USER'S NEWS

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Issue No 53 Autumn 2008

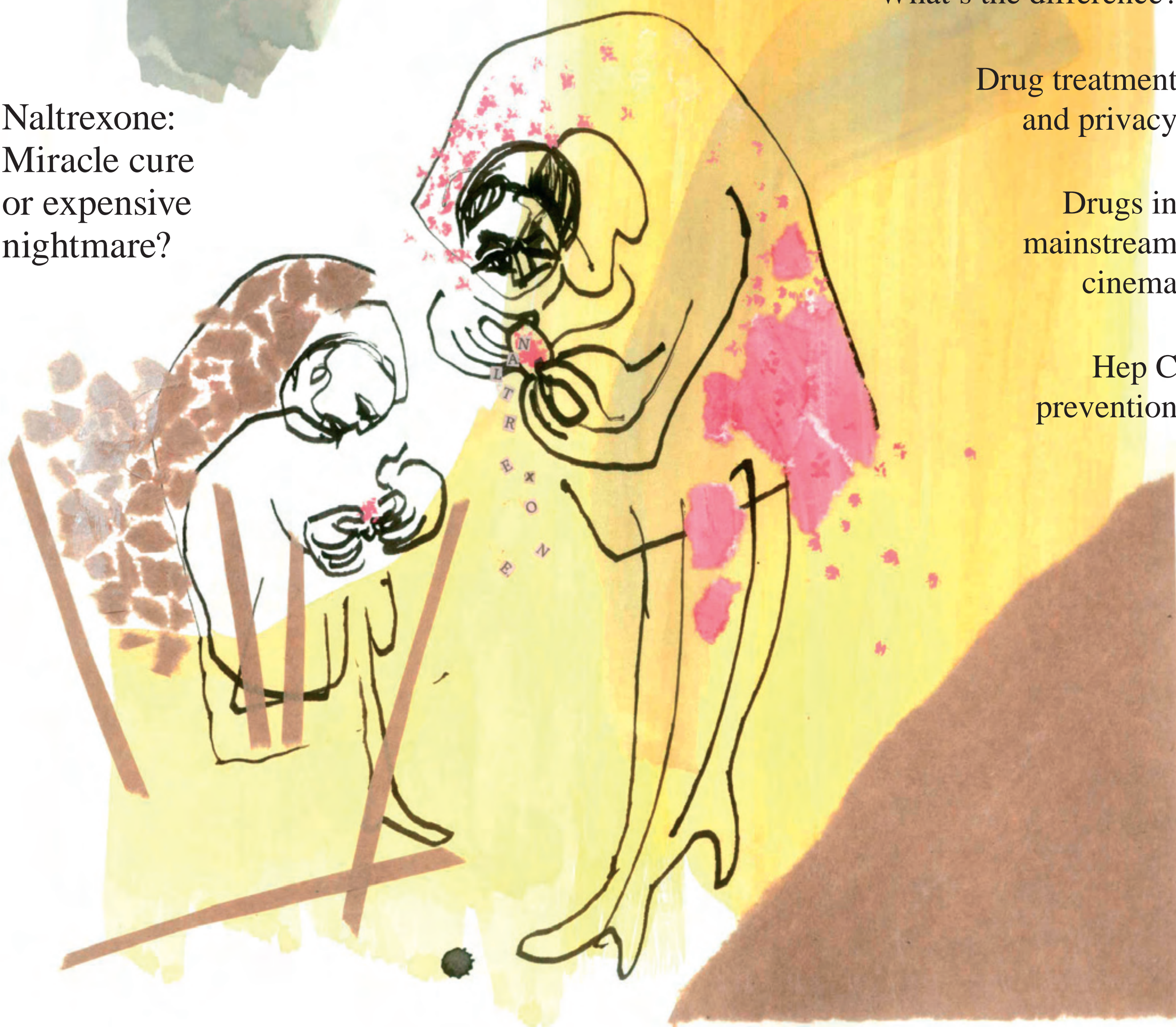
Brown versus white heroin: What's the difference?

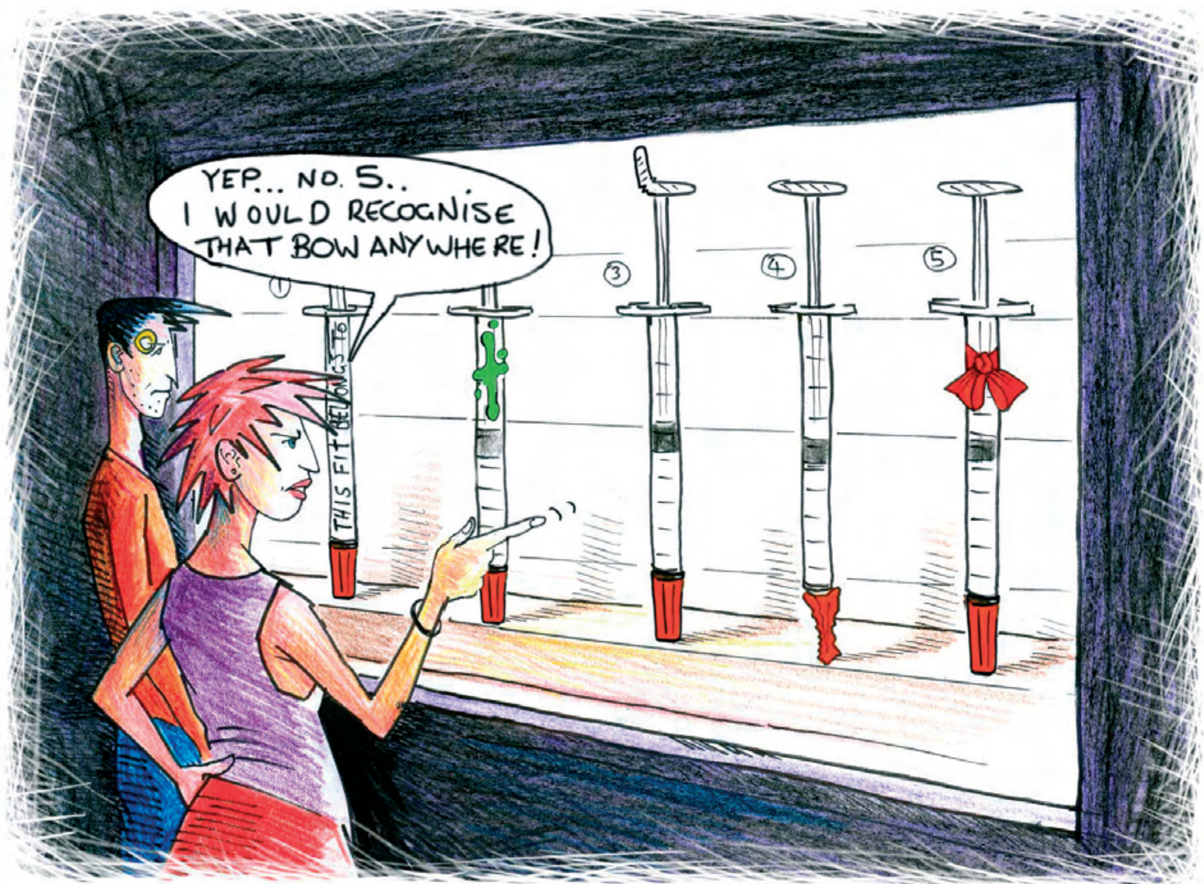
Drug treatment and privacy

Drugs in mainstream cinema

Hep C prevention

Naltrexone: Miracle cure or expensive nightmare?





Keeping track of your fits

Obviously, it's always best to use new equipment every time you have a shot.

However, sometimes this is not always possible and people do find themselves having to use their fits again. If you have to re-use your fit, it's important to know which is yours and which is someone else's such as your partner's. One way to do this is to mark your fit in some way.

Here are some ways you can mark your fit:

- Crimp the top of the cap of your fit with your teeth (before you re-cap)
- Bend part of the plastic disc at the base of the plunger with your teeth
- Rub or scratch out one of the numbers off the barrel
- Mark the barrel with a coloured marker (in a unique way that only you would have done)

Of course, make sure that you choose a different method from those who you regularly use with, such as your partner or housemate.

It's also a good idea to hide your fit, along with your spoon and other paraphernalia, where no-one else is likely to find it.

If you think you might have to use your fit again, remember to always clean it with bleach and cold water before and after your shot.

Having said all this, remember: The best thing is to always use new equipment. So stock up at your local NSP.

Using is more fun without hep C

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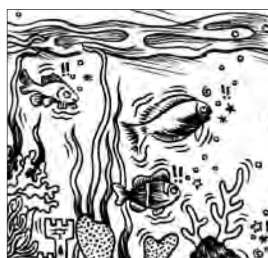

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Editorial — Why Punishing Drug Users is Immoral

The criminalisation of drugs has been a fact of life for so many years that we forget what a comparatively recent phenomenon it is. Those who advocate for the end of drug prohibition often find themselves on the defensive, having to argue step by step why we should end criminalising drug users. But what if we put the onus on the other foot? What if we ask the basic question: on what basis should drugs should be crininalised in the first place?

Douglas Husak, a Professor of Philosophy at Rutgers University in the United States, places this very question at the heart of his 2002 book, Legalize This! The case for decriminalizing drugs. Husak asks the fundamental question: should drug users be punished? The book tallies every argument for punishing drug users Husak can find and finds each of them to be flawed. He concludes that criminalising drug use is immoral and inconsistent with our basic values, and that "…the best reason to decriminalize drug use is that the reasons to criminalize drug use are not good enough."

Husak's argument for switching the question around is very simple: punishing a person is the most severe thing the state can do to a citizen, and so the burden of proof should fall on those who think punishment is justified. The state cannot justify sending someone to prison, even for a short time, simply on the basis that that's the law, you're breaking it, so therefore you deserve punishment. Good reasons need to be produced to punish people (and he points out that not knowing the consequences of removing punishment — one reason people give for keeping the status quo — is no reason at all).

Husak devotes most of his book to a systematic repudiation of the reasons given to justify punishing people for using drugs. He begins with the idea of deterrence.

Many people who support drug prohibition agree that most people who use illicit drugs do not experience any particular adverse effects from their drug use. But they argue that because some people damage or ruin their lives through drugs, then everybody who takes them should be held accountable. But in modern, civilised societies punishment must always be personal, not collective or vicarious. Collective punishment, as Husak points out, is the tactic favoured by terrorists. "Justice requires us to provide a rationale for punishing the specific individuals who are punished", he writes. "We should not pretend that we have provided a personal justification for punishing [American mafia boss] James Geddes if we punish him for what Sue Miller has done." Husak doesn't deny that collective punishments can be effective, but that "we oppose them because we recognize them to be unjust."

The deterrence argument has particular resonance when it comes to protecting the welfare of children. Many parents, for example, would accept that if a few young people are caught up in the criminal justice system to act as a deterrent against most kids taking drugs, this is acceptable. But how many of these parents would call the cops if it was their kid using drugs? Most parents would want the law to be as far away as possible, so how could those same parents desire others' kids to get involved? As Husak says, "We approve of punishing your kids to protect my kids, but feel altogether differently when my kids are punished to protect yours." Why, when we instinctively know the law is the last place we would turn when our kids get into trouble, do we then think the law is useful on a larger scale?

In any case, Husak points out that the "alleged concern for the welfare of children seems to vanish as soon as they actually begin to use illicit drugs." At that point zero tolerance kicks in, and we're quite happy to see those same kids get criminal records, fall into prostitution, become petty criminals and languish in prison.

Of course, the reason for wanting to deter people from drugs in the first place is the alleged danger they pose to those who take them, and on this Husak devotes considerable space to the real dangers of drugs, especially when compared to many other activities people enjoy.

Husak doesn't deny that there is some risk associated with taking drugs, and even concedes that punishment might be justified when the risk goes beyond a certain point. How, then, are we to ascertain the risks of using drugs? He points out that most of us are "woefully inept at evaluating risk" and that there is a tendency for us to exaggerate the risk of unfamiliar things, while minimising the risk of things we approve of or are accustomed to. In addition, we tend to exaggerate the risk of things that receive a lot of negative publicity.

Many readers of User's News will not have to read on to know what Husak is alluding to here, but for good measure, take prescription drugs as one example. Husak writes, "The assumption that illicit drugs are unsafe, and prescription drugs are safe, is perhaps the greatest myth surrounding the debate about criminalization." He points out that approximately 100,000 Americans die each year from adverse reactions to legal medications, "making prescription drugs one of the leading causes of death in the country." This compares to the 25,000 Americans who die each year from illicit drugs, the vast majority caused not by the drugs themselves but rather by drug prohibition (in his analysis of this, he concludes that very few drug fatalities are caused by the drugs themselves). And that's before he gets on to alcohol, tobacco, mountain climbing, football and skiing…

Legalize This! discredits almost all of the other arguments in favour of punishing people who use drugs, especially the moral and religious arguments for which we don't have space to tackle here. It would be difficult for any reasonable, rational person to not conclude after reading the book that punishing a person for using drugs is immoral and unjustifiable.

