WITH HELD

Re: WHACK 44, PAGE 34 "SEEKING HEALTHCARE SANS STIGMA" BY HUMBLE MEANS

"Dear WHACK,

After receiving my new WHACK, I sat down to browse through it as I always do and BINGO! - there was the article titled 'Humble Means'. It was like the universe was speaking to me.

I myself had just finished with a visit to a health care place and I was feeling so low, I just wanted to get stoned and forget how awful I'd been treated.

Then I read that article and realised I was not alone in the way I have been treated for at least the last 40 years. I'm going on 66 and have been an injecting drug user(IDU) for a good 40 of those years and the HATE I have had directed at me from health workers, nurses, doctors, etc. is hard to explain to anyone who has not felt it. I always stand and wonder what on earth made these people take on a job where half of what's needed is

compassion, and they have none.

Like Humble Means, I could fill a book with my personal experiences at the hands of these bigots, but I have also learned to put on my 'best face' and sincerest voice as you can tell they want you to rage and get violent so that you can confirm their opinion of you, before they have even met you.

I AM ONE OF THE 'SILLY DRUG USERS' THAT HAS ALWAYS THOUGHT IT BEST TO BE HONEST WITH HEALTH CARE WORKERS SO I CAN RECEIVE THE BEST TREATMENT.

I am still doing it all these years later.

I have a local doctor I see for my pap smears etc. and she can barely contain her contempt for me. I am 66 years old and she has never taken my blood pressure, I'm sure she thinks if she gets too close she will catch something off me- maybe a dose of compassion?

My greatest fear is that I will die from some painful disease and I will be left to wither in pain for weeks because some doctor won't prescribe me a pain killer in case I get "addicted".

This fear got so bad that my son offered to make sure this could never happen. He is 39 and has watched the way I have been treated for so long it weighs on him.

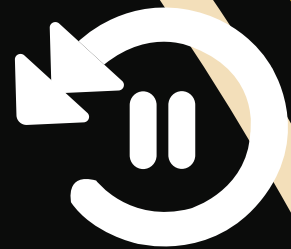
I really hope Humble Means gets his transplant, after reading his article I realised my complaints were minor.

I am a decent person who has raised 2 incredible children one is a paramedic the other a carpenter, but people don't want to hear good things like that about an injecting drug user- it doesn't fit their opinion.

Good luck to all the drug users out there just trying to get a bit of decent health care."

Love Anonymous

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EVERY MONTH
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16-2-21
Michael
Frederick

I CANNOT HIDE

BY JEFFREY DESROCHERS (SPECIAL THANKS TO BROOKE HOLCOMBE FOR SENDING IN)

Now let's see the other perspective, lets flip it:

You make me feel so amazing when we're together
I want you in my life every day; unlike no other.
I hold you so tight when we are alone,
Hide from everyone I know when we're at home
I see you in restaurants I see you in the bars,
not realising what you have done; left all the scars.
My attempts to let go have failed so many times,
but I cannot let go this relationship we have bind.
Someone please help me try to make this right,
I need to move on but first realise I just don't have the
fight.
I can't stop thinking about you in everything I do,
when you touch my lips that feeling runs through,
deep down inside me, you touch me inside.
When we're together these problems I hide,
The longer we are together, I lose all control
You always overwhelm me - deep into this hole.
You have control of me – now this I can't lie
I can't put this bottle down...this bottle I can't hide....

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I see you in restaurants I see you in the bars,
lie to everyone I know, when we're at home.
I hold you so tight when we are alone,
I want you in my life every day; unlike no other.
You make me feel so amazing when we're together

No matter which way you look at it,

It ALL means the same.

Time to put this bottle down, stop causing this pain,

Cause soon this life that you know will no longer
remain...

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-WHACK Editorial Team

TRIGGER WARNING

Themes including overdose, drug use, stigmatising language & death.

IN DEFENCE OF SUBOXONE-PHARMACOTHERAPY SHAME

BY MAXIMILLION ALEXANDER

PLEASE NOTE*

The names in this story have been changed to protect and respect the identities of the living and those no longer with us.

I had just started work for the morning at a Melbourne Central coffee stand when I heard that my best friend Liam had died. We had been close friends from the day I met him in a boot camp therapeutic community a year prior and we shared many similarities. But when we left rehab I had managed to stay 'clean', while he had teetered in and out of "recovery".

I will never forget that unbearable feeling of being torn three ways, between tending to his partner Diane's anguish as she screamed hysterically into the phone, the frustrated glares of the customers lining up for their morning coffee fix, and between my own desire to run far away, anywhere but behind that coffee stand, out into the street and even into the arms of the same drug that stole my best friend in that moment.

I couldn't find the words for Diane, so I feebly told her I was "there for her, and I'd call her as soon as I had a chance to speak".

As I made coffee after coffee, my mind kept going back to the last time I saw Liam in the musty lounge of the inner-city halfway house he shared with 12 otherwise homeless men. He was a few days into his withdrawal, splayed across the tattered pleather recliner, detox sweat lining his brow, his legs jerking from time to time as we tried to make light of the situation. I reminded him

that when he felt well enough I would again drive him to 12-step meetings, and he'd proudly be able to identify as "clean" to those he felt didn't accept him while he was on pharmacotherapy. This was my attempt to keep his eye on the prize. Little did I know that his desire to identify as "clean" may have been what killed him in the end.

I'd seen him a few days prior and had dragged him to the local NA meeting at a nearby church. During the intermission, the chairperson called out the obligatory "clean-time" countdown, as group members stood to acknowledge their respective times spent off all drugs and alcohol. The meeting was chaired by a gruff, portly middle-aged ex-bikie type who was a well-respected member of the local fellowship.

"Is anyone clean three to six months?" he announced to the church meeting hall full to the brim with 'recovering drug addicts.'

A few members stood to the applause of their fellow NA members.

"One to three months?", he continued.

Another group of members stood proudly to the cheers of the group.

"One to 30 days?"

The room cheered yet again.

The newcomer is the most important person in the room. "Is anyone clean one day?" The room fell silent as the gruff meeting chair scanned the room.

One teenage guy stood, a kid in a white Adidas tracksuit and a gold chain. The room clapped and a group member behind him patted him on the back. He looked chuffed as he received his white 'Just For Today' key-tag.

"And has anyone used drugs today, or is anyone on drug-replacement?"

I looked over to Liam who is considered to be a part of this category, having been on Suboxone for months. I was unsure if he'd own up to being on "drug-replacement"- a category of people who are generally looked down upon as they are seen as 'still on drugs' by those in many 12 step programs including NA. Sometimes he owns it, other times he's known to shrink back into his chair.

He sighed and stood. He was the only one.

The room clapped, he received his obligatory pat on the back. The chairperson chimed in "Welcome! Not many people own up to that." I was proud of him, but as he sat back down all I saw on his face was a look of shame.

After the meeting we sat on a bench outside, shared a cigarette and debriefed.

"I gotta get off this bupe shit Max. I hate how it makes me feel about myself. I hate not being 'clean'."

I reminded him again that there's "no rush," that people "can have a good quality of life on pharmacotherapy."

"Besides, seeing the way you use 'smack', I reminded him, "it's better to be on bupe than to be dead. Don't forget, you've been naloxone'd five times this year, man."

And it was true.

He had been resuscitated by the ambulance five times between leaving rehab and going on pharmacotherapy.

But my reminder wasn't enough.

Within a day of that meeting, Liam had been to

see a doctor and received a script for diazepam and the staff at the halfway house cleared him to do a home detox while living on-premises. It was against their policy, but they made an exception given his pleadings, and the fact he had Diane and I as support, and I was taking him to regular 12-step meetings.

Six days later, on his pay day, Liam was found dead on the top story of an inner-city car-park. When a passerby saw his legs sticking out from between two cars, he rushed to find a doctor from the community health clinic nearby, but it was already much too late. He was already blue. They estimated he had stopped breathing at least 20 minutes prior.

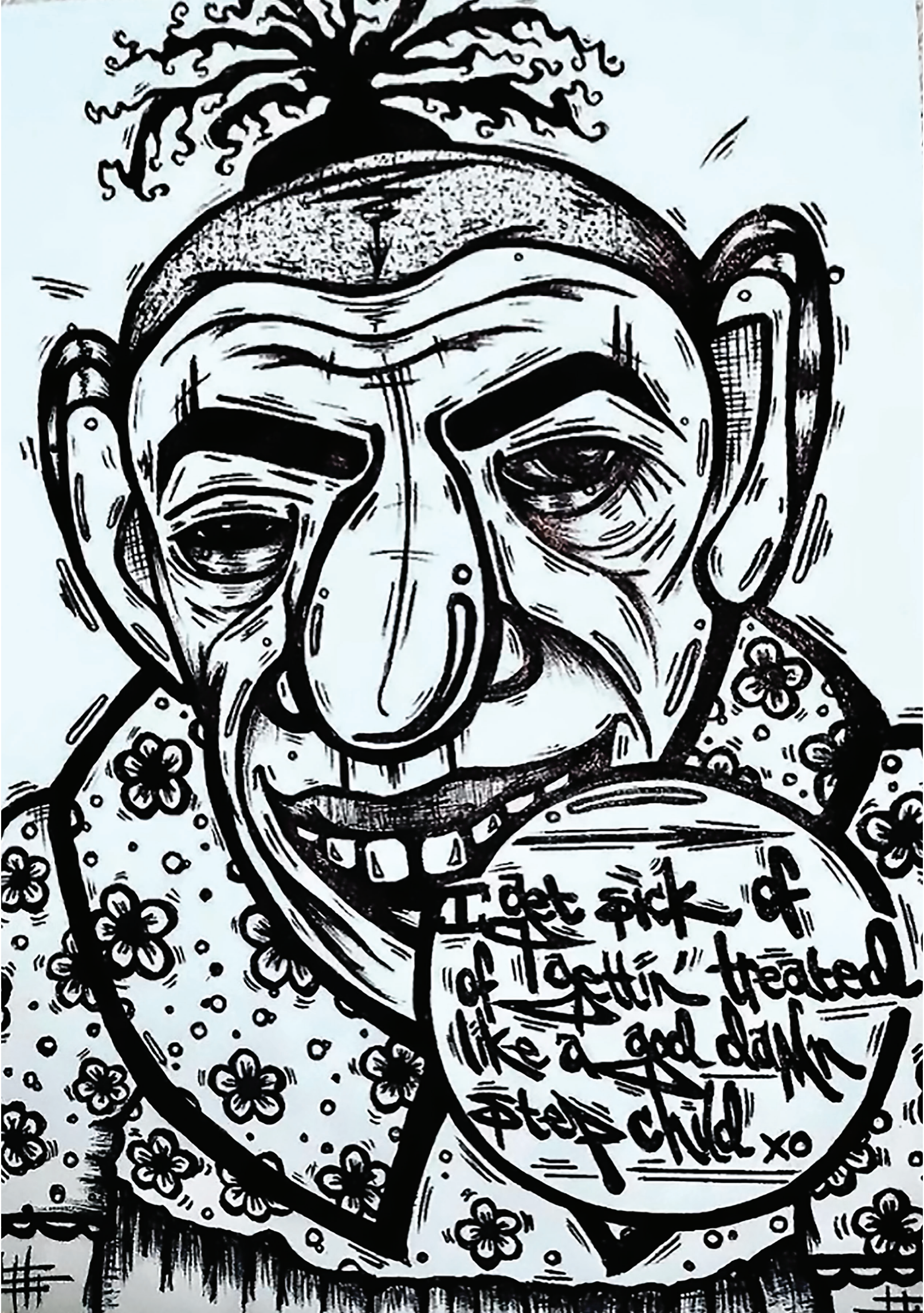
In the coroner's report, the doctor who was on site mentions that Liam "looked otherwise healthy, like someone who hadn't used for a while." And he was right. Liam hadn't used heroin for months while he was on buprenorphine. In fact the only time he wasn't injecting heroin was when he was on pharmacotherapy.