Legalize This! The case for decriminalizing drugs (197 pages) is published by Verso. You can also read it online by going to http://books.google.com and typing Legalize this! In the search engine.

Gideon Warhaft

The Eleventh Commandment: Thou Shalt Get High

An academic from the Hebrew University of Jerusalem has claimed that Moses was probably on psychedelic drugs when he heard God deliver the Ten Commandments on Mount Sinai.

"As far as Moses on Mount Sinai is concerned, it was either a supernatural cosmic event, which I don't believe, or a legend, which I don't believe either, or finally, and this is very probable, an event that joined Moses and the people of Israel under the effect of narcotics," said Dr Benny Shanon, a professor of cognitive psychology at the Hebrew University of Jerusalem.

Dr Shanon says Moses was probably also on drugs when he saw the 'burning bush':

"The Bible says people see sounds, and that is a classic phenomenon," he said, recounting his own experience of using 'ayahuasca', a powerful psychotropic plant, during a religious ceremony in Brazil's Amazon forest in 1991.

"I experienced visions that had spiritual-religious connotations," he said. Dr Shanon noted that the psychedelic effects of ayahuasca were similar to those produced by brews made with the bark of the acacia tree, which is frequently mentioned in the Bible.

Source: AFP

Aussie School Kids Escape Piss Lotto

Anti-drugs campaigners have been lobbying the government to have Australian children tested for drugs with compulsory urine or saliva tests in schools. The former British prime minister, Tony Blair, once floated a similar proposal for British students.

But a year-long study into the proposal by the Australian National Council on Drugs (ANCD), has determined that testing Australian schoolchildren for drugs would waste more than $350 million a year and unnecessarily set students against teachers.

In its findings, the ANCD said there was insufficient evidence to show drug testing at the nation's schools would have any benefits. "It wouldn't be reliable, it would be very costly and it's ineffective," said the council's executive director, Gino Vumbaca. "It has to be remembered that students bonding with schools depends on trust and nurturing relationships. Drug testing is only likely to break that down."

The study has estimated that conducting a single saliva test for each Australian student would cost $355 million (or $302 million for a single urine test each). Even random testing of one in ten of the nation's 3.3 million students each school term would run up a bill of $110 million and the costs would run into the billions of dollars if the tests were weekly.

The principal author of the report, Ann Roche, was also concerned about the accuracy of the tests: "We had concerns about false positive readings. Falsely accusing a child of illicit drug use could obviously have negative legal and social impacts ... to say nothing of potential psychological damage."

Drug Free Australia, which has been pushing for drug tests at schools, yesterday questioned the study's findings: "Ask teachers and parents, drugs are a major problem and testing will help to solve it," said its executive officer, Jo Baxter.

But Garth Popple, an executive member of the National Centre on Addiction, said alcohol abuse was the major drug issue facing teenagers, with 67,000 students aged 13 to 17 drinking at harmful levels in any given week. "Alcohol is a major drug problem in this country," he said. "Drug testing in schools is not going to address this issue."

Source: Sydney Morning Herald

Heroin Prescriptions Approved by Danish Parliament

The Danish health ministry announced in February that parliament had approved a pilot medical scheme which will legalise prescriptions for heroin to some Danes with acute heroin dependency.

70 million Danish kroner (about 16 million dollars) will be spent in 2008-09 on treating about 500 of the worst affected and most marginalised users in the country. Heroin will be prescribed in combination with methadone, with the aim to rehabilitate and reduce the criminal activity of those on the program, the ministry said.

The Danish initiative is inspired by a similar program in Switzerland.

Pharmacists Contemplate Go-Slow on Speed

There are renewed calls for pseudoephedrine products to be removed from pharmacies. The pharmacists division of the Association of Professional Engineers, Scientists and

Managers claims that pharmacy staff are at risk because of frequent robberies conducted with the aim of obtaining products containing pseudoephedrine.

Spokesman Geoff March said recent measures to restrict sale of the products to legitimate customers do nothing to stop the robberies: "The profits made out of diverting pseudoephedrine into amphetamine are obviously huge. We've had break-ins and of course a lot of pharmacists [have been] called in to secure the shop at night. There's been a number of hold-ups as well."

He said restricting the sale of the products to legitimate customers does nothing to stop drug-related robberies: "This is a relatively long-standing issue we've faced within community pharmacy," he said. "Taking pseudoephedrine out of pharmacies would probably reduce that issue."

Source: ABC News

News

Death of a True Economic Conservative

William F Buckley, a controversial far-right American author, TV presenter and social commentator, has died at age 82. Buckley founded and wrote for the conservative magazine *The National Review*, hosted the talk-show *Firing Line*, and wrote more than 40 books. He was openly racist and homophobic, once suggesting that gay men should be tattooed on their buttocks to stop the spread of HIV/AIDS. Despised by many left-leaning thinkers, Buckley delighted in shocking those whom he regarded as wimpish liberals.

But Buckley was also a life-long opponent of the War on Drugs. He wrote many columns and appeared on television debates arguing that drug prohibition was stupid, costly and did not work. He was one of those Republican conservatives (of whom there are quite a few in the US) who believe in small government, minimal interference in personal liberties and the rule of the free market: he couldn't see how dedicating trillions of tax-dollars to catch and jail people for using drugs would make the world a better place. Far from having what he would have seen as a bleeding-heart liberal concern for drug users, he simply didn't want to spend the money on giving them "three hots and a cot" for decades on end.

Most importantly, perhaps, Buckley's outspoken stance on the failure of drug prohibition made it more acceptable for other, less extreme social commentators and policy makers to come out and admit that they, too, thought the War on Drugs was bad policy.

Buckley's death reminds us that although drug prohibition is more associated with conservative rather than liberal politics, the idea of governments taxing their citizens to the tune of billions in a futile war against them harming themselves is anathema to true economic rationalists and small-government conservatives.

Tennessee Stamps Out Illegal Drugs

The US state of Tennessee has collected nearly $3.5 million since it began enforcing its tax on illegal drugs two years ago, officials from the Department of Revenue have said. The state's Unauthorized Substances Tax of 2004 requires anyone in possession of an illegal drug to buy and affix tax stamps to the drugs' packaging.

Under the law, information provided to the Department of Revenue to buy the stamps cannot be used in criminal prosecutions. Stamps are sold for all different drug types and there is a toll-free number for stamp application requests.

However, of 726 stamps sold so far, none have turned up on seized drugs, said Loren Chumley, commissioner of revenue for the State of Tennessee. Rather, the stamps have become curiosities bought by collectors.

While the stamp idea may seem ludicrous, the real purpose of the law appears to be the penalties that result form selling unstamped drugs. Fines may equal up to ten times the amount of the tax, and are vigorously collected by the Department of Revenue. Two dozen other US states have similar laws.

Source: The New York Times

UK Report: Jail Won't Solve Drug Crime

Convicted drug users should not be sent to prison because it does more harm than good, a report from the influential UK Drug Policy Commission has said. Up to 65,000 of the 82,000 prisoners in England and Wales are thought to be problem drug users and two-thirds of these are convicted of less serious crimes such as shoplifting and burglary. The commission has recommended that these offenders should not be jailed.

Although the report states that almost a third of heroin and crack users arrested admit to committing an average of one criminal offence (apart from using and possessing drugs) a day, it also says that community treatment programmes would be more effective in reducing those crimes than prison. The UK Drug Policy Commission has also expressed concerns that drug treatment programmes in prisons have not worked and that inmates are at great risk of infection from bloodborne viruses, such as hep C and HIV.

The report also points out that drug use in prison appears to be increasing, with results from random tests revealing that heroin use is now more widespread than cannabis use in jails. Other findings are highly critical of how little is known about the effectiveness of drug treatment programs in prisons, despite a £330 million investment by government.

No evaluations have been conducted to establish whether drug-free programs based on cognitive behavioural therapy work. With the prison population in the UK at a record high, the commission says that the inherent pressures have created an environment "unlikely to be conducive to recovery".

Source: The Observer

THE BENEFITS OF MEDICALLY PRESCRIBED HEROIN

Heroin should be medically prescribed and provided for the maintenance treatment of opiate dependency. With heroin prescribed for opiate dependent users there would be less demand for street heroin and therefore less crime. This would reduce the strains that heroin users put on taxpayers, insurance companies and the criminal justice system.

Additionally, there would be a marked improvement in the health of drug users. There would be less risk of exposure to bloodborne viruses like hepatitis C and HIV through unsafe injecting practises and less physical damage inflicted from impure substances being mixed with street heroin. A regulated, guaranteed supply of pure heroin would also give users the opportunity to improve their personal circumstances by freeing up their time and resources in order to establish a healthier, more productive lifestyle.

A *Medical Journal of Australia* study in 2000 estimated that there were between 67,000 and 92,000 heroin dependent users in Australia in 1997-98. Having these users in treatment would reduce the demands on the criminal justice system (police, courts and prisons). According to a report by a Turning Point Alcohol and Drug Centre report, total drug law enforcement expenditure in 2003/03 was estimated to be $558.9 million. This figure is undoubtedly greater today.

It is widely known within the legal system that a large majority of crime is drug related and that the high volume of such offences is clogging up the criminal court system, placing unnecessary demands on police, courts, and the already overcrowded prison system. There is a growing realisation among criminal justice experts that prohibition and criminal enforcement of illicit drug usage has been, and continues to be, ineffective. For one thing increasing the funding and resources to law enforcement and introducing harsher penalties for traffickers has consistently failed to stem the flow of drugs into our country. Even the National Crime Authority concluded: "If the present policy of prohibition is not working then it is time to give serious consideration to the alternatives, however radical they may be." That was in 1989.

The treatment of drug dependency needs to be addressed from a health perspective, not a criminal justice one. According to the 1997 United Nations Drug Abuse Index, illicit heroin has the largest number of negative effects on users' health. Control of the quality and purity of heroin by prescription as a treatment option for dependent users would reduce the risk of exposure to intravenously transmitted diseases such as hepatitis C and HIV, often spread through unsafe and unsanitary injecting techniques.

Drug users are not medically trained in intravenous injection and usage often occurs on the street and at a myriad of other questionable locations. When users experience withdrawal there is often little consideration of the consequences of unsafe administration. Sharing of injecting equipment such as water, spoons and filters, let alone the syringes themselves, are all contributive factors to the spread of bloodborne viruses.

Pure prescription heroin could be administered by trained staff who could ensure users had the information and skills needed to use heroin more safely. Users wouldn't have to split their drugs with other users or share injecting equipment, and the instances of bloodborne virus transmission would likely plummet. Also, pure prescription heroin would be free of the sometimes nasty additives that are found in street heroin. This alone would contribute massively to the health of users and take pressure off the health system.

There are also many benefits to the quality of life of heroin dependent users by the provision of pure, medically dispensed heroin. Dependent users are subject to many negative effects on their lifestyle, some of which include: dysfunctional and/or co-dependent relationships; criminal activities to fund their habits; and an inability to gain or hold down employment or engage in study (which would allow them to better their socio-economic status). Dependency in itself is a full-time activity, whether procuring the funds required to obtain the heroin, waiting to acquire it, using it or experiencing withdrawal. This endless cycle of events requires all of one's time, focus and motivation.

With a regular and controlled supply of prescription heroin, all of this time and energy could be better expended pursuing productive activities. Working, studying, being a good parent and pursuing healthy leisure activities are examples of the opportunities opened to a user who has their daily dose guaranteed.

Contrary to popular belief, heroin users are often highly capable and talented (not to mention resourceful) people. They are therefore well equipped to achieve 'normal' lifestyles and consequently become productive members of society, should prescribed heroin be provided to them.

By prescribing heroin to users, all Australians could benefit from the users among us having the opportunity to become contributing members of society.

Candice

My Love

I'm currently in jail and this is a story about what happened to me back in '99. It all started in the days when the gear was good and my outlook on life was bleak. At 15 I had my first smoke of gear with this girl Sara I was going out with. It was during the time of the big gear boom in Canberra. We were in a run down flat we called junkie's paradise. After about five weeks Sara told me that it was a waste to smoke the gear. So she grabbed a quarter of gear and a fit. We used the same one, of course: back then I didn't know anything about hep C. I was already running a habit now. Using a fit was like all my Christmases had come at once. I don't know if it was the taste or the feel of the steel but I liked it.

We both loved the gear and we loved each other. I was running pretty hectic back then, pumping bag snatches, armed robberies, breaking and entering and stealing cars so I could support both our habits. So it was a surprise to neither of us when I got pinched for a stolen car. I knew I was going away for a few months at least. I pleaded guilty and a week later I was sentenced to six months in a juvenile justice centre.