It's obvious to me now that from the day Liam left rehab it was largely the bupe that was keeping him alive. It was Suboxone that allowed me to have those precious few good months with my friend. We had some really good times. He was funny, loveable, laid-back with a really quick, dry wit. And I cherish those last few months we had together. I miss him dearly to this day.

Throughout that period of recovery with Liam I was seemingly incapable of expressing emotion. I found it difficult to grieve, to cry, and to express any form of hurt. But the day of Liam's funeral, as I helped carry his coffin and felt the weight of my best mate on my shoulder, and as I heard the sound of Diane's impassioned cries as she pleaded to the Gods, "Please don't take my boy! Please don't take my baby boy!"

My tears flowed for the first time in years.

As tragic as the loss of Liam was to me, it wasn't the first time I'd lost a best friend to overdose. My close friend Mike and I met in a short-term detox facility some years before I'd met Liam. Mike was a large man, both in stature and girth, and he carried an even larger personality. I was immediately drawn towards Mike's manic,



I get sick of
of a father treated
a good day
child x0

buoyant and infectious personality, and that cheeky smile. We were both diagnosed bi-polar type 1 which we laughingly referred to as “*Think-Ya-Jesus*” bi-polar, and our mutual diagnoses caused us to bounce off each other in a loud, manic cacophony nobody could contain.

We went on to use drugs together for a number of years, but there were many times we also helped and encouraged each other to stop using. The best years I had with Mike were when both of us were on pharmacotherapy. Sure we were far from 'paragons of clean-living', but our mutual decision to seek opioid substitution treatment turned our daily heroin habits into, at the very most, a fortnightly, pay-day dabble.

There were even periods where we had both spent up to six months without using, and if one of us was using, we were careful not to bring the other into it. It was during these three years of relative stability that I'd found myself secure housing, entered professional employment for the first time in my life, fell in love and returned to university where I completed most of my units with a distinction average. Mike had also improved by leaps and bounds. He'd managed to stay out of the psychiatric units for up to a year at a time, and returned to higher education. This- from a pair of bipolar disordered, daily dope fiends- seemed almost a miracle.

Mike always had a much stronger desire to get off pharmacotherapy than I. He spoke a lot about his desire to go scuba diving in Thailand with his partner, and how much his dependence was a barrier to his newfound wanderlust. So when I called him on the phone one afternoon and discovered he'd already jumped off his 6mg dose of Suboxone and was nearly through the ensuing two week withdrawal, my words were only of encouragement.

“Good on you Mike!

When you get to 3 months with no bupe and no heroin, I'll jump off the bupe too. Then we'll both go to Thailand!”

The last time I saw Mike he called me over to rescue him from the latest big technological drama he was facing. He often called people over to soothe him through his technology induced panics. At one stage his family were

called over to discover he'd relocated all his electrical kit, TV, Hi-Fi, computers to the front lawn while pacing frantically and lamenting that nothing was working anymore. Never mind.

However this trip to Mike's was over the rather benign and legitimate issue of an internet connection that was cut off owing to an unpaid bill. I explained to him what was going on, told him to quit being a three-toed South American sloth and get off his ass.

I also commended him on how well he was doing without Suboxone. Neither of us had used heroin for a number of months, but he was the first one to take the plunge and jump off his heroin-replacement. And I had a lot of respect and admiration for his 'chutzpah'. I never thought he'd get to one week, let alone five weeks without buprenorphine or heroin.

However there was one telling moment that gave away his underlying vulnerability, a moment that in hindsight I wish I paid more heed. As I sat on the computer he looked at me intently with devious grin, and without saying a word I knew what he was about to ask.

“Maxxy boy. Do you ... ? “ He cut himself short, and gave me the look we'd given each other hundreds of times before, the cheeky wry look a heroin user gives one of his kin when he wanted us both to go and score together.

I feigned ignorance.

“Do you what Mike?”

“Ahhh don't worry.” He dropped it.

And that was the last of it. I left shortly after, but I left with a niggling worry in the back of my mind.

The next day I logged onto my Facebook after work, and was faced with the fateful news. Mike had been found dead in his flat earlier that day. He'd collapsed in the doorway between his lounge and his kitchen, having just sat at his kitchen table to inject a dose of heroin far too great for a person with no tolerance. I had little doubt about what he got up to that pivotal day. Many times we'd driven to that seedy Western suburbs bus-stop together to score, driven back to his place with excitement and frantically mixed up our bounty together on that same kitchen

table. Only that time he did it alone.

I couldn't shake the feeling that had I accepted his offer to join him and kept an eye on him, I might still have my mate today.

The survivor's guilt was swift, merciless and suffocating.

When you're a heroin user, you become quite familiar with death. 'Familiar' is the right word, because I can't say you ever really get used to it. While you're using and 'anaesthetised'- or I guess I should say 'while I was using' (because it's different for everyone), the gravity of the loss of a friend didn't seem to register at all with me. All I cared about was using. But in Mike's case, I wasn't using. I was on bupe, and taking it as prescribed it doesn't 'impair, detach or anaesthetise' me like other opioids seem to. Like I said, the experience is different for everyone.

Every morning when I opened my eyes I had to face and work through the survivor's guilt and blame I put on myself as a result of ignoring Mike's urge to use.

Could I have talked him out of it? Or at least warned him of his low tolerance? Those questions plagued me for many weeks until eventually I caved into my own cravings. The irony of dealing with a mate's death by turning to the same drug that killed him isn't lost on me at all.

But this isn't a story about me. It's about two friends who would likely be alive today if they didn't feel compelled to stop taking a life-saving medication.

There's a lot of debate in 'recovery' circles of the merit of abstinence versus medication assisted treatment, OAT versus 12-step. But the many lives lost to overdose, and Liam and Mike's stories, should offer us the sobering reminder: that you can't get "clean" once you're six foot under.



ARTWORK ^(right) D ROQ SQUILLIONAIRE



PEERS AND CONSUMERS FORUM 2021 "PEERS AS LEADERS"

11-12 OCTOBER



INHSU 2021

13 - 15 OCTOBER 2021
NOVOTEL MANLY, SYDNEY, AUSTRALIA
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NUAA's PEERS & CONSUMERS FORUM & INHSU 2021

9TH INTERNATIONAL CONFERENCE ON HEALTH AND HEPATITIS CARE IN SUBSTANCE USERS.

The NSW Users and AIDS Association's (NUAA) annual Peers & Consumers forum took place on 11-12th October this year, with the theme of the event being "Peers as Leaders".

The PAC Forum, which began in 2018, highlights the way that we as people who use drugs, always step up to support each other to improve the health, dignity and human rights of the community.

The International Network on Health and Hepatitis in Substance Users (INHSU) is a global network dedicated to improving the health of people who use drugs, with a specific focus on hepatitis C, infectious diseases, and harms that can occur from drug use.

Held annually in different countries, the 2021 conference took place virtually due to Covid19, with researchers, innovators, peer leaders and interested and invested others all attending via their home/work computers.

This year the 2 conferences/forums joined forces as the city INHSU had chosen to have its conference in was Sydney, Australia.

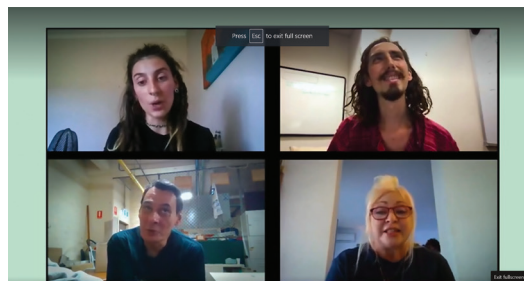
The INHSU conference is a 3 day event PLUS a Community Day. The Community Day is traditionally co-programmed by the host city/ country's state or national drug user association or peer based community organisation. This year it was NUAA, so became the second day of the PAC forum and the Community Day of INHSU.

The Community Day can be attended free of charge by community workers of not-for-profit community orgs or by any community members with lived or living experience of drug use, viral hepatitis or HIV/AIDS.

The forum is a unique opportunity for peers and consumers to connect, network and learn, and for service providers to gain insight into the peer experience.

Sessions included:

- Peer organising and leadership in communities of people who use drugs
- Diversity in our communities
- Movements for drug decriminalisation and legalisation
- Working in mainstream organisations
- Information on Reagent Pill Testing Kits and Fentanyl Test Strips
- The intersecting issues of gender, drugs and motherhood
- Issues affecting people in regional and remote areas who use drugs



INHSU SESSION SUMMARIES

OVER THE 3 DAYS THERE WERE OVER 104 TOPICS COVERED IN OVER 23 SESSIONS BY 20 KEY SPEAKERS FROM 8 COUNTRIES INCLUDING AUSTRALIA, USA, CANADA, UK, SCOTLAND, ITALY, SWITZERLAND, PORTUGAL. THANKFULLY THE CONFERENCE RAPORTEURS SUMMARISED THE SESSIONS BY SUBJECT MATTER AND WHACK HAS TRIED TO SUMMARISE THEIR SUMMARIES. HERE'S A WEE GLIMPSE. TO SEE THE SESSION SUMMARIES IN FULL, IN VIDEO FORMAT, VISIT WHACK ONLINE ON OUR WEBSITE-WWW.HRVIC.ORG.AU/WHACK.

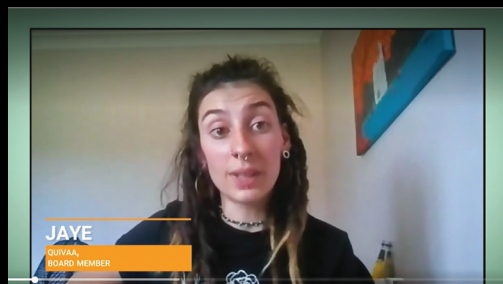
THE SESSIONS THEMSELVES WERE RECORDED AND ARE AVAILABLE ONLINE TO NEW AND EXISTING INHSU MEMBERS THROUGH THEIR WEBSITE WWW.INHSU.ORG - JUST SEND THEM AN EMAIL.

Epidemiology & Public Health Summary by

[Adelina Artenie](#), University of Bristol.
Epidemiologist & Post doctoral fellow

"In line with the original focus of INHSU, there were a number of presentations that focus on hepatitis C and hepatitis C elimination. The plenary talk by Dr. Niklas Luhmann, gave us a global perspective on the progress and the remaining challenges for achieving the WHO elimination goals."

Planning for the response has increased considerably ie. 124/194 countries developed national viral hepatitis action plans in 2019. On the other hand we see that only 2/3 of them explicitly mention interventions for people who inject drugs(PWID).



I learned that only 1% of us who inject drugs live in countries that have high access to harm Reduction resources like nsp or Naloxone and that shocked me! It's so low!!!

- JAYE, QUIVAA

There is an obvious need for greater government commitment to explicitly consider PWID and budget for that intervention in their national hepatitis elimination plans."



Clinical Science

Summary by [Joshua A Barocas](#),

MD, Assoc. Professor of Medicine
at University of Colorado School Of Medicine

"There were essentially 5 themes coming across in social science sessions

1. The population of people who use drugs is vast and heterogeneous. This in and of itself presents challenges. As we move forward in our treatment paradigms in our clinical care, it's not just the drugs, it's the whole person. We have to treat people as a whole person.

2. Improving clinical care means bringing it to where people are. And there are innumerable examples of this throughout the conference.

3. HIV/HCV are only the tip of the iceberg- Skin & soft tissue infections(ssti) and vascular disease, mental health, hospitalisation.

4. Differential impact of COVID pandemic on PWUD- access to service affected.

5. Health is not simply the absence of disease- housing is healthcare, disease prevention is healthcare, education, food, all the basics-are healthcare.

Social Science & Policy Summary By Dr. Peter Higgs,

Associate Professor (Public Health) With thanks to Ms Ella Yoannidis, LaTrobe University

[@AlisonRitter1](#)

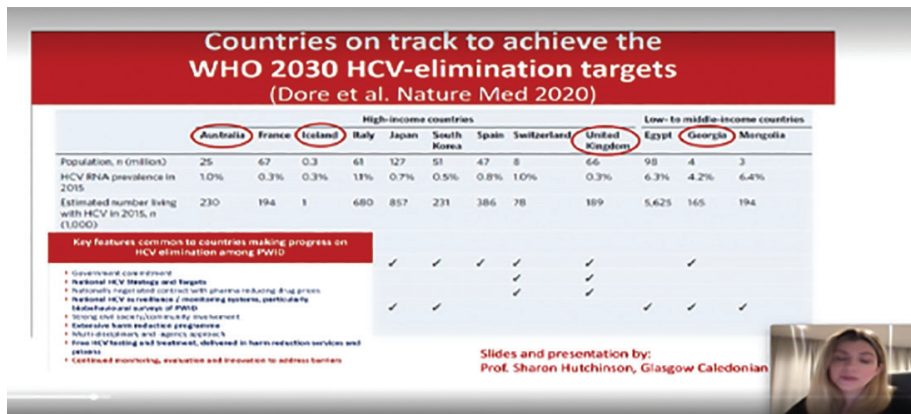
- All sorts of behind the scenes work is required to change the policing and enforcement voice
- Values like compassion and justice can be the key to the communication required
- **Real change requires 'policy entrepreneurs' -everyone has a role to play -there is no position description**

[@DrSarahWakeman](#)

- Ongoing public health crisis due to inadequate care, policy and treatment
- Presented insights from qualitative research showing how staff worked with 'radical kindness;' ensuring people stayed in treatment highlights importance of 'structural competency'
- Compassion saves lives**

[#MarianneJauncey @weareuniting](#)

- We all need to understand that we need to do more than just provide equipment then turn people away
- Beholden on us all to find a role and fight the good fight –have conversations in order to do better
- Health services are expensive so we should not be adding to the narrative that reinforces stigma / unworthiness of people who use drugs to access health care**



What should we do? & What do we need NOW?

1. Continue pushing the envelope of what treatment is, where treatment is given, and by whom
2. Focus on incorporating community based participatory research principles
3. Dissemination of evidence-based practices are key
4. Keep an eye to the future
5. Integrate established research methods in new, innovative ways

As part of the closing ceremony, Annie Madden gave a beautiful memorial dedication to Jude Byrne - our colleague and friend who passed earlier this year and the introduction of the **Jude Byrne Emerging Female Leader Award**- a professional development opportunity which will support emerging female identifying leaders. A full scholarship to attend INHSU conference and a tailored 9 month long mentoring program in the area of their choice- will be awarded to two recipients each year starting in 2021 in recognition of their contribution to the community. Other

awards given out this year were the **New Investigator Awards**.

These went to:

Thomas Santo Jr., *National Drug & Alcohol Research Centre, UNSW, Sydney AUS. for Epidemiology & Public Health Research.*
to **Christopher Byrne**, *University of Dundee, UK for Clinical Research.*

And to **Trevor Goodyear**, *University of British Columbia, CAN for Social Science & Policy Research.* A big congratulations to all the award winners!

As a community member, & peer worker- at first glance these forums & conferences can overwhelmingly seem like a bunch of 'sciencey', heavy on the 'big words', bureaucratic box ticking- lectures that you walk out of dazed and bemused by. But what you don't see in the powerpoint slides or the histogram charts is the passion and real world care and humanity of the people that work tirelessly behind the surveys and the data sets to try to make real change for our community. They may not get it right all the time- but who does? The fact that they work

50% drug deaths globally are from hepatitis C yet the Australian National Drug Strategy only substantively mentions hepatitis C in the criminal justice section of the document."

-@CarrieFowlie & @matthew__bonn

everyday to work with and listen to us about the things that affect us more and more- to get it right speaks louder than any peer reviewed essay ever will.

I know that I'm grateful for those who speak to politicians in the language they understand because they sure as hell don't listen to us. To those who do the thankless research on the chronic illnesses that are killing myself and my friends. To those who keep on top of the chemistry and the policies and the laws that have put us and held us down since forever.

Thank you.

To see any of the recordings of the sessions or the videos made of community speaking our mind, visit the all new ONLINE version of WHACK- OUT NOW at www.hrvic.org.au/whack



PERIOD POVERTY

“WE EXPECTED TO SEE THAT SHAME & STIGMA SURROUNDING PERIODS STILL EXISTS, BUT WE COULDN'T HAVE PREDICTED THE SHEER NUMBER OF PEOPLE WHO HAVE STRUGGLED TO AFFORD PERIOD PRODUCTS”

1 IN 5

Australian respondents are using toilet paper, socks or other unsuitable alternatives to manage their periods because they can't afford pads or tampons, a world first survey on period poverty finds.

Commissioned by Share the Dignity, the survey found that close to half of the 125,000 respondents said they had missed at least one day of school because of their period, and 74 per cent said that when they did attend school during their period, they often found it difficult to pay attention because of lack of proper sanitary care.

Around 50 per cent of respondents also admitted to wearing a pad or tampon for more than four hours because they didn't have enough products to get by.

The survey is part of a larger “Period Pride” campaign by Share the Dignity, focusing on mapping missing data on period poverty in Australia to better understand the shame and stigma that still exists around getting a period.



WWW.SHARETHEDIGNITY.ORG.AU

COMPLETE ORIGINAL ARTICLE BY MAGGIE

COGGAN AVAILABLE HERE:

[HTTPS://PROBONOAUSTRALIA.COM.AU/NEWS/2021/08/BIG-BLOODY-SURVEY-REVEALS-EXTENT-OF-PERIOD-POVERTY-IN-AUSTRALIA/#:~:TEXT=MORE%20THAN%20ONE%20IN%20FIVE,SURVEY%20ON%20PERIOD%20POVERTY%20FINDS](https://probonoaustralia.com.au/news/2021/08/big-bloody-survey-reveals-extent-of-period-poverty-in-australia/#:~:text=more%20than%20one%20in%20five,survey%20on%20period%20poverty%20finds)

Period poverty is the term used to describe the inability to purchase menstrual care products, which is considered a significant obstacle to health, comfort, and engagement with school and community activities.

It is experienced by people who menstruate all over the world including Australia. Research about period poverty is limited; however some evidence shows that poor menstrual management can affect people's emotional and physical health and influence their behaviour such as school and work attendance, participation in sports and socialising in public places.

To help address period poverty, the City of Melbourne is piloting a free period care product

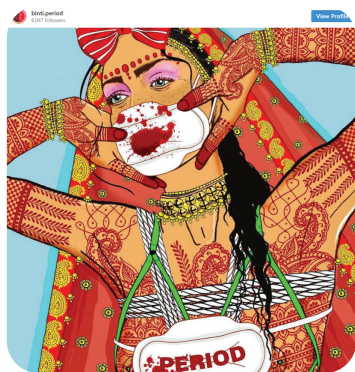
service in a limited number of public facilities for 12 months beginning 10 September 2021.

FREE period care products are available at the following locations:

- Library at the Dock
- City Library
- Carlton Baths
- Melbourne Town Hall
- Collins Street public toilets
- North Melbourne Community Centre
- Kathleen Syme Community Centre

For further information or to provide feedback on this service call the City of Melbourne on 9658 9658 or visit one of the above locations.

ARTWORK (below) BY:
PARAMBANANA



BOREDOM BUSTING BITS

For giggles and shitz



WORDFIND:

FIND THE WORDS LISTED AT THE BOTTOM OF THE PUZZLE. THEY CAN RUN LEFT TO RIGHT, TOP TO BOTTOM, BOTTOM TO TOP AND DIAGONALLY.

GOOD LUCK!

Words Of Substance- the good, the bad and the ugly.

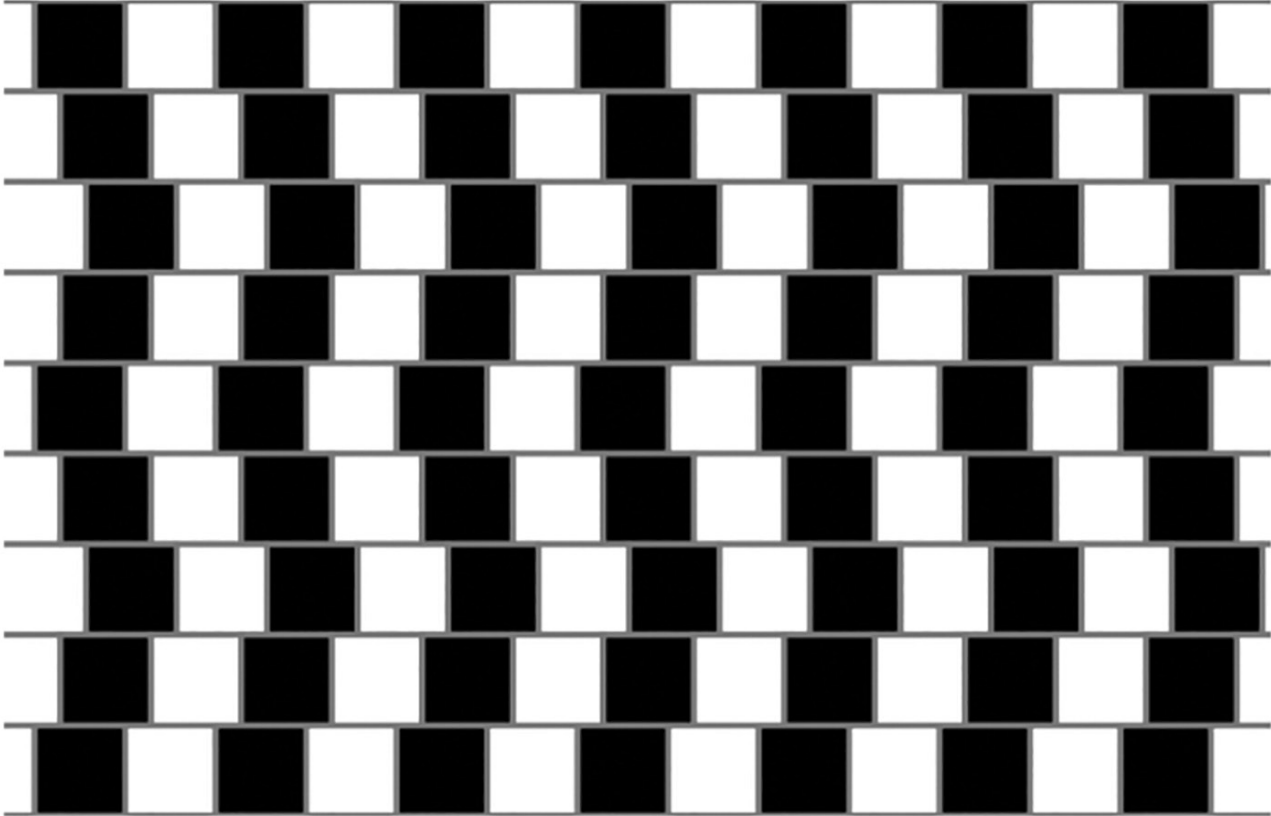
C I R C U L A T I O N H I J H R E L A X D Y
E E Q Y E H A N K J E B E D T F D E V X E P
W T O E R N X N U A I E N Y A Y O K P H H I
U A M O L G A I R H I V E Y E X E I R X Y N
W C U G G U C T D B S E R T D I N L A M D G
H I S A S E R L E N G T G R H N O M T F R E
T N H E X A C N P L N A E A D F S A K U A R
M U A X T O Z M E P A N T P O E I E C N T S
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A M D N S A I C D A M C C Y A T P D L E I W
W O E V Q I S S E U U X A N I E S B P I P
T C O G C R P M N G G L K W C O J X L G B K
T P Y S L O A A C H F L C G I N C L D N M Q
S F T S M H C C E I S A A R N T O Y E I O F
S W E E R P F K W N E H N E G A L N S R O T
E H I C O U T H E G R G C D H E L A O R D O
L I X S Q E O Q E P O D E D S W A T D U S D
N P N B R K O R D J S I R A C S P N R L E I
I P A A E M U S H I E S D L A W S E E S Q B
A I H T J N U M B N E S S B R X E F V M A I
P T A T X E F P E C C Y S E S P C J O L N L
L S H E P A T I T I S O C I A L I S E C P C