Sara gave me a big kiss and a gram of gear, a cut down one mil fit and a fifty of pot. She told me she loved me and promised she would visit every second week.

The next day at breakfast I was sitting down eating rice bubbles when I was called for a visit. I was surprised and glad to see that it was Sara and my best mate Steve. Sara gave me a big kiss and a gram of gear, a cut down one mil fit and a fifty of pot. She told me she loved me and promised she would visit every second week. She told me she couldn't wait for me to get out 'cause she was missing me so much and it had only been a week. My time passed pretty quick with the help of my girl who visited me every fortnight as promised.

Bodine Amerikah

The moment I was released I made the call that I regret every day of my life. I called my Asian connection and bought a five-weight bag off him. Then I ducked off between these two shops to have a shot. I put the shot away: my eyes rolled back and my face went numb. I knew what was going on and soon hit the deck. I came back to life with ambos asking me if I was alright and if I wanted help. Of course I didn't want help so I signed a form saying it's not their blue if I die and off I went back to junkies paradise. On the way I realised someone had stolen my phone and keys while I was passed out, but I still had the gear — it was in my shoe.

When I walked through the door Sara was all over me with kisses and cuddles and I said, "Let's go for a drive." She asked me if the car was stolen. "Of course it's stolen", I replied. "You will never learn", she said. "Only six hours out and you've already stolen a car." We jumped in the car and went out to the Cotter dam for the day, just me and her. Once there we had a big shot and I went on the tilt. I came to after a while and realised Sara's wasn't there so I went looking for her.

I found her in the toilets passed out with a fit in her arm, not breathing. I couldn't ring the ambos 'cause I didn't have a phone. I grabbed hold of her and held her in my arms for what seemed like forever. I carried her to the car and drove flat out to the hospital. On the way I gave her mouth to mouth. The drive seemed so slow and the hospital so far away. By the time I got her to the hospital it was too late. They tried everything but couldn't revive her: she was gone.

I lost my soul mate, best friend and the love of my life. It's eight years on and I still have a pain deep within my chest that I can't fix. I still love her and miss her so much and wonder what life would have been like if it wasn't for the gear. I've been on the methadone for five years now and try hard to stay clean. I just wish I could turn back the clock and save the love of my life.

CMB

RIP Sara 1981 - 1999
You were and still are
the love of my life.

Drug Treatment and Privacy

People heading off for drug treatment usually have enough on their plate without worrying about the finer points of negotiating their privacy. But how many clients are aware of the damaging consequences that can result from the potential use of documentation made about them during their treatment? I am very disturbed that 'case management notes' documented by alcohol and other drugs (AOD) counsellors may cause clients harm in their future dealings with the legal system.

When a person asks for help from a drug treatment facility (whether it's a detox, rehab, outpatient service, methadone or buprenorphine clinic), an AOD counsellor will be assigned to manage their case. As a part of case management, the counsellor will take a personal history from the client to find out about their drug use, physical and mental health, risk taking behaviour, family and parenting, housing, coping mechanisms, employment, education and training, social relationships, financial resources and legal issues. This documentation is to help staff at the service determine appropriate treatment strategies that best suit the client.

Collecting documentation about one's drug history is doubtlessly well intentioned, but unfortunately, it has a potential downside. Drug treatment services require their clients to sign a document authorising them to collect personal information before treating them. There is a clause in these agreements that states the information may be passed on to third parties if "…the disclosure is required or authorised by or under law".

The disclosure of personal information is regulated by the Federal Privacy Act 1988, and anything that is documented in medical and counselling notes can be mandated for report to other organisations or subpoenaed to be used for or against a person in court. This happens with custody and parenting cases in the Family Court, in sexual assault cases and in criminal courts.

In one case an ex-husband subpoenaed all his previous wife's medical and counselling documents to use against her in the Family Court to prevent her access to her eldest son. His own drug use had never been documented so he was not questioned. She had attended a rehabilitation centre the previous year and expected that her counselling sessions would be confidential. Medicare documents, subpoenaed by the ex-husband's solicitor, revealed all her medical and counselling contacts and he subsequently subpoenaed over 50 documents in what amounted to a fishing expedition for ammunition to use against her in court.

The ex-husband's solicitor had no opposition in accessing all her medical documents and counselling notes. Her own solicitor advised her there was little she could do to prevent this and that it was in her best interests to comply. While there are avenues to object to a subpoena, she was advised that it would look bad in court to try and block access to her files, so her ex-husband's lawyer had a field day digging through her most intimate and vulnerable moments which had all been recorded in the case management notes of various counsellors and doctors records.

During my research I read *Surviving the Legal System* by Dr S. Caroline Taylor, which outlined how victims of sexual assault can also have all their medical and counselling notes used against them. "It is common practice for defense barristers to subpoena counselling and medical records (including records of medical treatment and counselling ... received prior to as well as following a sexual assault). Sometimes ... work and education records will also be subpoenaed. These records will be closely read to find any information that might assist the defense case."

If this happens with victims of sexual assault, imagine how much more incriminating evidence could be found in the medical and counselling notes of an illicit drug user. For those who have had such records subpoenaed and used against them, the legal situation creates an extremely damaging scenario which isolates them from seeking further help for their drug problems, since they are (rightly) afraid of creating more evidence which can be used against them.

Is a person with a drug problem to be dammed if they do not access treatment but even more dammed if they do?

Elizabeth Schiemer
Registered Nurse

This is an edited version of an article published in the February-March issue of FDS Insight*, a publication produced by Family Drug Support.*

One Big Mistake

Why is it that some people can make a million mistakes in their lives and still be forgiven for them — or at least not be held accountable forever — while others can make one single mistake which has such an impact that it leads to a hundred thousand more mistakes? Some of us make such a mistake that robs you of all rights including, most especially, the right to be forgiven.

> I am genuinely happy if I do nothing else amazing in my life, just to be able to say "I'm a mum".

We go for a loan: No — addict. A house: Noooo — junky. Help from welfare agencies: You're joking, right? And don't even think about fighting for your kids 'cause all he's got to say is 'junky' and they'll instantly jump over to his side even if you're the better parent. It's like, but he grows drugs, he sells drugs, he smokes drugs, not to mention his violent tendencies. And I don't even drink, let alone use illegal substances anymore, but oh, no, no, no — it says here that back in 1999 you got hooked on heroin, so whatever saintly, wonderful things you may have done since just don't count!

I can tell you now that the biggest mistake I made, the one that cost my family so dearly, was ever thinking to myself I was choosing the right path for my kids' future by hooking up with a straight, working class guy — besides the fact we all know that straight don't really mean straight: just means you don't shoot up. You can smoke pot daily, smoke crystal on night shifts and drink every arvo, but if you don't inject you're straight. Man, did I choose the wrong drug… If I'd chosen to smoke crystal instead of injecting heroin, I could stand up there and tell the magistrate in my custody battle that I'm straight too, just like him!

My baby was breast fed for ten months and now he's claiming he was the main carer! The fucker would kick me out of bed for having the bedside lamp on when I fed my little bubby, so how the hell can they swallow his loving fatherly bullshit? Because in 1999 she got hooked on heroin. That's how he can feed them all the shit he likes. I should have lost all my naivety by now, but here I'm saying look, I'm telling the truth so I don't have nothing to worry about, right? But no, no, no ... 1999, remember?

I look at my little angel and I just ache at the possibility that she could lose me, she could want me and call for me and miss me and not be able to have me. Man, this is a cruel, harsh world. I always used to think I could protect my kids and love them and this world wouldn't break them, but now I know they can actually take your child's life and throw it into turmoil and there is just nothing you

Rose Ertler

can do about it. And before everyone who has ever had their kids taken from them thinks I'm taking a stand for them — I aint! I commend DoCS for saving vulnerable, innocent kids from selfish, neglectful parents. But there are people with drug histories who really are good parents and who have left our mistakes in the past and moved on.

> They can actually take your child's life and throw it into turmoil and there is just nothing you can do about it.

I made a huge mistake went I got on drugs and for that I accept there's going to be a price to pay, but at the same time I was a 17 year old kid. I wasn't mature enough to handle all the responsibilities I had on my tiny little shoulders after the life I'd lived and the shit I'd been through. It was almost inevitable that I'd be exposed to drugs and without any adult guidance around me, shit just happened. I rarely talk about my childhood or shit that's happened, because if I even start to, I feel guilty for thinking oh, poor me, but I just feel I have copped enough and I deserve the right to basically just be forgiven, or at least to not have to keep answering for all this stuff from years ago. I mean if I was still out there, running amok then yes, I'd have a lot to answer for. But when you put in the effort and time has passed and you really have proven yourself, then shouldn't you be given the right to not have that crap thrown in your face anymore?

They say when you get off drugs you can have a normal life and not be looked down on, but the truth is once you've used, it don't matter how much you change: they hold it over you for life. That doesn't mean we may as well keep using, because my life now, without drugs, is incomparably better. I'm proud to say my entire life now and everything I do, every thought I have, revolves around my kids. I'm genuinely happy if I do nothing else amazing in my life, just to be able to say "I'm a mum" — in the true sense of what mums are meant to be — that is such a warm, satisfying feeling.

So here I am. It's Wednesday, she's at her dad's for our temporary shared care arrangement until we either agree on something at mediation or go back to court. I can't wait till 4pm on Saturday, when she'll run into my arms. I hope he appreciates his time with her as much as I do. Most of all I pray to God the magistrate decides on the basis of what truly is best for her: I can't bear to see her get hurt.

Samantha

How long for a Clean Urine?

Going to rehab any time soon? Most rehabs require you to have no drugs in your system before they'll admit you. Many people choose to go to detox before they go to rehab, but if you're self-detoxing at home before you go to rehab, the following guide could be useful.

Drug	Time
Alcohol	8 - 12 hours
Amphetamines	2 - 4 days
Barbiturates	
(short-acting eg. seconal)	1 day
(long-acting eg. phenobarbital)	2-3 weeks
Benzodiazepines	3 - 7 days
Cannabis first-time users	1 week
long-term users	up to 66 days
Cocaine	2 - 4 days
Codeine	2 - 5 days
Ecstasy (MDMA / MDA)	1 - 3 days
LSD	1 - 4 days
Methadone	3 - 5 days
Opiates (eg. heroin, morphine)	2 - 4 days
PCP	10 - 14 days
Steroids (anabolic) taken orally	14 days
taken other ways	1 month

Note:

Cocaine is difficult to detect after 24 hours.

A special test is needed to detect Ecstasy, as it is not detectable in a standard test.

Testing for LSD has to be specially requested.

Monoacetyl morphine (confirming heroin use) cannot generally be detected after 24 hours, and it converts to just morphine.

The information here was drawn from drug-testing labs, medical authorities, and internet reports. It is intended as a general guide only, and cannot be guaranteed for accuracy. The times given refer to the standard urine test - other tests may be more specific and accurate. Detection times will vary depending on the type of test used, amount and frequency of use, metabolism, general health, as well as amount of fluid intake and exercise. Remember, the first urination of the day will contain more metabolites (drug-products detected by the test) than usual.

Naltrexone — No Substitute for the Hard Yards

Lissette, a previous contributor to User's News, caught up with her friend Tanya to get her views on naltrexone, a treatment for heroin dependency. Tanya talked about her experiences going through Ultra Rapid Opioid Detox and the effectiveness of this radical treatment that captured Australia's attention in the late 1990s.

Lissette: **How did find out about Naltrexone?**

Tanya: My parents took me to a conference at Westmead hospital in 1998, where naltrexone was being trialed. Only 160 people were to be chosen. Hoping I would get the chance to be a guinea pig my parents entered me into an electronic lottery where the winners were to win an Ultra Rapid Opioid Detox. It was mass hysteria; there were over 1000 users and their loved ones packed into four auditoriums. People were being turned away at the door, praying for a miracle. Me? I was in the toilets shooting up and I nodded off the whole way through the presentation. Days turned to weeks and we got no reply — not that I was in a hurry. I was managing my habit just fine at the time, or so I thought.

L: **So how did you end up choosing the Ultra Rapid Opioid Detox method?**

T: The courts had bailed me on the condition that I reside at my parents before entering drug treatment. My parents told me that I would have to obey their rules or they would call the cops. They were at their wits end, and so was I — I just wanted to jump out the window and find me a shot of heroin. I mean I wanted to give up, don't get me wrong, it's just I was confused and addicted to heroin. Then one day mum showed me a women's magazine with an article that read something like, 'I woke up cured from heroin!' My parents had bought it hook, line and sinker. I was informed that they had bought me a ticket to Israel to go and get cured.