ABSCCESS ANXIETY BENZOS BLACKTAR BLADDER CANCER
CAPS CIRCULATION COLLAPSE COMMUNICATE CONNECT DANCING
DEATH DEHYDRATE DEPENDENCE DREAMLIKE ECCYS ENERGETIC
EUPHORIA FENTANYL FUN GOEY HALLUCINATE HEARTRATE
HEPATITIS HIV INFECTION JUICE KETA LAUGHING LIBIDO
MOODS MUSHIES NANGS NAUSEA NUMBNESS OVERDOSE PAINLESS
PARTY PINGERS PIP PRISON RELAX SCARS SHARD SLURRING
SMACK SOCIALISE SORES SWEAT WARMTH WEED WHIPPITS
XANIES YAYO

MIND TRICKS

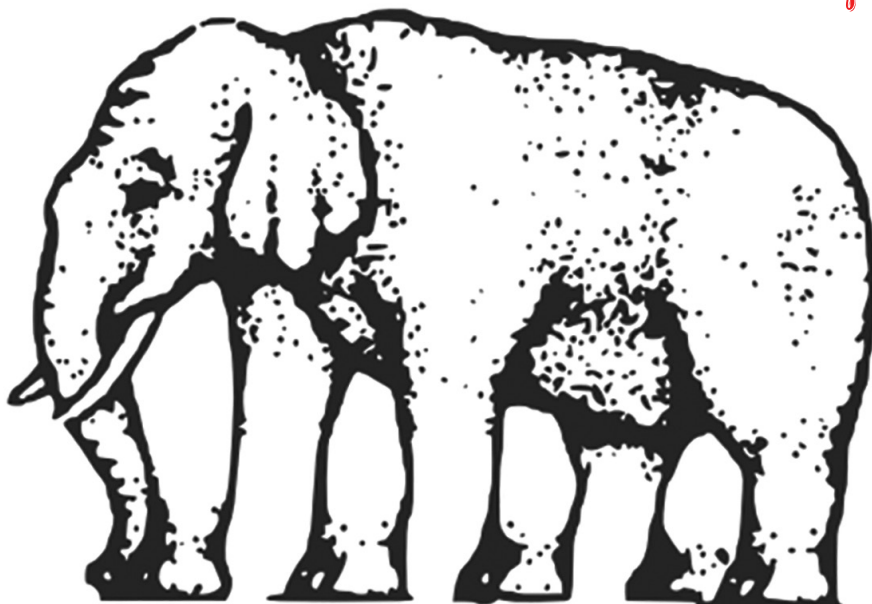
Our brains filter a constant tsunami of stimuli and piece the important parts together to recreate what we know as reality. But what you think is reality is a lie.

Are these lines parallel?



When interpreting images, our brains tend to "spread" dark zones into light zones, a function known as irradiation; this "movement" is probably what causes a false warping effect.

The Elephant in the Room...



How many legs does this elephant have?

Stare at it for a bit. You'll figure out what's going on here. This is a form of a cognitive illusion, called the Shepard elephant, in which our assumptions about the world are challenged in a falsified image.



VANCOUVER ACTIVISTS HAND OUT DRUGS,

DEMAND BETTER SAFE SUPPLY OPTIONS

ORIGINAL ARTICLE WRITTEN FOR FILTER MAGAZINE BY ALEXANDER LEKHTMAN JULY 19, 2021

On July 14 Jean Swanson, a city councillor of Vancouver, British Columbia (BC), helped to hand out free heroin during a protest downtown.

She joined a group anti-drug war activists who are demanding that BC create a true safe supply of drugs.

Members of the Drug User Liberation Front (DULF) and the Vancouver Area Network of Drug Users (VANDU) hosted the public demonstration outside the Vancouver Police Department. They handed out free boxes of “clean” heroin, methamphetamine and cocaine. The cocaine boxes, for example, read: “Cocaine ~100%, no cut

/ no buff. 3.5 grams. Warning: This box contains cocaine which is a highly addictive substance.”

“Knowing what and how much is key to safety,” DULF wrote. “Unpredictable supply is fuelling BC’s overdose crisis. Labeling shown [above] will save lives.”

Swanson shared photos on Twitter of herself handing out a box of heroin. “Six deaths a day from poison drugs is way too many,” she wrote. “One is too many. Safe supply now!” She urged “government action so everyone can get safe drugs and no one dies.”

DULF conducted a similar action in June 2020, as Filter reported.

Predictably, the latest event provoked some pushback, including from one of Swanson's City Council colleagues. "Isn't this called drug trafficking?" wrote City Councillor Melissa De Genova.

But there's a much bigger issue at stake. Health officials confirmed 2020 as the worst ever year for illicit drug overdose deaths in BC, with over 1,700 lives lost—close to double the number in 2019. More than 80 percent of drug overdoses involved the highly potent synthetic opioid fentanyl, which, along with its analogs, is present in many street supplies of drugs like heroin and cocaine.

The urgent need to remove this additional risk is why drug-user advocates—and finally, some government officials—are supporting a safe supply. But the reality of such models can be different from what advocates are demanding. Since 2019, the Canadian health ministry has helped fund a series of different pilot safe supply programs throughout the country. Programs of this kind are currently administered by doctors. Participants need to obtain a prescription for the drug they want, and may also need to participate in health assessments, case management and monitoring.

The most common drug provided by these programs is hydromorphone (generic Dilaudid). Other programs prescribe methylphenidate (a stimulant), diazepam (an anxiolytic) or diacetylmorphine (heroin). Prescribing these drugs is legal, although with some significant limitations.

The BC provincial government took emergency measures last year to increase safe supply, allowing doctors to more easily prescribe certain drugs to people who were at risk of or infected by COVID-19, and to people with a history of substance use disorder. It also allowed for home delivery and telemedicine, when appropriate, to allow people to get their drugs while social distancing. The new guidelines dramatically increased prescriptions of hydromorphone to drug users. In one year, the number of people who received hydromorphone as a replacement for illicit drugs jumped from 677 to over 3,300.

"We need to be looking at non-medical pathways to safer supply."

However, advocates and experts have raised

several issues with this program. First, there is nowhere near enough safe supply for everyone who needs it. Of an estimated 77,000 BC residents with opioid use disorder, about 50,000 who can't access hydrocodone—or methadone or buprenorphine—have no option besides the dangerous unregulated market.

Many physicians also lack proper information or experience working with this population. They may refuse to prescribe higher dosages of hydromorphone, for example, creating a barrier for people with such a need.

"We do need to recognise the limitations of a prescriber-based approach,"

Cheyenne Johnson, director of the BC Center for Substance Use, told Filter.

"There are a limited number of clinicians in British Columbia who are trained in addiction medicine, particularly in rural and remote communities."

"Importantly, many people who use drugs don't access the health system for a variety of reasons, including marginalisation, discrimination, and [living in remote areas]," she continued. "So we need to be looking at non-medical pathways to safer supply, using a regulatory framework much like we do for alcohol, cannabis and tobacco that limits access while shifting the supply chain away from organised crime and related harms."

Another major issue with BC's program is that for many people, hydromorphone is simply not an adequate substitute. Because fentanyl has so thoroughly penetrated street drug supplies, many people with high opioid tolerance need more potent options. In some cases, people are picking up hydromorphone pills and then selling them in order to raise the money to buy fentanyl.

In other words, inadequate safe supply options leave people still being pushed toward the illicit market. For this reason, advocates are demanding that the program include fentanyl in patch or injection form. In 2019, the BC Center for Substance Use also proposed heroin buyers clubs, where members could pool resources to obtain Swiss medical-grade heroin.

“Pharmaceutical safe supply would be great if barriers to access were removed,” wrote DULF. “Safe supply cannot be in the hands of the medical system. Case in point, BC Risk Mitigation Guidelines.”

The criminalisation of drugs, as usual, is making everything worse.

In November 2020, Vancouver City Council formally began a process to decriminalise drug possession by asking the federal government for a special exemption from controlled substances law. It submitted a final proposal in May, which if adopted would remove criminal penalties for people caught with small amounts of illicit drugs by police. They would instead be offered voluntary treatment services, and their drugs would not be taken from them.

But drug-user advocates have criticised the plan for setting the permitted personal-use thresholds too low. They also criticised the Mayor for drafting the proposal behind closed doors, excluding impacted communities.



In response, Mayor Kennedy Stewart has acknowledged the proposal can be improved, adding “however it does open the door to real action, and unless we open that door, nothing is going to happen.”

About Alexander Lekhtman

Alexander is a staff writer for Filter. He writes about the movement to end the War on Drugs. He grew up in New Jersey and swears it's actually alright. He's also a musician hoping to change the world through the power of ledger lines and legislation. Alexander was previously Filter's editorial fellow.

About Filter

Filter is owned and operated by The Influence Foundation, a 501(c)(3) nonprofit organisation. You can read about The Influence Foundation's structure and funding online. You can follow Filter on Facebook and Twitter.

The viewpoints, beliefs and opinions expressed by the various authors and community submissions in WHACK magazine do not necessarily reflect the opinions, beliefs and viewpoints or official policy or position of Harm Reduction Victoria or its staff.

-WHACK Editorial Team

IT TAKES TWO-

SHOULD THERE BE A SECOND MEDICALLY SUPERVISED INJECTING ROOM IN MELBOURNE?

BY AMITY BROWN, 17 YRS

Ever since the opening of Victoria's first injecting room in July 2018, controversy has been raised over whether or not this approach to our drug problem is working for the better of our community. But what does this mean exactly? Who comes to mind when I say community? Your friends? Colleagues? The family next door? Those in circles of high privilege tend to forget that their community consists of many vulnerable and deeply disadvantaged groups. A large proportion of these groups are made up of people who inject drugs. People that are just like us, with differing life circumstances. The Victorian government recently purchased a large building in the Melbourne CBD and are indicating towards possibly using this space to open a second injecting room. We

need to make this happen, or our communities will suffer.

Heroin and other opioid use has a large history of detrimental effects to its users, families and communities. However, many harm reduction activists and medical professionals would argue that the drug itself, and the route in which it is most commonly taken (Via intravenous injection) is of no real threat if taken with proper precautions. The long-term health consequences to heavy opioid use are undeniable, but these drugs alone are no more harmful than the socially acceptable, readily available ones that we choose to take. Research shows that Heroin and Alcohol do equal amounts of damage to the body, with

alcohol causing more deaths and illness worldwide. So why do we squirm or other ourselves from those that inject?

The use of heroin via IV injection is extremely stigmatised. This stigma derives from a lack of understanding on the meanings behind drug use. Many see drug use as simply a poor life choice, instead of looking further into the underlying issues, where they would find that for some people, this "choice" isn't much of a choice at all. Those who use drugs are most likely suffering from extreme emotional pain, trauma, poverty or homelessness. People living on the streets will use heroin to keep warm in winter, or meth to stay awake at night, just so they can feel safe and alert in the case of a dangerous situation.



This stigma makes it most unsafe, meaning death and injury from taking the drug is more likely to occur. The demonising and criminalising attitudes (and laws) towards those who use drugs are responsible for these deaths.

If heroin is used in the streets, it is done in hiding, and it is done quickly, where no one is there to respond to an emergency. This causes people to stop breathing, fall unconscious, and often within 5 minutes, have a cardiac arrest and die.

If supervised, overdoses are easily preventable. In an injecting room, a person can take time to look at a drug, calculate a dose that seems safe, prepare it in a sterile environment, and inject carefully and slowly in a way that causes the least amount of harm to their veins.