L: **So what information were you given on the procedure and what was the screening process?**

T: My parents took me to a doctor who went on a big spiel about the miracle drug naltrexone and how they would shove tubes down my throat and clean out my blood of all the heroin, all for the price of about $9,000. The doc said I would wake up feeling good with a naltexone implant firmly in place and the implant was supposed to last six months. He checked my track marks and he told me to stop using heroin immediately — yeah right. To me the whole thing just sounded out there. But I was willing to give it a try for my parents sake, since they already had everything booked and paid for and it was all non refundable. They sent us a pamphlet in the mail describing the Ultra Rapid Opioid Detox and as we went through it I was shitting myself. Little did I know I was leaving in two days.

L: **So where did you receive your treatment and how did it all go?**

T: I went to Tel Aviv in Israel. I had my last shot at the airport and the anticipation was mounting. I was shit scared and already thinking of ways on how to cash in my return ticket and go score.

When I finally got there I was picked up, taken to the clinic and shown a few forms. I was told of the potential dangers that the heavy sedation could cause. I stripped down, put a nappy on and was handed a handful of pills. I got on the table and after many tries they shoved a needle in my arm. Then before putting me under deep sedation they showed me the white, milky liquid that was going to be 'flushing' me out.

L: **And when you came to?**

T: I felt like shit. My throat felt like I had eaten a cactus and I could not control my bowels. I was dizzy and I just wanted to throw up. The hanging out was so intense it was pure hell. I was in and out of consciousness and I hardly knew where I was. The whole time in Israel is a blur the last thing I remember is being wheeled onto the plane.

L: **And when you got home how did you feel?**

T: Like a big pile of nothing. I still had major withdrawal symptoms and still had to wear the nappy coz the diarrhea just wouldn't stop. I felt so weak: I couldn't eat, drink or sleep. I got a rash near the implant zone as the implant was so uncomfortable under my skin. I still had cravings to go use but just didn't have the energy. I would have done anything to make the pain stop.

I was so depressed. I was always feeling cold but then after about six weeks I felt well enough to walk around. So I tried shooting up to see if I would feel anything and I did. Only then did I feel better. So within three months I dug out the implant. My tolerance had really reduced, but I just kept on using like nothing ever happened. It didn't occur to me that I could have easily OD'd.

L: **Were there any positives?**

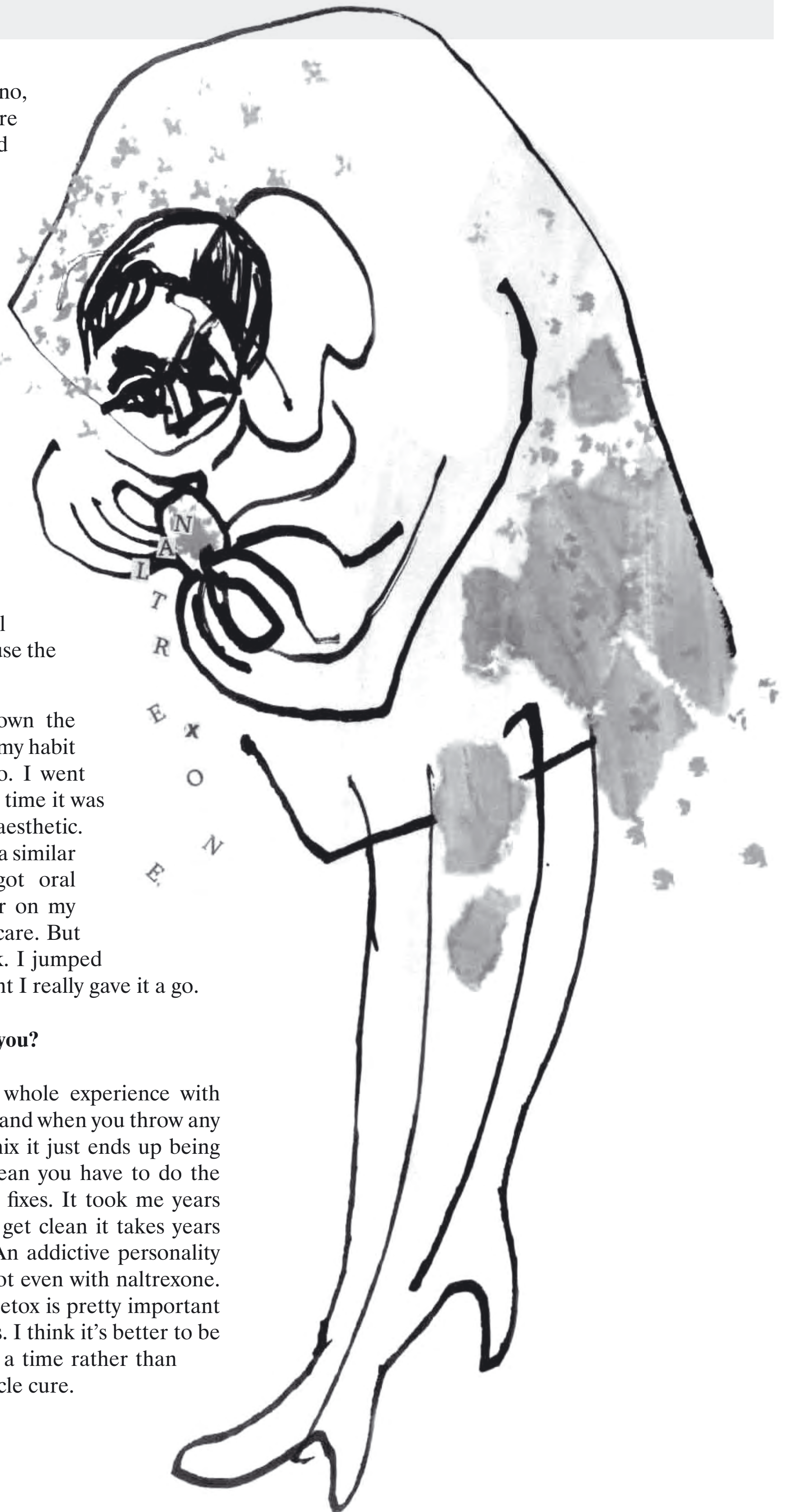
T: Yeah, I guess. I got to be 'clean' for three months. And I must admit I might have felt good for about a second at least. I thought I had accomplished something.

Physically it was hell — I dunno, even the withdrawals were more full on than a normal detox and they lasted a lot longer.

L: **So why didn't this type of detox work for you?**

T: Well for starters I don't know if I wanted to give up in the first place. And I think the whole Ultra Rapid Opioid Detox was in its experimental stages. I don't think anyone knew what they were doing really, not even me. Everything happened so fast. Looking back it was all very shady and very expensive. And after all the money we spent I got no real results. I just kept on using because the cravings were still there.

But then a couple of years down the track I got sick of having to feed my habit so I went back for a second go. I went through another detox, only this time it was a Rapid Detox under general anaesthetic. It was done in Australia and was a similar procedure, only this time I got oral naltrexone tablets. It was easier on my body and I got a lot more aftercare. But even this second try didn't work. I jumped off the tablets and used. I thought I really gave it a go.



L: **So did Rapid Detox work for you?**

T: No, not really. For me the whole experience with detox has always been a bad one and when you throw any kind of Rapid Detoxes in the mix it just ends up being a bad recipe. Because to get clean you have to do the hard yards. There are no quick fixes. It took me years to get myself in the hole, so to get clean it takes years and many tries to get it right. An addictive personality does not disappear overnight, not even with naltrexone. Also remembering the pain of detox is pretty important as it's part of the healing process. I think it's better to be conscious and detox one day at a time rather than get your hopes up on some miracle cure.

I woke up cured

The 1997 *Women's Weekly* article, 'I woke up cured of heroin', sparked enormous public and political interest in naltrexone in Australia. Naltrexone is a safe and inexpensive drug which is well absorbed when taken by mouth, lasts for a couple of days, and is very effective in blocking the action of opiates, including heroin. After the Women's Weekly article appeared, the Australian media ran hot with stories about the amazing benefits of naltrexone. Naltrexone was the Miracle Cure of the Year. Politicians and media commentators abused clinicians and researchers who, having been caught out before, demanded to see evidence of the effectiveness and safety of naltrexone before endorsing the drug.

Transferring a patient from heroin to naltrexone was and still is difficult. But the big breakthrough was to start naltrexone while the patient was under a general anaesthetic. This was called 'Ultra Rapid Opiate Detoxification' (UROD). Clinics sprung up across Australia in response to strong demand. An alternative technique, using heavy sedation, was called 'Rapid Opiate Detoxification' (ROD). UROD and ROD generally cost between $5,000 and $10,000 (including follow up), and many desperate parents or partners somehow scraped the money together. After UROD or ROD, patients were supposed to take naltrexone tablets by mouth every day for many months, preferably supervised daily by a loved one.

Then the problems really started. Worrying reports started circulating. Maybe there was an increased risk of death when people took naltrexone for a while and then started taking heroin? Maybe the success rate of naltrexone, whether started with UROR or ROD, was not as great as some had claimed? Maybe some of the private clinics providing naltrexone services were less honourable than others?

Several states funded research projects, which showed similar results. There was no doubt that people who started taking naltrexone and kept on taking the drug did fantastically well. But in one Australian study, only 2% of patients were still taking naltrexone after only six months. Unfortunately, research also confirmed that the death rate in people stopping naltrexone treatment was eight times higher than in people stopping methadone or buprenorphine treatment. Australian research found similar results to studies in other countries. The word also got around the Australian drug using community that naltrexone was not all that good, not all that safe and cost a bomb. Demand for naltrexone treatment began to dry up. Many of the clinics providing naltrexone started going out of business. Some actually went bankrupt.

A small group of clinicians and researchers continued to defend naltrexone very strongly, especially in Perth and Brisbane. A Perth doctor began to manufacture naltrexone implants. Supporters of naltrexone implants argued correctly that the oral treatment itself was very effective but the real problem was that patients stopped taking this effective treatment. The implants were inserted under the skin in a small surgical operation. These implants then slowly released naltrexone into the blood stream just as if the patient was taking their tablets every day. Unfortunately the Therapeutics Goods Administration (TGA), which regulates devices like this in Australia, has still not approved naltrexone implants. Despite the lack of TGA approval, interested clinicians and researchers were still able to provide naltrexone implants to patients under a special government scheme originally designed for terminal patients with diseases like cancer or AIDS and expected to live for only a few months. At least 1500 naltrexone implants have been inserted in Australia. The exact number is unknown. These days there a few different kinds of naltrexone implants used in Australia. The TGA insists that some of them are stamped 'not for use in humans'. It is not yet clear whether patients are told this.

Very few doctors or researchers working in the alcohol and drug field in Australia still support naltrexone or naltrexone implants. Since the catastrophe with thalidomide in the 1960s, leaving thousands of people severely deformed, medicine has become a lot more conservative about new medications, and doctors now work on the basis that all new drugs are ineffective and unsafe until they have been proven otherwise. The consensus among both Australian and overseas experts is that naltrexone implants have not yet been proved to be either effective or safe.

Naltrexone is also controversial in political circles. The former Minister for Health, Tony Abbott, and the Federal Liberal MP Bronwyn Bishop are among the strongest supporters of naltrexone in the Federal Parliament. Ms Bishop chaired a parliamentary enquiry in 2007 which praised naltrexone and naltrexone implants and ridiculed clinicians and researchers who dared to be skeptical. Drug Free Australia has always been a strong supporter of naltrexone. The very important Pharmaceutical Benefits Advisory Committee twice considered naltrexone and decided that it was not a drug which Australian tax payers should be asked to subsidize. The committee approved naltrexone for use as a treatment for alcohol dependence but not for heroin dependence. The then Prime Minister, Mr. John Howard, unsuccessfully put pressure on the committee to change their mind. Naltrexone had unfortunately been swept up in the drug policy 'culture wars' that raged during the Howard years of 'aspirational denialism'. But like most drug policy debates, the real conflict was within rather

than between the major parties.

Research into naltrexone still continues in Australia but these days it is mainly done by researchers who believe strongly in the drug. There are scattered reports of deaths and patients admitted to hospital emergency departments soon after UROD or ROD or after developing complications from implants. Some patients try to dig out their implants. Others develop serious infections and the implants have to be removed.

Most doctors working in this field think methadone and buprenorphine are effective and safe treatments for heroin dependence. These judgments are supported by substantial evidence. But clearly, methadone and buprenorphine do not appeal to or work for everyone. There is overwhelming support for developing more and better treatments including rigorous research into naltrexone implants carried out according to strict ethical standards.

Injecting drug users are a marginalised group in Australia. It is particularly important that medical research and the provision of health services to marginalised groups is handled with even greater care than usual. Cutting corners in research and clinical treatment undermines the processes adopted over the years to minimise the chances of errors of judgment, both in research and in treatment.