Medically Supervised Injecting Rooms (MSIRs) were first created to be safe, non-judgemental environments that anyone over the age of 18 who injects drugs could come to, with the assurance of sterile equipment and supervision by medically trained staff in case of an overdose. These health centres also provide access to doctors, nurses, counsellors, dentists, lawyers, housing workers, as well as outreach to any additional health support services needed by their clients.

The government's reasoning for the opening of a new injecting room is heavily based on the success of Victoria's first MSIR in Richmond. Within the first year of it's opening,

there were over 61823 injection related visits, and 2908 registered clients using the service. During this time there were 1232 overdoses safely managed by staff, all of which without supervision could have resulted in death. There has never in the history of the service been a death on site, and there are over 120 facilities worldwide.

Despite these evident results, there has been a public outcry over the positioning of the MSIR, as it has been placed near a primary school and in a residential area. Residents report needles still roaming the streets and overdoses occurring near school grounds. What a lot of people don't understand is that the placement of the Richmond facility on Lennox street was not chosen at random. This exact spot, near this school, near these residents, near these businesses, whether you'd like to admit it or not, has always been a drug hotspot, with rapid overdose rates occurring only steps away from the placement of the site. The MSIR opening has since made a clear positive impact on not only those who use drugs, but the entirety of the Richmond community. This has been done by getting people to inject off the streets and in a safe, supervised setting, therefore reducing overdose rates publicly and otherwise. Not to mention they have staff patrolling the area, disposing of any used needles and responding to overdoses outside the health centre if need be.

Unfortunately, this is not enough. One room will never be enough to manage the whole of Victoria's overdoses. Our drug-using community extends far past Richmond, requiring people to travel all over our city just to get the treatment they need. Sometimes, the MSIR isn't even accessible in time for those needing to inject, as long-term heroin users often require an injection almost immediately after purchasing to avoid withdrawal sickness. Withdrawal sickness is not only unpleasant, but in some cases life threatening. It can lead to excessive vomiting and diarrhea, which if untreated, may cause dehydration, hypernatraemia (elevated blood sodium level) and soon after result in heart failure.

Another common criticism from Richmond residents is that the MSIR is turning their suburb into Melbourne's ideal spot for drug activity. The answer to this would not be to take away the one and only harm reduction assistance we have, but to open as many facilities as we can, therefore taking the load off any one suburb. The opening of the Flinders street site would do this, as well as reducing the load on ambulance and hospital services.

The proposed placement of the new injecting room has long been suffering from extremely high overdose rates. Ambulance Victoria data shows there has been an average of almost one heroin-related overdose a week in the vicinity of just four CBD intersections since 2015.

That's over 300 deaths. We have the chance to stop these rapid deaths from occurring through the opening of the Flinders street facility.

Medically Supervised Injecting Rooms have had a deeply positive impact on the community, reducing ambulance call outs, the financial strain on health facilities, and most importantly, they're saving people's lives. Following the huge success of Richmond's facility, the federal government should not only agree to the construction of the CBD's centre, but support the expansion of more MSIRs throughout Melbourne, because they are the only one's caring for our drug community as of now.

But that can also change. We are battling a health crisis that the large majority don't care about, and it is only us who can change that. We need to get over our fear of the unknown and start putting the responsibility of these deaths onto ourselves, so we can then expand on our personal knowledge of how to respond to an overdose.

Because these deaths are on us.

All of us.



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-WHACK Editorial Team

CLAETUS JOINED A CULT

BY CLAETUS VAN-DAMNE

EDITOR'S NOTE:

French to english translations are in **PINK** under the french sentence or paragraphs.

The week previous to going to prison, I was hit by my own car. The car didn't stop. I had to hold on to the hood whilst the driver attempted to throw me off.

How does one get hit by their own car?-you may ask.

Sadly, my wife was behind the wheel. We weren't getting along so well at the time. The family doctor had prescribed me oxycodone for the pain of my 3 broken ribs, the crack in a lower vertebrae and a crack in my left patella. I was supplementing this with varying sized handfuls of codeine, diazepam and alprazolam throughout the day. In all honesty, this outrageous situation is not altogether unique for me. We all have stories. This is a snippet of my own recent history. Please enjoy.

On the 19/08/2019, I went to visit some close friends in Bordeaux, on the west coast of France.

I was 10 whole days away from the situation with my ex-wife and

her family who were on the eastern border of France.



10 whole days to myself to relax and search rural Bordeaux for the best wines in the world. 10 whole days to be with my best mates who knew and had accepted me for a decade. They exist, seriously, I love them for it.

"Bogans" or "Eshays" an Australian might say, "Les voyou" the French might. But we're all the same/same really.

Probable self harmer, a buzz-cut, sporting a man-bag and Lacoste in France.

Probable self harmer, rats-tail wearing a bum-bag, and Nike TNs in Australia.

Everyone, everywhere, is pretty much the same I think.

My ex-wife and I were in the process of buying a single hectare of forest in the French Alps. Yet, in-spite of both the vender and the buyers wishing for a quick & painless sale, we were required to attend meeting, after meeting. Followed by- you guessed it- another meeting. The local government didn't like young people. Or new ideas. And didn't want new enterprise & certainly did not want us.

Alas. On the afternoon of the 22/08/2019, I received a call in Bordeaux from back east where 'the wild things were'.

"Il-y-a une seizieme rendez-vous. Après-demain, à neuf-heure et trente."

'There is a Sixteenth meeting. The day

after tomorrow at nine thirty."

My blood was boiling. Our plans were in ruins and everyone was disappointed. I caught the overnight bus back to the Alps in ready for another discussion with a group of very dry, very dire local council.

I uncomfortably awoke on the bus in the "centre ville" of the in-law's town at 9:45am & went straight to the supermarket for a bottle of rum.

By 11am I was looking for more. I found a fresh bottle of Pastis* and put away half a litre.

It became easy then. I thought to myself, I could disappear! That was something I could do- run



Photo: Pastis

away over the border with my few belongings and forget France. Better yet, I could fly to Croatia without telling anyone. Or Hungary or Greece. Many countries needed volunteers and will help you out if you help them in the current Euro zone. So many choices.. But my final choice, the one I went with, the dumbest one; I could check out a French prison.

It didn't take long to figure out how to make a serious enough crime seem 'harmless'. I removed the magazine from the secret pistol. There was no ammunition in the chamber. I was ready to do something silly.

I can't remember the walk, but anyone who's ever done a lone armed robbery, clumsy or organised, will tell you the wait time to execute is unforgettable.

I had my sister in-laws glasses from when she was a child on & was wearing a vibrant, stupid looking pink beanie. I wore my leather finger gloves for tree surgery to cover my tattoos and

identifying marks.

I was fuckin' James Bond. I was Jason Statham. No, I was Mark Wahlberg. Yes... Marky Mark from Boston. I was the fuckin Pink Panther but with a useless pistol trying to climb out of my too small pocket.

Again, I don't remember entering the first pharmacy I came across, but I do remember one thing, pulling the chamber slide on top of the lethal imposter. Pretending to mean business.

Apparently I'd aimed, which is not on. There were tears and there were screams. I was sloppy and belligerent. I & It were a disgrace. Leaving the pharmacy with a full 100 litre 'sac poubelle'. (Rubbish bag) Boxes and boxes of tramadol, codeine, liquid and pills. They had no real morphines or oxycodone. I had also managed a whopping 98 Euros from the till on top of that.

I can remember starting to run but quickly becoming tired being so inebriated.

Suddenly, in came the law. In front and from behind, the Gendarmerie (police) had arrived.

I don't even remember hearing the sirens. The Pink Panther froze as Inspector Clouseau, accompanied by his men & women in sky blue, aimed their fully-automated FAMAS, with 45 calibre rounds at me.

In front 2 cars poured out 6 to 8 officers, behind me I could only guess. But the French cops bring hardware. I've never seen a threat so real. I won't forget it either.

Then, in rapid and over-lapping intervals, were the shouts;

"JETTEZ-VOUS L'ARME!"
"LÂCHEZ-VOUS VOTRE
PISTOLET! TOMBE D'ARME!"
"THROW DOWN THE GUN!"

Among other assorted screamed directions in French. The message was pretty clear to anyone in any language.

I slowly placed the weapon on the ground.

"SOL! DIRECT! A SOL!"

"GET ON THE GROUND!"

"VISAGE A BITUME!"

"PUT YOUR FACE ON THE GROUND"

These are the sounds of a police force that are fully prepared to take your life. And hey, as far as any-one else knew, the idiot with a big white bag of drugs really did have a gun. Various knees of varying weights came to rest on various parts of my back, legs and arms.

Everyone who's ever been pinched anywhere, will tell you that part, isn't forgotten. The breathlessness and intensity. I was pushed down into the street so hard, I swear I could see the depth of the white marks they paint on the road. Then it was over. I was in cuffs.

"Menottes" (handcuffs) as they're called in France, have rectangular receivers & click clamps. This makes all hand



Photo: french handcuffs or 'menottes'

movements agony. They also lace you up with the seat-belt of the car for extra security, I don't think Australian cops do that.

I was sent to the cop-shop, over-night, in Valence. I spoke to 2 lawyers and started to sober up and regret things

while in detention at 'Saint Quentin Fallavier'.

'Saint Quentin Fallavier' is a prison just near the Lyon Aeroport- the first in a very long line in the salting of a wound.

It was barbed wire everything. It was helicopter open air mesh everywhere.

On Monday the 28/8/2019,



3 judges took 30 minutes to declare me deserving: 3 years prison, 10 years expulsion from French territories (*all of them*) and a 5 year ban on weapons licences.

I asked & asked, but never got my phone call. My poor wife. She was broken.

For the next 23 months, I would be held at the same facility. But I didn't know that yet. I just wanted to make a phone call. It would be 3 and a half months before that happened *legally*.

90% of French inmates have privately owned mobile phones. Not Nokia 3360's or thumb dialers that fit in an orifice of a body.

They had iphones. Iphone; 6's, 7's, 8's, 9's and 10's. When Apple released the 11, some guys got one. Samsung Galaxies, S20's. French prison relies on small to middle criminal behaviours' continuance. For sanity's sake. We only had 1 phone between 70 and even that one was locked unless you had organised a "*carte d'accès*" (*access card*) to pay for your call.

Alot of things *are* allowed. For safety's sake.

For the 'machine' to run at a speed quick enough to box up and move on with the flow of drug seizures, violence-related crimes, organisational crimes and crimes against humanity including terrorism and child focused acts of evil.

It was 21-hour, all day, every single day, lock-down (at least) unless there was an emergency. Perhaps an escape attempt/success (*two guys did make it out while I was there*) or murder, either within the prison or among the higher levels of the Lyonnaise Mafia outside.

Even would-be rappers could cause a "*fermeture*" or prison wide, full lockdown. They fucking love rap & when the rappers outside called someone inside "*Feu vert*" we'd be lockdown. Indefinitely. In these cases, the whole place stopped, and we couldn't leave our cells for 24 hours a day, unless we were at 'death's door' or had an appointment with a lawyer.

But my lawyer never came.

Not once.

During 'normal days', (*only 21 hours inside our cells*) we were allowed 1 hour and change in the morning and the same again in the afternoon to wander around an oblong

rectangle. This is only on paper. It was never that long. Also cages aren't very pleasant.

Once I realised that this was my new life now, it took only 3 days to notice the knives my cell mate had. He didn't even try to hide them. They just sat with the toothbrushes.

Side note: The man was doing 18 months for knife crime. He also had a very vocal, very bitter distaste for me, which did change in time. He was a 6 foot 4" Algerian.

Not knowing anything about anything, I laughed at all his jokes, and understood none of them. He wasn't a bad man and at least he was sober. So I started to get really sober. Finally.

It's difficult to describe the vibe. Saint Quentin Fallavier is built in 2 wings. The first, Batiment MA (*building MA*), is for long-term- the upwards of 2 years 'residents' and the other, Batiment QHCD, for the 'less than 2'. The first wing is mayhem. The second, less so but definitely not the "Savoy" of London. Cell windows are single pane glass. This is France- rarely did they lock properly from the cold. The iron bars, spaced at 15cm apart, with a top and bottom welded and strung "holding band"; had then been supplemented, on the exterior, by an aluminium panel that viewed as a grid 3.5cm, but it's cubed. There's depth. One can see straight ahead, but not left or right much. None of this is legal by the

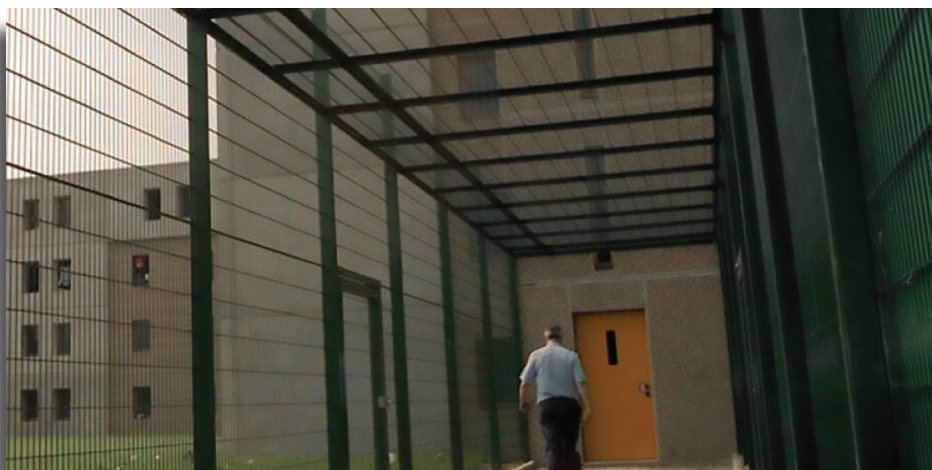


Photo: Saint Quentin Fallavier Prison

way. But the French don't really care. Few parts of S.Q.F. were made according to Euro law. I knew a guy who drove without his license once too often & I knew more than one with murder, terrorism or human trafficking charges. It's all the same in France. They all end up in concrete box, wrapped haphazardly in razor wire & forgotten.

"Yo-yos" were how the men sold, bought, helped, punished & threatened each-other quietly. A torn sheet, tied to a second, third and so on. With a weight on its outer end (usually a semi-filled bottle of water, to spin from slow to fast in the direction of the receiver, who would have his hand or a stick out a twisted metal hole torn in the 3.5cm grid to allow the end to arrive so the recipient could pull it indoors.

Drugs were available 24/7, though they did slow down over-night. Over-night the men would throw their yo-yo's across one another to create "pinch" of webbing and collect packages that had been thrown over the walls. It was incredible. They'd work for hours. But this was the main entry point for phones, drugs, photos, & letters that needed to be passed un-read. Anything.

Anything was possible.

Once or twice a week, fireworks would go off, celebrating this or that guys birthday, release date, or new years eve. It was so loud, so continuous, that I my heart stopped jumping at the booms, the screams and the cries in the night. I slept very poorly with a fork in my hand for the first month. Until I was comfortable that being Australian was almost enough to keep my presence novel and non-threatening. I was going to be fine.

Then I settled in for the long haul.

My second "Co-pilot" was a shut-in. Yet he continued his day to day hashish dealings with little interruption.

Every visit included at least 30 grams of black or yellow, high density and quality, waxy/chalky hash.

I was stunned. He and I smoked hash in blunt wraps and played Sega mega-drive for 2 weeks... until his x-box arrived and then for 3 weeks that's all that happened for me until I got a job.

I am a chef by trade & the logical choice was to work in the cuisine (*kitchen*). So I did. The drugs got even more prolific. Since guys from all over the prison converged at work, the selling, buying, passing on, handling & using drugs was far more profitable than the 3.45 EU per

hour we were paid. At least I was out of the cell. Workers got private "promenade" (*walk*) timeslots in the afternoon between shifts and we got to drink real coffee for free in the morning. What was not explained is that in getting a job, you give up your access to schooling. Spanish, Italian, English & French linguistic classes. Sports access. Bibliotheque (*library*) accessibility. Discussion groups. Philosophy groups. Religious plans. Anything you may have had going for you to enjoy your life, or display a wish to do good things in the world, "disparue" (*disappears/gone*). All your ideas of good behaviour is out the window & through the bars & the grid to the end of a yoyo stuck in a shrubbery of razor wire.

Thanks for the job, chief. Work? You can buy toilet paper. Don't work? Enjoy the view and the one bar of soap a month. Doesn't seem fair. Doesn't seem humane. We went months without toilet paper, especially when Covid was hitting. It was outrageous and humiliating. We were jokes to most of the staff. Though of course, some 'screws' cared.

I worked for 3 months in the cuisine, until one legitimate death threat and two others that went "un-seen" happened.

I had become decidedly untrustworthy.

My sheer amazement at the way things worked was enough to be branded as a narc. I was the only Australian to ever be incarcerated at Saint Quentin Fallavier & I had no idea what to do.

What I did know, is that my penchant for drugs was not severe enough to risk what happened to guys that couldn't support their habits. 500 euro debts turned into 1500 Euro debts in minutes or seconds. Bi-carbonate of soda is priced similar to the cocaine itself. Jeeezus.

I had made a decision before I went to prison to stop using. Part of my (extremely selfish) motivation on the night of the 22/08/2021 was to run away from my wife and my responsibilities, my drugs and my alcohol problems.

Why not see a part of the world very few do at the same time?

I did. It was awful.

But I got my self-control back. Something happens to you when you witness a man lose a large part of the skin on his face over half a pouch of tobacco.

Those guys don't just fight. There's no warning. It happens so fast, it's difficult to know who had started what. Simple fist fights would break out

often. But knife fights, when the blades are so sharp, so small and so disposable that wounds takes *time* to appear. It was never possible to judge how serious things had gotten until at least 30 seconds had passed.

When fights broke out, those not involved would stop and stare, waiting for a sign. Sometimes it felt like watching brothers in a living room. At other times, when the blades were out and those involved had been awake for a week with no plans to rest- it was less so.

That's another level of violence I never thought possible. Life-changing elbows and knuckles. Tiny little pieces of folded paper that can cut deep enough to resemble pork belly. The kind that puts men in wheel-chairs or takes batteries of surgery to correct.

I never knew what real violence meant. Some men and women feel pride in the severity. Anyone privy to what happens to men in 21 hr/day lock ups knows what generally ends up exploding in the exercise yards. It's violence; profound & unforgettable. It's not worth any of it. Nothing's worth that trip to the hospital. On Sundays, there weren't even doctors available.

Sundays were dangerous.

I read and wrote most of the time I was away. I tried to find something, anything to make my days seem worth it. Friends, stories, drawings, poems. I taught myself to read and write French.

I learnt that everyone has a story, no matter how ugly or poor they seem or how serious their crimes.

I got to know guys that were part of running many of the markets across Europe and North Africa. While we are all human, some people in this world are so capable, that drugs just make sense. The world moves too slowly for them otherwise. Saint Quentin Fallavier is where some of them converge. Incredible strengths walk by incredible weakness'.

I've never heard an Australian boast about the kind of quantities that the Europeans talked about as being a 'bad week' for them. Tonnes.

I have to say that, in my opinion, there is no stage of the criminal drug trade worth the product. A gram in the hand represents a lifetime of prison years, loss of sons and daughters to the trade- loss of life itself in many cases. A sobering

fact is that both the tax-man and the dealers need drugs to be illegal to turn that insulting, music generating profit. It's not good for anyone 'in control' to legalise expensive substances. But that's another story & mine is nearly finished.

I was granted liberation on 02/02/2021. But it wasn't until the 16/08/2021 that I actually walked out the door. No calls from the bars for "Bonne chance!" or " Bonne courage!" (*'good luck' and 'hang in there'*).

Just another morning that included my leaving- as quietly as I arrived.

I was driven from Lyon to Paris, again in those evil square cuffs, interlaced with the belt.

6 hours with the Gendarmes (*armed officer*).

I arrived in Paris - to the refuge & political holding "Le Mesnil Amelot". A place that is often surrounded by protestors.

On the morning of the 17th, I was supposed to fly to Doha with Qatar, but I'd been bumped. So back I went to the "political prisoners holding facility". To the fields of razor wire and the fine steel grills. We were a little more free than in prison. Phones were legal, but nothing was free. A 1 inch toothbrush and 2grams of paste. 2 plaques of soap at a square inch. 2 sachets of over-perfumed shampoo & as much cold water as you could ever want.

It was a new prison, with similar inter-character rules. But my initial fears subsided quickly as I fell in with the Algerians again. Just like in prison, I found myself quickly comfortable around those guys. They're thinkers. They're kind.

Since being organically off drugs in prison, I've gotten back to Australia and found Sublocade®. It's as good as they all say. Though I've slipped up a handful of times, I've not OD'd once, & not withdrawn for any amount of time.

It's a considerably better way of life.

"Game Changer" mais oui, en fait.

One of my close friends only recently said:

"The first time I smoked heroin I felt like I'd found what I'd been looking for my whole life"

I couldn't agree more and most of the readers would know what that feels like. But since prison, now that I can do as I please, that painful little bump in the belly has been the difference. I don't use. I don't need to. There's so much to do & while Saint Quentin Fallavier has changed me

forever, I have hours upon hours extra in the day now, thanks to my own aspirations, yes- but also thanks to Sublocade®.

**To find out more about
Sublocade® or Buvidal®
long acting buprenorphine
injectable,
contact your GP/doctor.**



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.

NBOMe

N-BOMB, 25I, 25I-NBOME, 2C-I-NBOME, BOM-25, PANDORA, SOLARIS, DIVINATION, WIZARD SMILEYPAPER

NBOMe is an abbreviation for N-methoxybenzyl. While NBOMe is often referred to as a drug, it's not a singular drug but a series of drugs that contain an N-methoxybenzyl group.

The most common NBOMes that are used recreationally are extensions of the 2C family of phenethylamine psychedelics that were discovered by Dr Alexander Shulgin. Some, such as 2C-B, became popular in the 1990s as a substitute for MDMA (commonly referred to as ecstasy). A relatively new and popular research chemical, there are a number of different NBOMes. **The most common substances in the group are 25I-NBOMe, 25B-NBOMe and 25C-NBOMe.** While they belong to the same drug type, their chemical structures have differences. **These are the 3 that we will focus on for this Substance Spotlight.**

The NBOMe series are analogues of the 2C series of psychedelic phenethylamine drugs that include an N-methoxybenzyl substituent. NBOMes are also referred to as a research chemicals, or New/Novel Psychoactive

Substances (NPS) because they are designed to mimic or produce similar effects to common illicit drugs-in this case, psychedelics.

Psychedelics are drugs which alter the perception, causing a number of mental effects which manifest or show up in many forms including altered states of consciousness, visual or tactile (feely) effects.

It is often sold in blotter (paper tab) but can also come in capsules, tablets, as a liquid, or as a powder. **It is often mis-sold as LSD as it is much cheaper to produce.** Users report an uncomfortable body load with very strong visuals, though with less of a mental aspect than most psychedelics.

Because they have received a lot of negative coverage in the media and have caused multiple fatalities, NBOMes don't have a good reputation. Nevertheless, it's typically safe at lower common doses and some people enjoy its effects.

When using strong+ doses, it may be more likely to cause confusion and be overwhelming than other psychedelics. It could also contribute to HPPD* at a somewhat higher rate.

ADMINISTRATION

Most commonly ingested orally, paper blotters are put under the tongue, held in the cheek, and powders are usually snorted or swallowed.