If you are thinking about having naltrexone treatment (including a naltrexone implant), make sure that you do your homework first. Find out all you can about the benefits and risks. Get information from more than one source, and certainly from more than just the clinic providing the implant. There is a lot of information on the net but only some of that is reliable. Try ringing your state alcohol and drug telephone help line.* Whatever you do, don't make a hasty decision. Take your time. The need to be careful and cautious before starting any treatment for your drug problem should never be an excuse for not starting treatment now. If you know you need help, get help. But check it out first.

It may be that naltrexone is the treatment that really will help you. But whatever you do, be careful.

Your health is important. You should ask health care workers searching questions before starting any treatment. Many people who have been using heroin for a while come to the conclusion that it is ruining their life. Some lucky people manage to stop without going to doctors or clinics. If you want to stop and think you need help, don't delay. But don't rush in either. And don't go for a 'quick fix'. It took you some time to get here. It will take you some time to get out of the mess you are in. Tanya is 100% right about that.

Here are some questions that you should ask a health care worker who recommends that you have naltrexone or naltrexone implants:

(1) If 100 patients have a naltrexone implant tomorrow, how many will not have taken any heroin six months from tomorrow?

(2) If 100 patients have a naltrexone implant tomorrow, how many will not have taken any heroin 12 months from tomorrow?

(3) If 100 patients have a naltrexone implant tomorrow, how many will develop serious side effects within six months? What are these serious side effects?

(4) If 100 patients have a naltrexone implant tomorrow, how many will develop mild side effects within six months? What are these mild side effects?

(5) How safe is this treatment?

(6) What is the total cost of the procedure and follow up within six and 12 months?

(7) Are naltrexone implants approved by the TGA and if not, why not?

(8) Are naltrexone implants stamped 'not for use in humans'?

(9) If I don't have naltrexone, what are my other options? How effective are these alternatives? What are the benefits and what are the negatives (including harmful side effects) of these options? How much will I have to pay for each of these options?

Dr Alex Wodak
St. Vincent's Hospital
Darlinghurst, NSW 2010

** In NSW, call ADIS on 02 9361 8000 or 1800 422 599*

DOUBLE JEOPARDY

I am what is known as a 'forensic patient', which is someone who is found not guilty of a criminal offence due to mental illness. In January 1998, I committed a series of armed robberies with a blunt bread knife. After robbing the same shop every day, the police were waiting for me as I walked out the door, once again with a pitiful amount of money.

> I decided that, if my conditional release was taken away from me, I would discover what would happen in the afterlife.

I was charged with three counts of aggravated robbery with a dangerous weapon.

The court ordered a psychiatric assessment which was completed at a Sydney hospital. Upon discharge I was released on bail on the condition that I reported periodically to my local police station. However I breached this condition and was remanded to MRRC in Silverwater. At my trial, my defense was that the weapon was so blunt that it wouldn't even pierce skin. The court found me not guilty due to mental illness and I was transferred from MRRC to a maximum security psychiatric ward at a Long Bay Prison Hospital. In November 1999 the NSW Minister for Health and the NSW Governor approved the Mental Health Review Tribunal recommendations for my release to a regular psychiatric hospital.

By 2004, I had spent six months in Silverwater, 11 months in the Long Bay psych ward and five years at the psych hospital: finally I was on a transitional program, ready to be integrated back into the community.

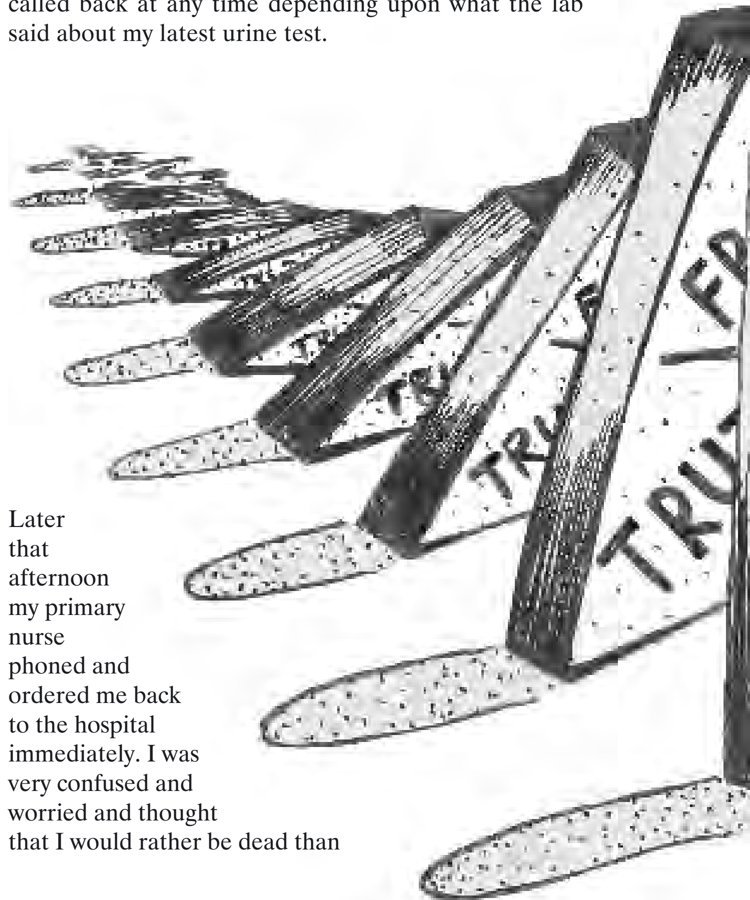
One thing I learnt from this experience is that the staff at my hospital were not focused on patient care, or even aiding in the recovery of the patients' illnesses, which in my case was chronic paranoid schizophrenia. These so-called mental health professionals acted more like screws and seemed particularly intent on busting forensic patients for drugs by way of urine screening. It was as if they hatched various plots in the staff tea room, where they spent a great deal of their work time.

Many forensic patients commit very violent or serious crimes as they are in a seriously deluded and deranged state of mind. Returning a positive urine for illicit substances whilst a forensic patient is a big no no, and depending upon the severity of your crime and other risk factors, the likelihood is that you find yourself back in maximum security in the prison psych ward.

So here I was on the transition program: at first I was spending alternative nights at my housing commission unit and the hospital, then gradually spending more time at home. My transition was going according to plan, and by now I returned just once a fortnight for case review.

It was during one of these case reviews that my problem began. I turned up as scheduled and the staff demanded that I provide a supervised urine sample. I instantly knew something was up as a specimen jar was thrust in my face and I was frog marched to the toilet, staff member in tow. The Unit Director, a psychiatrist, took the sample and went into the medication room to wait for the results of the triage test (instant drug urine screen test).

Ten minutes later the Unit Director walked out and asked, "Have you taken anything that is not prescribed?" "No, what has shown up?" I asked. The Unit Director then stated that we should talk in private and took me to a consultation room. She explained that on the last occasion I had been tested, the triage test had shown negative results, but they had sent the sample to the lab for further testing and methadone metabolites had been found. The Unit Director added that she was perplexed as the methadone drug itself had not shown up but the metabolites had (this is an abnormal result). I was informed I could return to my unit, however I could be called back at any time depending upon what the lab said about my latest urine test.



Later that afternoon my primary nurse phoned and ordered me back to the hospital immediately. I was very confused and worried and thought that I would rather be dead than

locked up again. Before I hopped into a taxi I went to my local convenience store and purchased five packets of Panadol, deciding that, if my conditional release was taken away from me, I would discover what would happen in the afterlife.

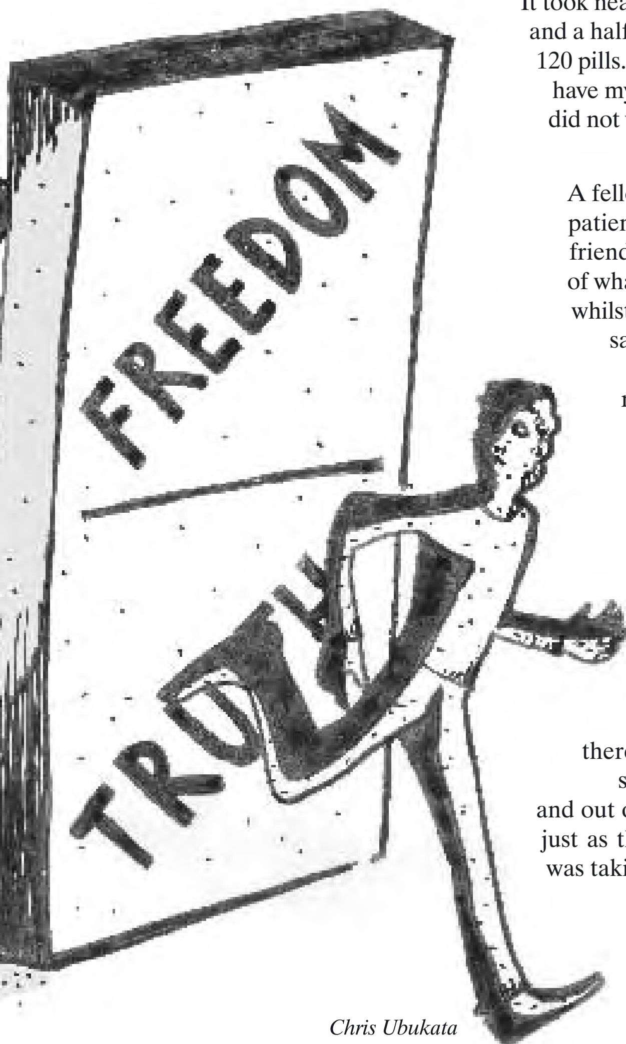
I arrived at the hospital and was told that the lab had confirmed that methadone metabolites were present in that morning's urine specimen. I was then advised that my leave privileges had been taken off me and I was confined to the hospital. I was absolutely devastated; I could not understand how this could be happening to me and I just wanted die. I started swallowing the pills.

As I scanned the faces in the conference room I saw the doubt in their faces. It was obvious that any trust in me had evaporated.

It took nearly an hour and a half to swallow 120 pills. If I did not have my freedom I did not want to live any longer!

A fellow forensic patient and good friend was aware of what I did and whilst he did not say anything, he did in a roundabout way alert another friend who then contacted staff.

Within minutes there were staff swarming in and out of my room just as the Panadol was taking effect.



Chris Ubukata

I was groggy but I do remember the Unit Director saying she believed me and that she had been in her office researching how metabolites could be present without the methadone drug itself being present. Not once had it occurred to anyone (except for me) that this could be a false positive result, especially since the triage test was contradicting that of the lab result.

I was taken to emergency, had charcoal treatment and was kept under observation. Apparently it was a close call, however there was no residual damage and I was discharged back to the psych hospital. But the nightmare continued. At the next fortnightly case review I was informed that my last urine test had shown not only metabolites but actual methadone itself. As I scanned the faces in the conference room I saw the doubt in their faces. It was obvious that any trust in me had evaporated.

I kept pointing out to the staff, to no avail, that the triage test showed negative for methadone but the lab results constantly came up positive. By this time at least six or seven lab tests had shown positive for methadone over a period of about six weeks. Any belief in what I said was well and truly over by now. Their opinion of this situation was made very clear to me, even though I had no history of taking methadone. To them I had turned into a methadonian on the brink of freedom. It did not occur to them that this simply didn't make any sense, and all the while the triage tests continued to show negative for methadone!

A few weeks later the registrar found me outside having a smoke and told me that she had some good news and could we talk in private. We went to a consultation room and she informed me that she had just rung the lab for the latest urine test results. The lab technician told her that they had just discovered that the machines had been contaminated with methadone — after all this time they had only just found out.

I was speechless, and thoughts of a big payday from suing came to mind. However, due to recent changes in legislation, many law firms told me that there was simply no money in it. I did not receive an apology from any of the staff; in fact one (a psychologist) told me that he thought I was guilty as charged despite the revelations in the lab. I could have died or had permanent damage from my suicide attempt, not to mention the weeks and weeks of worry, grief and stress. To add insult to injury I was still without any leave privileges — now it was due to the suicide attempt. Talk about double jeopardy.

Anonymous

Trannie Trouble

My story begins in a laneway behind a block of flats. I had just scored some gear and was mixing up my shot. It was that first morning shot that we all enjoy and just want peace and quiet when we have it. Well that peace and quiet was short lived when I heard a voice above me just as I was about to put my shot away. I looked up and there was my friend Paris (who is a tranny) leaning out of her window, singing out "Come up here." I said "Wait 'till I have this." She yelled back "No, come and have it up here." I knew what was going on, just like all the other times: she wanted to bludge some of my morning shot. Mind you, she had probably already had one, the greedy bitch. So I put mine away and strolled up to her flat.

Up I went to the pigsty she calls home, which is also an unofficial shooting gallery: fits, swabs, spoons, you name it, everywhere — on the floors, the tables, in the sink. Having a shot in the laneway behind the flats was a hell of a lot cleaner than in her joint (and a hell of a lot cheaper!). So we got talking about where I was staying, which was here and there at the time. Then she offered me a room. I asked which room, the one filled to the roof with clothes and other junk, including a filing cabinet? God knows why she wanted a filing cabinet; she is a street walker from down the Cross. What does she do — file clients under 'R' for root? And she didn't have just one: she had three!

God knows why she wanted a filing cabinet; she is a street walker from down the Cross. What does she do — file clients under 'R' for root?

She is one of those people who get on pills, speed and God knows what else and every time they come home, junk (as in what you take to the tip) comes home with them. Any other time I would have said thanks but no thanks. But things were a bit rough and I felt sorry for her and could see the potential in the flat underneath all that junk. So I agreed and put it to her that I could pay for rent with a shot a day or some money once a week. She said no money was fine, I should just look after her with the shots.

So the clean up began. I pushed the skip bin under the balcony of the flat and started shoveling and chucking. It took a couple of days, but I got there eventually. I couldn't believe how many dirty fits there were around the place, some with no caps, blood dripping out of them: just disgusting (you know you can be a user but that doesn't mean you have to live like a pig). Once I even asked her to

Rose Ertler

Trannie Trouble

help me but the lazy cunt went out instead.

A couple of days went by, the cleaning was finished and I got my room looking good. I even did hers while I was at it. But her tidy room didn't last long and was soon looking crap again. So I kept on top of everything with the cleaning, with the exception of her room. She would bring friends and clients around and tell them my nice, clean room was hers, the cheeky bitch.

Pay day came around (the official government one) and she wanted some money. Now I'd been giving her a good shot or two a day and when she wanted money on top I told her no fucking way and said I was going to move out. She begged and pleaded "No no no, don't move out. I just want the money for food." I knew she was lying. I had given her money (well a hot credit card) for food once before and she bought cat food and Kimbies and then swapped it for speed, the dumb bitch. To this day I still don't know why she didn't just get the money and go to the dealer. I think she wanted to make out she was a mad thief: she's a bit of a spinner. In any case I'd already stocked the cupboards with food, I told her, so she tried to make up some other story but she wasn't going to fool me so she eventually gave up.

During the last couple of months I was living there she tried to pull a few quick ones on me, but she never got far and if she did get away with something I don't know about, good luck to her. I could handle her type, though she's lucky we go back and I felt sorry for her. But she made me snap one day when she took my bedroom door off while I was out. She only did it so I couldn't have a shot without her but I just mixed up in front of her and had it and told her to get my fucking door back. It never came and I still don't know what happened to it.

It was that and her taking money from my purse that did it — plus she had the nerve to say something about sending money to my mum. So I packed my bags and I went back home to my mum's in the country. I left so much behind in that rat hole, including a brand new TV, DVD player, stereo, fridge, lounge — heaps of stuff that I was surprised lasted as long as it did. When I first got there Paris kept ringing saying come back, come back, and I said no fucking way.

I ran into my friend a bit later and she told me that Paris sold all the stuff I'd left within a week. I haven't seen her since and don't want to. I've still got a soft spot for helping people who are doing it rough, but I'm more careful and think twice beforehand.

I hope you enjoyed this chapter of my life.

PS: Don't help dirty junky trannies.

(And if you're wondering — yes, I am transgender.)

Mary Loo

VACCINATIONS FOR HEPATITIS A & B

Most of us were probably vaccinated or immunised against some preventable diseases as children. Some lucky enough to travel may have been vaccinated before visiting certain countries where small pox and other illnesses are still common. Unfortunately, few of us have been vaccinated against preventable blood borne viruses such as hepatitis A and B.

THE FACTS

There are at least five human hepatitis viruses which are not related to each other. They are transmitted in different manners and cause different diseases. Hepatitis A, B and C are the most common in Australia and the ones we have probably heard most about.

Not everyone with chronic hepatitis C will get sick. However, having more than one hepatitis virus (co-infection) can mean that you have a much greater chance of actually progressing to serious liver damage.

Hepatitis B and hepatitis C continue to spread among injecting drug users, because both involve blood-to-blood transmission.

Preventing hepatitis A and B is much easier than preventing hepatitis C as there are safe and effective vaccinations against both viruses. There is no vaccination for hepatitis C.

Some drug users may have already been in contact with hep A and/or hepatitis B and may be immune. If you are immune you will not require vaccination. The only way to be sure is to be tested for both. Anyone with chronic hepatitis C or liver damage who shows no evidence of previous infection with hep A or B should be vaccinated.

HOW AND WHERE?

Ask your local needle and syringe program (NSP) or visit your local community health centre or sexual health clinic and ask about testing and vaccinations for hep A, B and C. Vaccinations for hep A and B are free if you have chronic hepatitis or cirrhosis, or are an injecting drug user. Public pharmacotherapy programs and even some NSPs provide on site screening and vaccination, so ask. Even if they don't they should refer you to the closest free clinic. Or you can ring NUAA for more information.

Remember, being vaccinated against hep A or B offers no protection against hep C and currently there is currently no vaccination for hep C. (See article on the following page about hep C vaccination.)

Susan McGuckin

TOO CLOSE FOR COMFORT

My name is Mark. I'm 40 now, and in jail serving a very small sentence for 'intimidation'. I'm on methadone; I've done 12 months Odyssey House, some WHOS (We Help Ourselves) and a little William Booth, but for me the methadone option seems to fit the bill.

Donna was a hippy-type chick, mid 30s and sexy as hell — long ringlet blond hair, blue feline eyes and a tight, five foot sixish physique. I wanted to bed her there and then.

In 1999, after a lot of jail time, some rehab and truckloads of heavy drug use, I put my best foot forward, completed my HSC equivalent that I started during an earlier jail sentence and got accepted into Charles Sturt University in Wagga to study social welfare, with the aim of being a drug and alcohol counsellor.

I was enrolled for the second semester of the year, summer, and studying full time. I was living in the centre of Wagga's CBD, above an aquarium, where they sold every kind and colour of fish, plus all kinds of other ocean going creations. I'm not sure how the fish coped with my *Thin Lizzy: Live & Dangerous* CD, pumped to the max once the shop owners knocked off.

One Saturday night, despite being completely drug free at that stage, I decided to score some speed to assist me in writing a very important essay which needed to be ready by the following Monday. I met an old mate I knew from jail who took me to a house where a girl named Donna lived. Donna's housemate had the speed, and I had to wait. My mate left and I was with Donna, alone with just her three year old son, waiting for the dude with the speed.

Donna was a hippy-type chick, mid 30s and sexy as hell — long ringlet blond hair, blue feline eyes and a tight,

Glenn Smith

five foot sixish physique. I wanted to bed her there and then. After waiting a few hours my mate appeared. I scored and was off, but not before obtaining Donna's number.

That night I was doing my essay, ripped to the eyeballs on this ketone powder or truckies speed — rocket fuel it should've been called. I phoned Donna to tell her how I could not get her out of my mind, as well as how beautiful I thought she was. We met up on the main street in Wagga's CBD and I brought her back to the 'aquarium'.

My advice to anyone using drugs regularly is to make sure you are performing at least 20 minutes of cardio-vascular exercise at least four times a week, preferably daily.

Needless to say, it wasn't long before we were making love in my bed, and from that moment on we stayed together. God she was good. I took on a father figure role to her three year old, and found out she was on methadone and was allowed four takeaways a week.

One day, after we moved into a Housing Commission house and while I was still attending university, Donna said she thought she was pregnant, feeling some movement down there. We went and had our doctor do the test and wow, she was in fact pregnant. Both of us were ecstatic and very happy.

What was also making me happy was the 90mg takeaways Donna would give me every three days or so. I had once been on methadone for five years, so I was no stranger to it.

Between university lectures and tutorials I used to do some doctor shopping, mainly for benzos, but this one day I got me these 90mg codeine tablets. They were the size of a tic-tac and packed quite a punch, if you know what I mean. So one morning while I was in front of the heater on my bean bag, Donna gave me 90mg from her takeaway. She had to go to the shops to sign her new script and get milk and so on. When she left I got up, took half a dozen valium, and about six or eight of these codeine tablets, thinking that along with the methadone and the valium I'd have a really nice stoned day. That was my intention anyway. But that's not all I had, readers.

Donna kept her next day's dose at the rear of the cupboard where the sauces were, and I couldn't help myself, could I? I did the sleaze act of drinking another 45mgs of her 90mg second takeaway, then topped it up with water in the hope she wouldn't find out. So now I had taken 135mgs of methadone, roughly 500mgs of pure codeine and six valium. For someone not on methadone and with a relatively low tolerance, I thought I'd just end up on the blink and nice and ripped all day.

The next thing I remember was waking up in Wagga Base hospital, tubes emanating from my nose and mouth, plus all these cords and leads connected between my chest and this big electronic machine making all these beeping and whistling noises.

Donna's face finally came into focus and a tall doctor began calling out my name. "Mark, Mark, can you hear me Mark? Squeeze my hand Mark if you can hear me, okay?" Donna moved close to my ear and said, "Sweetheart, your heart all but gave out. The doctor says that it's only because you are so fit that your heart didn't stop completely." She went on to say that they all thought they had lost me as my heart stopped a few times and that I was as white as a ghost and that she'd heard the doctors say, "He's gone"!

All I could think of was how lucky I was to run all those laps of the Junee jail sports oval during my previous two year sentence. I'd run ten to 15 laps every single day, rain, hail or shine. The oval was 1.6km in diameter, just to give you an idea of just how much I was actually running each day, as well as all the chin-ups, push-ups, sit-ups and weight lifting.

So I survived my overdose, God only knows how. Donna went on to give birth to our son, a happy, healthy, bouncing boy.

My advice to anyone using drugs regularly is to make sure you are performing at least 20 minutes of cardio-vascular exercise at least four times a week, preferably daily. This includes brisk walking, jogging, bicycling or swimming, or even an exercise bike is good.

I'm no longer with Donna, but I have contact with my son. I never overdo things and I urge readers who are using never to mix methadone with high doses of codeine or morphine on top of benzos like serepax, valium, or rohies. I am ever so grateful to be alive; it only takes one poor decision and 'poof' …you're dead.

So take care and love life.

PS Donna didn't miss out on her methadone dose. The hospital replaced the dose I drank and watered down. She eventually forgave me for stealing from her, as well as for frightening everyone with my greedy, silly and thoughtless act of taking so much.

Mark

The New Disinfectant in NSW Prisons

Prisons in NSW now have a new disinfectant cleaning product — FINCOL.
The old bleach detergent mix CCF5T has been replaced by FINCOL throughout the entire NSW correctional system.

FINCOL, which has been used in Western Australian prisons for several years, is a hospital grade disinfectant, effective against bacteria, fungi and viruses. It has been tested at the Centers for Disease Control in the United States against HIV, hep B and a surrogate virus for hep C and was found to be effective against all three. FINCOL is mixed with water to the recommended concentration and dispensed from specific dispensers in the same way that CCF5T was.

FINCOL is less toxic and corrosive than CCF5T, doesn't deteriorate when stored in cold or hot conditions and retains its effectiveness for up to eight hours after it is mixed with water. The Department of Corrective Services believes that it is a lot more effective than bleach. There were considerable problems with CCF5T, which deteriorated when stored in temperatures that were too hot or cold, or on exposure to the air. It was also very corrosive and was potentially quite harmful if used as a weapon. Also, there was no evidence that CCF5T was effective against hep C.

The Department of Corrective Services spent a long time researching a suitable replacement for CCF5T and FINCOL was the only product that met the requirements. It was vital that the disinfectant was effective against blood borne viruses, and as part of the research the department consulted with Justice Health, the Hepatitis C Council of NSW and the AIDS Council of NSW (ACON).

FINCOL is being used for disinfecting injecting, tattooing and body piercing equipment. It is recommended that the equipment is rinsed in fresh, clean, cool water at least three times, soaked in the FINCOL solution for at least five minutes, shaken at least three times (with fresh disinfectant each time) for at least 30 seconds and rinsed / shaken at least three times with fresh, clean water.

Of course, no method of cleaning equipment is guaranteed to be completely effective at preventing infection but it can reduce the risk. The hierarchy of messages the department use is:

- Safest is not to use drugs, or get tattoos or body piercings at all.
- If you are going to use, then don't inject. If you are going to inject, then use new equipment each time and don't share.
- If you can't get new equipment then clean the equipment as thoroughly as you can with clean cool / cold water and FINCOL (as per the method above).

Back on Track

Ursula Dyson

My name's Flow, I'm 22 years of age and am currently in jail over at Mulawa Women's Correctional Centre, doing three and a half years for two armed robs. I came to jail in June 2004 for doing crime to support my drug habit. I've been on heroin since I was 13 years old. I first got introduced to it by a close relative and didn't stop using until 2003 when I fell pregnant with my first child. I found out I was pregnant when I was four months gone. The only way I knew I'd survive was to get on the 'done. It was the right choice and the best thing that I've ever done.