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.*

25I-NBOMe

Buccal (cheek) & Sublingual (under tongue)

Light: 200 – 500 µg

Common: 500 – 800 µg

Strong: 700 – 1000 µg

25B-NBOMe

Buccal & Sublingual (under tongue)

Light: 100 – 300 µg

Common: 350– 500 µg

Strong: 500-700 µg

25C-NBOMe

Buccal & Sublingual

Light: 100-300 µg

Common: 300-800 µg

Strong: 800+ µg

Do NOT exceed 1500 micrograms of any

NBOMe type.

To look up other NBOMe doses we recomend that you do your own research. See our resources at the end for places to look.

Paper Blotters typically range in concentration from 500 µg to 1500 µg. There can and will be a bit of variation in their content and you can't necessarily trust the dosing a seller recommends. As such, this is not a drug where more than one blotter should ever be taken.

WHAT DOES IT LOOK LIKE?



*What is HPPD?

=Hallucinogen persisting perception disorder

Hallucinogen persisting perception disorder (HPPD) is a chronic and non-psychotic disorder in which a person experiences apparent lasting or persistent visual hallucinations or perceptual distortions after a previous hallucinogenic drug experience, usually lacking the same feelings of intoxication or mental alteration experienced while on the drug. The hallucinations and perceptual changes themselves are usually not intense or impairing and consist of visual snow, trails and after images (palinopsia), light fractals on flat surfaces, intensified colors or other psychedelic visuals. People who have never previously taken drugs have also reported some visual anomalies associated with HPPD (such as floaters and visual snow).

WHAT DOES IT FEEL LIKE?

NBOME EFFECTS

POSITIVE

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

Strong open/closed eye visuals, including trails, color shifts, brightening, etc.

Mood lift

Euphoria

Mental and physical stimulation

Increase in associative & creative thinking

Increased awareness & appreciation of music

Life-changing spiritual experiences

Erotic, sexual thoughts and sensations

Feelings of love and empathy

NEUTRAL

General change in consciousness

Pupil dilation

Difficulty focusing

Unusual body sensations (facial flushing, chills, goosebumps, body energy)

Change in perception of time, time dilation

Slight increase in heart rate

Yawning

NEGATIVE

Likelihood of negative side effects increases with higher doses.

Confusion

Looping

Scrambled communication

Nausea

Vasoconstriction

Insomnia

Looping, recursive, out of control thinking

Paranoia, fear, and panic, agitation

Unwanted and overwhelming feelings

Unwanted life-changing spiritual experiences

Seizures

Hypothermia

Organ failure

Death

AFTER EFFECTS

Afterglow- An afterglow may be present until a day after use, sometimes more depending on the individual.

LONG TERM EFFECTS

A relatively high rate of HPPD has been reported (all anecdotal data) after the use of the NBOME chemicals.

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.

DURATION

Depending on how it is administered, and which variant and other substances are cut into it, the effects of NBOMes can last anywhere from 5 to 24 hours.

25I-NBOMe

Onset: 45-90 minutes

Duration: 5-10 hours

After-effects: 6-24 hours

25B-NBOMe

Onset: 20-40 minutes

Duration: 8-12 hours

After-effects: 2-6 hours

25C-NBOMe

Onset: 20-40 minutes

Duration: 8-12 hours

After-effects: 2-6 hours

SAFER USING TIPS

Tabs of NBOMe are often mis-sold as LSD.

This is worrying because LSD starts to take effect quicker than NBOMe, so people who are expecting their trip to start sooner assume they haven’t taken enough and take another hit. This can have serious consequences as it greatly increases the risk of overdose.

Internationally, there have been multiple deaths linked to NBOMe, mostly due to overdoses. This is because it is very hard to get an accurate dose. It is very easy for someone estimating NBOMe doses to get this wrong and take too much.

- Always try to use in a safe environment with friends & people you trust who have some knowledge of basic first aid and access to a phone.

- Due to its high potency, you should avoid ANY intranasal use. (snorting)
- As a general rule- Always start with a very small amount to test the strength.
- NBOMe can usually be distinguished from LSD by its bitter and metallic taste. Unlike LSD, it numbs the gums and tongue.
- Low doses are safer, especially If you aren't sure what you have. NBOMe is very potent and a small amount can result in overdose.
- Snorting drugs is often risky – taking NBOMe this way has been associated with hospitalisations and death.
- Avoid re-dosing, it can increase the chance of overdose.

Avoid mixing drugs as the combined effects can be unpredictable and increase risk. NBOMe is a powerful psychedelic and not much is known about how it interacts with other substances.



REAGENT TEST KIT RESULTS

Reagent test kits are available online or from Smoke Dreams, Off Ya Tree and other commercial ventures. We suggest you google it and check the forums for reputable sales options. Also, some services and Student Unions at Universities have been giving them out in the past.

It is IMPORTANT to know that reagent tests will generally ONLY tell you if the substance you are testing for is in it- NOT how much or what other substances have been mixed into it.

Until Victoria/Australia accept and make Drug Checking services LEGAL, we need to stick to safer use and harm reducing techniques to keep ourselves and our friends safe while taking substances.

THIS IS A GUIDE ONLY.

SEE INDIVIDUAL TESTS FOR INSTRUCTIONS AND RESULTS

Test Name : Colour result

25I-NBOMe

Marquis: Orange > Black.
Mecke: Brown > Black.
Mandelin: Brown > Black.
Froehde: Yellow
Ehrlich: No colour change.

25B-NBOMe

Marquis: Dark Green.
Mecke: Dark Green.
Mandelin: Red and Green.
Froehde: Yellow
Liebermann: Yellow > Black.
Ehrlich's: No colour change.

25C-NBOMe

Marquis: Slow Purple.
Mecke: Brown.
Mandelin: No colour change.
Froehde: Yellow.
Liebermann: Yellow > Black.
Ehrlich's: No colour change.

WARNING

Tests should be carried out in a controlled environment with strict adherence to safety & instructions requirements.

Reagent tests contain toxic and corrosive chemicals. On contact, it will cause staining and damage, with a possible risk of burns. Take proper care to keep away from skin, eyes, mouth and clothing at all times. Do not breathe fumes or allow contact with skin or eyes. If possible wear protective gloves and eye or face protection.

AND.... WHAT ABOUT THE LAW?



ROADSIDE DRUG TEST:

NBOMes are not tested for in roadside drug tests.

Be aware when you've combined with other substances- knowingly or not - such as cannabis or MDMA, which ARE detectable.

THE LAW & NBOMES:

N-methoxybenzyl is a *controlled substance in Australia.

**The laws surrounding NBOMes and other new/novel psychoactive substances(NPS) are complex and vary across jurisdictions. In order to deal with the rapid growth in the number of NPS, from 2013 onwards some Australian states (including QLD, NSW, SA and WA) introduced blanket bans on possessing or selling any substance that has a psychoactive effect (exempting alcohol, tobacco and food). In other Australian jurisdictions, specific NPS are banned with additional NPS regularly added to the list.*

Commonwealth laws are also in place that ban any substance with a psychoactive effect that is not otherwise covered by existing legislation.

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;

DETECTION:

NBOMes are **not** a part of routine drug screens available in hospital or other clinical laboratories. There are no rapid immunoassay screening tests or point-of-care devices that can detect the presence of NBOMes in urine specimens. Testing NBOMes in serum is typically not available in most hospitals. Presently, a few commercial reference laboratories offer a qualitative screen to identify the presence of 25I-NBOMe, 25C-NBOMe, and 25B-NBOMe in blood, serum, or urine samples.

REFERENCE & RESOURCES

The information in this WHACK Substance Spotlight has been collected and collated from multiple up to date and reliable resources.

- Tripsit
- The Drug Classroom
- DanceSafe
- Erowid
- Australian Drug Foundation
- NBOMe-a Very different Kettle of Fish-by D.Caldicott, S. Bright, M. Barratt
- State Library NSW
- NDARC/ UNSW
- World Health Organisation
- Wikipedia

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

NICOTINE VAPING LAWS ARE CHANGING

From the 1st of October 2021, those using nicotine vaping devices were no longer be able to legally purchase nicotine vaping products from overseas websites without first obtaining a doctor's prescription.

Thousands of people across Australia have taken to nicotine vaping as a way to quit or reduce smoking cigarettes, and current estimates, including from Public Health England (PHE), maintain that vaping is 95% less harmful than tobacco. Many see vaping as a harm reduction tool and a positive alternative to smoking tobacco, but policy makers in Australia have opposed regulation of the devices and the liquid for commercial use. There have been several applications made to our national regulator, the Therapeutic Goods Administration (TGA) to re-schedule nicotine for personal use, all of which have failed. The TGA say that, "Just like combustible cigarettes, these products contain nicotine which is addictive and harmful. They should not be your first choice when trying to quit smoking," despite evidence to the contrary from international health bodies.

Their recommendation is that people pursue Nicotine Replacement Therapy (NRT) options to reduce or quit smoking, products like nicotine gum and patches which are regulated by the authority.

But vaping proponents argue that these devices are a competitive alternative to tobacco, which is still widely available and not directly regulated by the TGA.

You can read about options for obtaining a prescription for nicotine at the TGA's website and you can also follow the local campaign to legalise vaping on Twitter @LegaliseVaping or #LegaliseVaping.

Finally, check out John Safran's new book *Puff Piece* which takes a look into this hazy issue.

READ MORE HERE:

<https://www.tga.gov.au/blogs/tga-topics/nicotine-vaping-laws-are-changing>

<https://www.penguin.com.au/books/puff-piece-9781760890155>

QUEENSLAND

LAZY DRUG JOURNALISM 101: THE PETTY CRIME MONTAGE

AOD Media Watch publish peer-reviewed articles examining media reporting on alcohol and other drug related issues, in an effort to support journalists who report well on the issue and educate those who continue to report poorly.

In 2020, AOD Media Watch published a piece criticising the *Cranbourne Leader's* naming and shaming of people who had committed petty drug-related crimes on their Facebook page. This year, the *Queensland Times* have written a similar article. Here's an excerpt of the sort of petty reporting conducted by the *Queensland Times*:

"One man named in the *Queensland Times* report was allegedly strip searched after failing a drug drive test — where police found a small amount of cannabis and issued a \$350 fine. Another woman named in the *Queensland Times* report had her home raided; police found 0.2mg of cannabis and issued a \$750 fine."

Sarah Reed is a board member of QUIVAA and QUIHN and Jaye Murray a QUIVAA board member, both are harm reduction allies and friends in Queensland.

In their piece for AOD Media Watch, they state "Mainstream media outlets have the power to unite and/or divide people through a common enemy. People who use drugs are often painted as one of those common enemies. A part of the great unwashed. The press creates our future by how it reports our past."

They highlight the harm caused to our community by shaming initiatives, also pointing out that, "Evidence overwhelmingly shows that most people who use drugs do not experience harms or become dependent. And of those who do develop drug-related problems, most have had adverse childhood experiences, traumas and/or psychosocial disabilities."

READ MORE HERE:

<https://www.aodmediawatch.com.au/lazy-drug-journalism-101/>

NEW ZEALAND

CALLS FOR NEW ZEALAND TO MAKE THEIR TEMPORARY DRUG CHECKING LAW PERMANENT

Following harms including death from obscure drugs at New Zealand festivals and events, a temporary law was introduced to legalise drug checking services.

This initiative has been well received in New Zealand, with services being offered across the country by agencies including Know Your Stuff NZ, who conduct regular, free, legal and discreet checking.

Wendy Allison is the managing director of Know Your Stuff NZ and earlier this year said, "We looked at Australia before we started doing this and we went sniffer dogs, strip searches, dead kids we're not doing that." The Pill Testing Australia campaign locally has trialled pill testing successfully at two events in the ACT and lobbied for the initiative to be made legal. Despite these calls from experts and Harm Reduction Victoria's DanceWize program, there has been little political support.

The growth of new drugs with unknown risks entering the market has driven the calls for pill testing as a stop-gap initiative to reduce the potential for harm including death amongst our community.