I stopped using, stayed at home, did the right thing and stuck to the program. Twelve months I lasted without using the gear, then boredom set in. I was bored of staying at home and sorry to say, but bored of doing the mother thing. Don't get me wrong, I'm a good mother: I'd always make sure my baby was well looked after and that he never needed anything. But I got so bored that I ended up leaving and going back out to Campbelltown to see my old mates. They were still using. I ended up relapsing but was still picking up my methadone.

Weeks went by and one day it was late and the clinic was shut. That's when it all started: always searching for cash, robbing people just to get on. That's how I ended up in jail. All I wanted to do was get on and feel high. Now look at me. My son's four years old. I've missed out on three years of watching him grow up and for what? To stick a needle in my arm just to get high. It's really pathetic if you ask me.

What I'm trying to say is that the methadone did help; it's just that the boredom got the better of me. I'm on the bupe now and that's just as good as the 'done. I'm planning to stay on the bupe for a while after I get out of here just so I don't relapse and have the urge to use again. If it's gonna help me make a life for my child and I, then so be it. It'll be worth it to watch my son grow up and get back on track.

Flow

Brown Heroin –

Over the past few months there have been growing reports of 'brown heroin' on the streets of Sydney and other parts of Australia, so much so that even the mainstream media has been reporting on it. But just how brown is this heroin really, and what does that mean for users? What does it mean when it's beige in colour? In particular, when should you use citric acid in the mix, and how much should you heat it? To answer this, *User's News* thought it high time to explain the different types of heroin out there and how they vary when preparing for a shot.

What is heroin and where does it come from?

Heroin is a semi-synthetic opiate made from morphine, which is made from opium, which is extracted from the pods of poppy plants. Heroin is produced by treating morphine with acetic anhydride (which is also used to make camera film), and is two to three times as strong as the original morphine. The chemical name for heroin is diacetylmorphine, or diamorphine for short. The process of adding acetic anhydride doesn't actually make the morphine itself any stronger — the body converts heroin back to morphine very soon after it's taken — it just makes the morphine more efficient in getting to the parts of the brain that make you feel good.

There are two main types of diamporhine consumed by heroin users: diamorphine base (brown heroin) and diamorphine hydrochloride (white heroin). White heroin, produced mainly in the Golden Triangle (Burma, Laos and Thailand), is the traditional heroin consumed in Australia. It is the most refined heroin you can get and is often referred to as No. 4 heroin. Brown heroin, produced mainly in the Golden Crescent (Afghanistan, Pakistan and Iran), is most common in the UK and Europe. It is less refined and is often referred to as No. 3 heroin. Confusingly, No. 1 and No. 2 heroin are not really drugs at all; rather they refer to the materials and stages used to make street heroin.

There is evidence that in recent years Afghanistan has been producing white heroin as well as brown heroin (although using different techniques and chemicals to South East Asian white). Some people claim that this Afghani white heroin has been imported into Australia; while no-one has demonstrated this for sure it is likely that some Afghani white heroin has hit our shores. And with Afghanistan recently producing its biggest yield of opium in its history, it's possible we'll see a lot more of it).

What is the difference between white and brown heroin?

Brown heroin is what's known as a 'base' rather than a salt, which means it doesn't dissolve in water very well. It is less pure than white heroin, making it less strong in the same quantities. It also burns at a lower temperature than white heroin, making it ideal for smoking. Brown heroin is much easier to make than white heroin and doesn't require any special equipment or expertise.

The most important thing about brown heroin is that it requires the addition of some kind of acid to make it soluble in water. We'll get to that later.

White heroin is a lot more difficult to manufacture than brown heroin. It requires an extra process that turns it into a salt, making it very pure and water soluble. However, special chemicals, expertise and equipment are required and the last stage of the process can be very dangerous — it involves the use of ether, a very dangerous chemical which can explode and destroy an entire laboratory if not handled carefully. The syndicates that produce heroin in the Golden Triangle have had this expertise for decades and have much more sophisticated set-ups than exist in the Golden Crescent.

Because white heroin is a salt it burns at a much higher temperature than brown heroin, so it is not much good for smoking. It dissolves in water very easily, however, and that is one of the reasons why Australia has always had a strong injecting culture. (In the UK, a lot more people smoke heroin, usually by 'chasing the dragon' on foil.)

Okay, so what about beige heroin?

One of the problems with white heroin is that it's not always white. In fact its colour can vary considerably because of small differences in the chemicals and processes used to produce it. Common colour variations on the white theme include off-white, pink (aka pink rocks), and beige. And because white heroin is often more beige than white, it can easily be mistaken for brown heroin.

Confusingly, depending on how it is manufactured (or cut by middlemen), white heroin can appear brownish and brown heroin can appear like (dark) white heroin. Without a proper test it can be very difficult just by looking at beige heroin to determine if it is in fact light-coloured diamorphine base (brown heroin) or dark-coloured diamorphine hydrochloride (white heroin). The important thing to remember is that brown heroin always needs the addition of some type of acid to dissolve, whilst white heroin doesn't. White heroin might sometimes need a bit of heating because of impurities (though overdoing it will simply evaporate part of the dope!), but it will never require any kind of additive to dissolve in water.

So what's getting around town at the moment?

No-one knows for sure if the brown heroin reported on is really brown heroin at all. One of the reasons people think it might be is that Afghanistan has produced its biggest yield of opium in its history and producers there might be looking for new markets. But anecdotal evidence, including users reporting the need to heat the mix but not ad any extra agents like citric acid, suggests that most of it is more likely beige-looking white heroin (perhaps the Afghani white mentioned earlier in this article). However, if you do come across heroin and

White Smack with a Tan or The Real Deal?

simply heating it up in the spoon isn't dissolving it, then it's probably brown. The next section in this article explains how best to prepare brown heroin for injecting.

Injecting brown heroin

Because brown heroin is a base (meaning alkaloid) it requires the addition of an acid to make it soluble in water. Brown heroin on its own has a solubility of one in 1700 parts of water, which means you'd need a lot of water and a giant syringe to have any chance of a successful shot. What you need to do is turn the heroin into a salt, and most people do this by adding either citric or ascorbic acid to the mix and then heating it in a spoon.

The big question, then, is what kind of acid to use?

There are four acids people use to make their brown heroin soluble, two of which are okay (citric and ascorbic acid) and two that are terrible and should be avoided at all costs (lemon juice and vinegar).

Citric acid

Citric acid is an organic acid found in citric fruits but is also manufactured in powdered form as a food additive as well as many other uses. It is considered safe and can be found in most supermarkets. Citric acid is also available at some (though not many) NSPs and comes in sterile, single-use 100mg sachets. NSPs provide citric acid to clients to discourage them from using lemon juice. Citric acid is not without its problems, though — it can damage the skin and veins and cause citric burns.

Ascorbic acid

Ascorbic acid is simply plain old vitamin C. Many people think ascorbic acid is preferable to citric acid because it's milder and therefore causes less skin irritation and vein damage. Like citric acid, it's widely available, although not in sealed, hygienic sachets. Because ascorbic acid is milder, you need to use a greater amount than citric acid.

The dangers of lemon juice

Although lemon juice (from both freshly squeezed lemons and packaged lemon juice) contains citric acid and is sometimes used to dissolve brown heroin, it can be extremely harmful and should be avoided. Lemons contain candidal fungi on their skins when they grow, and this is transferred into the juice. Injecting fungi is a really bad idea: resulting fungal infections can cause endocarditis (heart infection) and candidal endopthalmitis (eye infection). There are many reports of awful stories of eyesight loss due to candidal endopthalmitis in the UK, where brown heroin is common.

Vinegar

Although the key ingredient in vinegar is ascetic acid and is sometimes used to dissolve brown heroin, it should be avoided for the same reasons as lemon juice — candidal fungi, eyesight loss and other unpleasant things.

The bottom line is this: the best thing to use is sterile, single-use citric or ascorbic acid from sealed sachets. If that's not available, then small tins of the same acid from supermarkets or chemists are your best bet. Avoid using lemon juice or vinegar unless you want to go blind or have your heart seize up.

How much citric or ascorbic acid do you use?

Although it is known exactly how much citric or ascorbic acid is required to dissolve pure base heroin (for every 369.4g of diamorphine base, you need 64.03g of citric acid or 176.1g of ascorbic acid according to one study), what's in your spoon, of course, is never anything like pure diamorphine.

In the UK, some NSPs assume that the average diamorphine content (purity) is about 50 per cent and suggest that a 100mg sachet of citric acid is sufficient to dissolve one gram of heroin. If you're using ascorbic acid, you'd require just under 300mg for the same gram. In other words, one part in ten for citric acid or just under three parts in ten for ascorbic acid.

If you use too little acid, not all of the heroin will dissolve and your shot will be less potent. This can be dangerous if it's your first shot of that particular gear and you're trying to gauge its strength, only to use more acid next time and potentially overdose.

But most people tend to use too much, which can lead to tissue and vein damage and acid burns, which can be painful. One good way to get it about right is to add the acid stepwise — in other words, a bit at a time until it dissolves.

How much do you heat the mixture?

Heating the mix (usually with a lighter under the spoon) is usually essential to 'cook' the mixture of heroin and acid. Doing it too little won't dissolve the mixture properly. But doing it too much will simply evaporate the diamorphine, which is both wasteful and potentially dangerous if you're trying to establish the strength of your gear.

Smoking brown heroin

Another good option if you come across brown heroin is to smoke it instead of injecting it. Brown heroin is very well suited to smoking — it burns at a lower temperature than white heroin and it's a very efficient way of taking it. In some parts of the world smoking brown is by far the preferred method.

The advantages of smoking include having more control of how much you take, less chance of overdose and avoiding blood-borne viruses such as hep C.

The most common way of smoking brown is by 'chasing the dragon'. This involves sprinkling a line of the powder on some foil, gently heating the underside of the foil with a lighter and sucking the smoke through a straw or rolled up bank note.

Gideon Warhaft

Everyday there are persons among us confronted with the unsettling manifestations of the bizarre the unexplained, unknowable and the just plain weird. Join me now as we examine some cases of strange phenomena...
FACT OR FICTION?
You Decide

April 2007. On a lonely road a UFO appeared before a certain Clair Hilditch. (Not her real name)
HHMMM

She spoke of being transported into the craft where she was subjected to tests & examinations

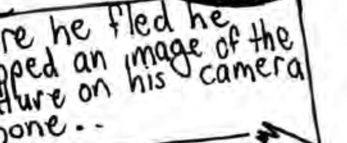
Next moment she was aware of waking in a field in another state with an alien implant under her skin
throb
throb

STRANGE BUT TRUE?
The experts disagree..

Her hallucinations are nothing more than the adverse effects of her Naltrexone implant. An Implant set by her doctor not aliens...
← smug manner

But at the abduction site..
The radiation levels were off the dial...

Fact or paranoid fiction? Will we ever know
BUT THE WEIRDNESS DOESN'T END THERE



Before he fled he snapped an image of the creature on his camera phone..

A respectable local of the western region reported the sighting of an entity that came to his favorite shooting spot...

An horrific moth like creature with huge wings and glowing eyes.
FLAP! FLAP! FLAP!
FLAP FLAP

Creature from another dimension or finger over the lens? — experts are divided

What about this apparition of the virgin mary in Coogee?

and this sea serpent surfacing in the Hawkesbury river?

or black helicopters without markings

WHUP! WHUP! WHUP! WHUP!

Yowies?

AWRR!

IS IT PARANOIA OR ARE ALL THESE WITNESSES AFFECTED BY DRUGS?

The victims disagree... (face obscured

you dont hallucinate on heroin. white, brown pink or otherwise.

Research appears to confirm this...

Do you see anything yet? Hello? Hello? Haallooo?

and what of other drugs? Ice? LSD?

Sure I was up for 4 days.. But I know what I saw..

SO WHAT DOES THE GOVERMENT SAY?

There are no secrets. there is nothing to explain. All is normal and everyone should remain calm and happy.

We have everything under control. All anomalies witnessed by certain citizens should be seen as nothing more than...

Lack of sleep

indigestion

poor education

Weather balloons

retinal flares

Hysteria

ETC.. ETC..

But still the reports pour in...

THE DAILY TELLITWRONG

UFOS OVER SYDNEY

mysterious orbs....

..strange beasts..

and so we are left with the uncomfortable feeling that all is not as it seems in the cosmos.. Delusions, drugs or reality...

YOU Decide!!

Have I Learned Anything?

I'm a candidate for drug treatment, but the treatment I require does not seem to exist.