We hope Australia will follow in New Zealand's footsteps and legalise the initiative. Check out DanceWize's Pill Testing Explained video at our website and check out pilltestingaustralia.com.au for more information about the campaign.

READ MORE HERE:

<https://theconversation.com/after-the-last-summer-of-terrible-drugs-its-time-to-make-nzs-temporary-drug-checking-law-permanent-165612>

MELBOURNE

LOCAL LAWS ON ALCOHOL CONSUMPTION IN PUBLIC SPACES

The Yarra Drug and Health Forum made a submission to the City of Yarra Council in July 2021, pointing to the evidence that shows public drinking laws are often harmful to the Aboriginal community and other vulnerable groups, including people who are experiencing homelessness, mental illness or drug dependence. They made a recommendation to adopt a public health and community capacity building approach in lieu of a local law.

The City of Yarra have proposed a revised local law to manage public consumption of alcohol after a two-year long review process with key stakeholders.

The focus has been to move public policy away from punitive responses to public consumption, which too often exacerbate harms and lead to incarceration of vulnerable groups at a higher rate than others.

To find out more about this campaign, visit the Yarra Drug & Health Forum who have held community forums on the topic, bringing stakeholders together to raise these important issues and call for a health-based response.

READ MORE HERE:

<https://theconversation.com/>

<https://ydhf.org.au/law-making-around-alcohol-consumption-in-public-spaces/>

NEWS FROM OZ & NZ

Home Grown..

SCOTLAND

SCOTLAND MOVING AWAY FROM PUNITIVE ENFORCEMENT OF DRUG LAWS

In Scotland, the lord advocate is the position title for the senior Scottish law officer. And in a significant policy move for people who use drugs, the lord advocate has announced that individuals caught in possession of class A drugs in Scotland could be issued with a police warning rather than facing prosecution. Though this is still far from decriminalisation, it is a step away from harmful punitive measures, which leave people who use drugs in a more difficult position than before the enforcement. Of course this announcement drew a quick backlash from conservative forces, who believe in persecution measures as key to drug policy. But campaigners and officials dealing with Scotland's drug problem see this as a step in the right direction, complementing and extending diversion from prosecution programs, for crimes associated with problem drug use. David Liddell, the chief executive of Scottish Drugs Forum, said of the initiative, "(it) takes us closer to having a criminal justice system that can deal more effectively with supporting people away from criminal activity."

READ THE FULL ARTICLE HERE

<https://www.theguardian.com/uk-news/2021/sep/22/scotland-to-reduce-prosecutions-of-class-a-drug-users>

VENEZUELA/BOLIVIA

VENEZUELA AND BOLIVIA REJECT US CLAIMS THAT THEY HAD FAILED TO MEET COUNTERNARCOTICS OBLIGATIONS

US President Joe Biden released a memo, saying that the two South American countries had not improved their efforts over the past 12 months.

Most countries around the world are signed on to international conventions under the United Nations, aimed at limiting the possession, use, trade in, distribution, import, export, manufacture and production of drugs. These conventions lie at the heart of our international war on drugs and were heralded by the United States in the 1960s and 1970s.

Bolivia is the world's third largest producer of cocaine, manufactured from coca leaves which are central to the indigenous Andean culture. Coca growers have faced persecution from international efforts, including CIA-led destruction of farms vital to community wealth. This has caused local friction, with growers protesting against laws and enforcement, but has equally lead to the control of markets by often violent criminal forces, seeking to profit from the artificially elevated prices caused by the global state of affairs.

The administrations of both countries are required to pursue prohibition efforts, including eradication of crops, which they have said they are doing. "We have a strategy, we have a plan, and we have the mission of a full fight against drug trafficking," stated Bolivian Interior Minister Eduardo del Castillo in reply to Biden's memo.

Venezuelan Foreign Minister Felix Plasencia accused Washington of behaving like a "supranational police of sovereign and independent states," and said, "Venezuela complies strictly with the requirements of international conventions on the control of psychotropic and narcotic substances."

READ THE FULL ARTICLE HERE

<https://www.reuters.com/world/americas/venezuela-bolivia-reject-us-accusation-non-cooperation-drugs-2021-09-16/>

What in the World?!

NEWS FROM THE WORLD

PHILIPPINES

PHILIPPINES PRESIDENT RODRIGO DUTERTE TO BE INVESTIGATED FOR CRIMES AGAINST HUMANITY

Duterte's bloody war on drugs has seen indiscriminate murder of drug users, with stories of people dragged from their beds in the night, bound and murdered and left bagged in the streets as a warning to others.

This terrible state of affairs may be coming to an end, with an election looming in 2022 and an announcement from the UN-backed International Criminal Court (ICC) on an investigation into the killings. Duterte has rejected the investigation and said that he will not submit himself to a foreign tribunal and that the Philippines will not cooperate in the ICC investigation into the so-called drug war.

In his almost six years in office, the Philippine leader has repeatedly lashed out at the UN, calling it "inutile" and threatening to "burn" the organisation down. He has also hurled personal insults at UN officials, calling former human rights chief Zeid Ra'ad al-Hussein an "idiot" and referring to former human rights investigator Agnes Callamard as a "fool" and a "whore". For the community of people who use drugs in the Philippines, we hope that Duterte sees justice and that local organisations are able to pursue a path on drug policy that respects human rights.

READ THE FULL ARTICLE HERE

<https://www.aljazeera.com/news/2021/9/22/duterte-tears-into-un-as-he-chides-interference-in-drug-war>



Undoing Drugs

The Untold Story of
Harm Reduction and the
Future of Addiction

Maia Szalavitz

Author of New York Times Bestseller *Unbroken Brain*

NEW BOOK: UNDOING DRUGS: THE UNTOLD STORY OF HARM REDUCTION AND THE FUTURE OF ADDICTION

Maia Szalavitz is an American reporter and author who focuses on science, public policy and addiction treatment. Her new book *Undoing Drugs: The Untold Story of Harm Reduction and the Future of Addiction* takes a dive into the many layers of harm reduction and how advocates around the world have fought back against policies that too often exacerbate racial inequities and social justice. Szalavitz puts it simply, "Harm reduction applies the core of the Hippocratic oath—first, do no harm—to addiction treatment and drug policy. This takes the focus off of psychoactive drug use itself." At the height of the US HIV/AIDS epidemic, Szalavitz found herself addicted to opioids, with no clue that sharing syringes could spread the deadly new virus that was already killing so many. She shares her personal journey alongside tales of harm reduction heroes who have fought back against government policies criminalising and further harming the community of people who use drugs.

Undoing Drugs: The Untold Story of Harm Reduction and the Future of Addiction is available now from your preferred book seller.

READ THE FULL ARTICLE HERE

<https://www.motherjones.com/media/2021/09/harm-reduction-movement-war-on-drugs-undoing-maia-szalavitz-book-review/>

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 
4 Johnston Street
Collingwood
ph. 9448 5530
Mon,Tues,Wed & Fri
11am-1pm
Breakfast Program

  showers &
washing machine
facilities available

Inner Space 
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

**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

INNER
STHEAST

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

GENERAL (DRUG RELATED) HEALTH SERVICES

Non judgmental healthcare: doctors and nurses as well as a range of other services incl. counselling, showers NSP, info re. Pharmacotherapy, Rehab & Detox info, Hepatitis testing & treatment & MORE!

Your local community health centre (CHC) is a great place to access free or low cost health services.

You can find yours by looking up the health department's directory:

www.health.vic.gov.au

Directline

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.

**24 hours 7 days
1800 888 236.**

Victorian Aboriginal Health Service

Ph: 03 **9419 3000**

PAMS

Pharmacotherapy Advocacy Mediation & Support service

HRVic's PAMS service can assist with program maintenance-financial help, transfer local & interstate, mediation of disputes with prescribers or dispensing pharmacy.

**11am-5pm Weekdays
Ph. 1800 443 844**

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

(SECADA)

Intake & Assessment Team

122 Thomas St
Dandenong
**Ph: 03 9792 7630 or
Ph. 0434 601 300**

The Living Room

7-9 Hosier Lane
Melbourne CBD
Ph: 03 9945 2100
Ph. 1800 440 188

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
Ph. 1800 032 017
(toll free outside Melb only)

Family Planning Vic

901 Whitehorse Road
Box Hill
Ph: 03 9257 0100 or
Ph. 1800 013 952

WOMEN'S SERVICES

Safe Step's 24/7 Family Violence Response

Ph. 1800 015 188

W.I.R.E. Women's Support Line

327 Spencer Street
West Melbourne
Weekdays 9am – 5pm
Ph: **1300 134 130**
telephone interpreter service available

Walk In service closed until further notice

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
1800 133 302

Women's Welcome Centre

20 Flemington Road
Parkville
Ph: 03 8345 2000

Flat Out: Statewide Support for Women Leaving Prison

255 Ballarat Rd
Footscray
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
Thornbury
Mon- Fri 9.30 am – 5pm
Ph: 03 9484 1666
www.whin.org.au

Needle and Syringe Programs (NSP)

These lists are always changing.

You can also find an NSP in your area, by calling **Directline (1800 882 360)** or if you don't mind paying, **basic** equipment can be purchased & 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

**7 days a week
6.30 pm – 9.45 pm
except public holidays
Ph: 1800 642 287**

North West (NWOS)

**7 days a week
6.00 pm – 1 am
Ph: 0418 170 556**

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 12.30-4.45pm &
5:30pm-9.45pm
Sat & Sun 12.00-3.15pm
& 6.30pm-9.45pm
OPEN PUBLIC HOLIDAYS**

Fixed Site Services

(call in & pick up your equipment)

NOTE: Most of services and community health centres listed in GENERAL HEALTH SERVICES also have NSPs on site.

Salvation Army Health Information Exchange

29 Grey Street
St Kilda
**24 hours 7 days
ph: 03 9536 7703**

**Please be aware that items such as sterile water and wheel filters are not always free.*

Monash Health Drug & Alcohol Service

Needle Syringe Program
122 Thomas Street
(Ground Level)

Dandenong

Ph. 03 9792 7630

SHARPS

20 Young Street
**Frankston
Ph: 03 9781 1622**

Youth Projects Glenroy

6 Harington St
Glenroy
Phone: 03 9304 9100
Mon-Fri 12:00-5:00 pm
(Except Public Holidays)

Whitehorse CHC

43 Carrington Road
Box Hill
Ph: 03 9890 2220

Corio CHC
2 Gellibrand St.
Corio
10am-4pm weekdays
Ph: 1300 094 187

Belmont CHC
1-17 Reynolds Rd
Belmont
Weekdays 8.30am-5pm
Ph.03-4215 6800

Newcomb CHC
104-108 Bellarine Hwy
Newcomb
Ph. 03-4215 7520

Anglesea CHC
McMillan St
Anglesea
Ph. 03-4215 6700

Torquay CHC
100 Surf Coast Hwy
Torquay
Ph. 03-4215 7800

Ballarat CHC
12 Lilburne Street
Lucas
Ph: 03-5338 4500

Bendigo CHC
171 Hargraves Street
Bendigo
Ph: 03-5448 1600

NSP VENDING MACHINES

Geelong
Outside Barwon Health
Building B on Ryrie st,
(between Bellarine and Argle
Streets).

Corio CHC
Outside
2 Gellibrand St.
Corio

OTHER SERVICES

MSIR (Medically
Supervised Injecting Room)
23 Lennox St
Richmond
PH. 9418 9811

Call for opening hours

**IF YOU WANT
TO GET
VACCINATED?
FOR COVID &
ARE HAVING
TROUBLE ?
FINDING A
CLINIC OR
BOOKING AN
APPOINTMENT,
CHECK OUT
THE COVID
INFO AND
VACCINE
CLINIC
DIRECTORY ON
OUR WEBSITE!
TODAY!**

www.hrvic.org.au/vax-clinic-list

YOU
MEAN
I CAN ONLY
PICK ONE?!!

10
10/11
1/3 TL.