Last year I wrote in User's News (issue no. 50, p20) about my experiences on the buprenorphine program, and ended on something of a question mark, having reduced after five whole years down to two milligrams, and enjoying using once or twice a week, but not really knowing where to go from there. The decision was made for me, in a way, and I ended up leaving the program — prematurely, though at the time I certainly didn't realise this. Five years seemed to me to be a terribly long time to be tied to anything. I had requested that the clinic allow me to pick up my dose in a country town, something that I needed from time to time and which they knew about and had facilitated before. This time my request was refused, so I bought bupe on the black market to take with me. When that had run out I returned to Sydney but the clinic staff told me that as I had missed a certain number of doses there would be a bit of a palaver to go through in order to stay on the program. I saw the doctor there but it ended up that my place had already been closed. At this point I thought I might just see how I went on my own — I was pretty sick of the whole clinic scene, so I cut loose.

> I feel trapped, drugs ain't doing it for me anymore, except for that first minute. Hell, I can't even get drunk these days!

I know that you will probably see it coming, and I should have myself, but in the space of seven months or so I have wound up now in a roughly similar place to where I was when I first went onto bupe. Instead of using once or twice a week, it's been whenever my partner or I have any money. We use bupe to stop us from hanging out on those inevitable in-between days. To be thankful for small mercies, it isn't a massive habit we're dealing with — we can get off by sharing $50 worth, though we use more on payday, and only need a few crumbs of bupe to keep physical withdrawal symptoms at bay at other times. But I bet you know as well as I do that this addiction thing is all in one's head.

> Being asked for urine samples drove me wild! I hated to feel that I was under suspicion — like taking drugs was illegal or something!

I have reached the point now where I actually feel that I am drowning in the anxiety of it all. I feel trapped, drugs ain't doing it for me anymore, except for that first minute. Hell, I can't even get drunk these days! I am seriously looking for some answers because the guilt, shame and self-loathing is crowding my head and the fear and dread are keeping me awake at night.

I have tried numerous times to get back on at the same clinic I was attending — it being really the most suitable option — local, free and the same place I still see a D&A counsellor. But there are no places, not even a waiting list I can put my name on. You really don't appreciate what you have until it's gone, do you? I used to have a good whinge about attending the clinic, especially the aspects of it that made me feel like a 'case' rather than a person. Being asked for urine samples drove me wild! I hated to feel that I was under suspicion — like taking drugs was illegal or something! (That's a joke, Joyce — I knew I was there in order to NOT do something which society frowns upon, but I still heavily resented any implications of being policed.)

For quite a chunk of my time on bupe I used no heroin at all, but after some truly hideous things happened in my life I decided I was sick to death of trying to be good and it hadn't got me anywhere. I felt that as I was being punished, I might as well have some fun. As I got down to a lower dose of bupe I started to skip it on payday and use heroin instead. That actually worked okay for quite a while. I should not have stuffed around with it.

I don't understand why it now appears impossible for me to gain access to treatment that is suitable. By suitable, I mainly mean cheap. I know it's ridiculous, but the thought of shelling out $10 for a single dose of bupe, especially when I think of the fortnightly cost — more than half of my current income after rent — makes me feel quite ill, even though I'll spend vast amounts on smack when I can scrape it together. I imagine it's because I perceive using heroin as much more fun, whereas bupe is medicine, and frankly not a lot of fun at all. I remember reading in some bupe treatment pamphlet that it does have a mildly euphoric effect — well I always thought they should put a bit more of that in! I was sometimes a bit jealous of the methadone clients at my clinic because most of them looked pretty stoned to me. I refused to consider going on 'done though, as I thought I might like it too much, might never be able to get off it, I'd have that methadone look all of the time — lots of reasons.

The trouble is I don't know how to live. Doing drugs is fairly easy to succeed at — I can pretty much always manage to get on if the money's there. But even if I have

some bupe so I'm not physically suffering, a day without that peak of using feels like an interminable trial to me. I look at the 'normal' people and I just don't know how they do the things they do — especially work! And that's something I urgently need to be doing myself, as I am financially rather fucked right now. It's pretty hard to apply for jobs while managing even a relatively small habit, let alone deal with the whole idea of actually working! I remind myself frequently that to a certain extent hanging out is mind over matter. I take the smallest amount of black market bupe that I can get by on; I am amazed at every day that I get through without using, but there ought to be more of them.

For quite a while I had no shame about using. I really embraced it as a lifestyle choice, but lately the negative aspects of it have been more obvious to me and I think a great deal about totally changing my life. I see that I have gone downhill over the past couple of years. I think about attempting things like rehab, which I've never tried, although the idea terrifies me. I recently started a course at TAFE but unfortunately I don't think that any detox or rehab will allow me to continue to attend something like that whilst undergoing treatment, and I really don't want to drop out. (I've dropped out of and failed enough courses in my time — I must not add to that list!)

So if the treatment I want doesn't exist, it looks like I have to try and create my own 'program' to change my life from one with too much despair and fear to one containing some hope and enthusiasm for the future. If I finally moved out of the city, would I eventually start to feel more human? I'm honestly doubtful that I could continue to live where I do without using on at least some days. The whole area is awash with drugs! That sounds like a cop-out but I know I'd have to go somewhere where drugs are simply unavailable to maximize my chances of staying clear of them.

Of course I'd like to have a happening, manageable life and take drugs just once every couple of months or so. But I still have to learn how to do the living part in between the using. I'm open to any help coming my way — whether it's from established treatment or not. I want to do more with this precious gift of life than use drugs and run around in a mess and a muddle. Meanwhile I will keep looking for the clues.

Erin Burroughs

Ursula Dyson

YOUR QUESTIONS

Over the last nine months NUAA has met with users in regional NSW while conducting peer education workshops. These workshops have included sessions about hepatitis C. While the overall knowledge about hep C transmission has been impressive amongst the participants, there has been some confusion around particular aspects of hep C. We've tried to provide answers to some of the more common questions raised in these workshops.

If any readers have queries or stories about how they manage hep C prevention, especially tips for using more safely and avoiding hep C, write to User's News and share your ideas.

We will also be publishing a page on how you think policy makers (people who make the laws and health policies) could help to reduce the rates of hepatitis C. Dream away — even if you think it will never happen, write down your thoughts, ranging from possible law changes to harm reduction strategies and programs.

We look forward to hearing from you. If you want to talk to someone about it, ring Susan at NUAA.

Susan McGuckin

I've been told I've cleared the virus. What does that mean and can I still transmit or catch hep C?

Most people tested for hep C will have had a hepatitis C antibody test. A positive result will show that you have been in contact with hep C at some time. Just having antibodies doesn't necessarily mean that you actually have the hep C virus. You may have cleared the virus naturally — this happens to about one in every four people who contract hep C. If you have had a Polymerase Chain Reaction (PCR) test (which actually tests for the presence of the virus) and it is negative, then you have probably cleared the virus. To be sure that you have cleared the virus, you need two negative PCR tests at least six months apart. Even though it's obviously great news for your health if you have cleared the virus, if you're still injecting then it's really important that you always inject safely with sterile fits and clean equipment. Even if you have tested negative to the virus in the past, you may have re-acquired it without realising it. It is always a good idea to assume that any blood might be infectious. There are also other blood borne viruses apart from hep C, such as hep B and HIV. Remember, having hep C antibodies doesn't offer protection against future hep C transmission.

Two favourite questions which we are always asked and which are difficult to answer are: how long does the hep C virus live outside the body and does bleach kill hep C?

What we do know is that hep C is much more resilient than HIV and can live for a lot longer outside of the body. It can also live in minute amounts of dried blood. Recent studies have shown that hep C may survive on environmental surfaces at room temperatures for at least 16 hours, but no longer than four days.

Given its disinfectant properties and its success against other pathogens, including hepatitis B, bleach may be effective for disinfecting hep C infected needles and other injecting equipment. However, there is no conclusive evidence that bleach is always effective against the hep C virus.

What can I do when some health workers, hospitals and so forth treat me like a leper when I disclose I have hep C?

One particular area of concern raised during our travels was around discrimination by health workers — not those who worked directly with drug users, but those who worked in more general hospital settings. So we have included some info on hep C discrimination.

All hospitals have complaints procedures, so if you feel you have been discriminated against you can complain to the health service or to the hospital involved. That is often a difficult and complicated task but you can ring NUAA or the Hepatitis C Council and they can help you or give advice on how to approach making a complaint.

Discrimination against people with disabilities, which includes people with hep C, is against the law in NSW. People with hep C are entitled to proper medical treatment from doctors, hospitals and dentists. The NSW Anti-Discrimination Act 1977 is administered by the Anti-Discrimination Board so if you have any complaints about discrimination in a health care system, get in contact with the Anti-Discrimination Board of NSW by calling (02) 92685544 or 1800670812.

ABOUT HEP C

I was recently told I was hep C positive and I'm really confused about how I got it. Yes, I do inject and have been doing so for about ten years, but I've never shared.

When you've been injecting for ten years and you suddenly find out you have contracted hep C, it can be really difficult to think back to when you might have caught it. Hep C is a much hardier virus than HIV and is easier to transmit and to catch. Between 30% and 90% of injecting drug users have hep C, depending on how long they have been using. So you can see the 'pool' of drug users with hep C is high and therefore the chances of using with someone who is positive are also pretty high.

Even if you never share fits with anyone, using in a group or couple situation can lead to blood to blood contact. Blood can get on spoons, fingers and bits of cottonwool filters. Blood from one person can also be easily mixed up with blood from someone else when helping that person inject. Many people who have been injecting for a while have difficult veins, which often leads to lots of blood, especially when people need to change fits and do so by shooting the bloody mixture back into a spoon. Developing a skill at backloading the new fit will make for a more efficient and safer way to transfer the mix as it keeps blood spillage to a minimum.

Continually washing hands in soapy water is also important. Being aware of what you do and what is happening around you is really important. It's easier said than done as we tend to go onto auto pilot when mixing a taste!

I've recently started going out with someone new and I am really nervous about the fact that I haven't told them about my hep C or about the fact that I still inject occassionally. If I tell them about hep C they'll ask for sure about my drug use. We have been having safe sex and using condoms. What should I do?

It is always hard broaching subjects such as this, especially when as an injecting drug user you are probably used to people's disdain towards injecting. Hep C remains highly stigmatised because of its association with injecting drug use. However, there is a very minimal risk of hep C transmission during sex. Any risk is likely to occur through blood to blood contact and would require broken skin and bleeding.

Whether you disclose probably depends on how new and how serious the relationship is. Practicing safe sex in the meantime while you work out how you want to broach the subject is a reasonable option. You can talk to a counsellor or the Hep C Council for more information, or you can call NUAA if you want to talk to someone with personal experience about disclosing that you inject drugs. Remember, the choice to tell anyone about your hep C status is yours alone.

A person is not legally bound to disclose his/her status unless applying for the Australian Defence Force, donating blood or they're a healthcare worker who undertakes exposure-prone procedures.

I've been getting really messy lately and injecting lots of pills. I haven't been on treatment for ages as I had a fight with a worker at the clinic. I find myself doing things I wouldn't usually do, like using old fits and not really caring. What do I do?

If you find yourself injecting a lot and getting messier and messier, perhaps it's time to re-think about treatment. Most users realise that the only times they knowingly put themselves at risk of getting or transmitting hep C is when they're hanging for a shot — when all that matters is feeling better and getting the drug in quickly! If you are using opiates then pharmacotherapies do stop some of the craving and therefore reduce a bit of that urgency. Giving yourself that breathing space, that time to think, to strategise and to prepare is really important if you're going to look after your health. So if you're interested in going on methadone or buprenorphine, give NUAA a call to chat through your options. If you can't return to the clinic where you had a fight, NUAA might be able to find another clinic or negotiate with the old clinic for your return under certain agreed upon conditions.

If you don't want to go onto a formal treatment program you could try counselling, detox or a home detox with support from health workers and friends. Even if you don't want to stop using completely, treatment might help you to try managing your use so that you feel more in control rather than the drugs being in control of you. Ask to speak to a drug and alcohol worker at your local community health centre or talk to your local NSP worker. They should be able to refer you and give you advice.

A View into the Future:

What would a hepatitis C vaccine look like and when might it arrive?

Many people involved in hepatitis C, from people who use drugs to doctors who work with them, would be interested to hear about a vaccine. That's a long way off yet. Several drug companies are trying to make a vaccine, but we won't know how or if it will work for several years. This article looks at two ideas: what is a vaccine? And how do vaccines get developed?

Vaccines: An Overview

Most of us think that vaccines prevent you from getting an infection, and once you have been vaccinated, you're immune to infection from that disease. But vaccines are not all the same, and the ways in which they can protect people differ. For instance, if you had a tetanus vaccine as a child, you were probably told that you would need booster shots every few years, as that vaccine's effectiveness wears off. So the period over which a vaccine protects you for can vary.

The way a vaccine is given to you can be very different, as in the cases of the hepatitis A and hepatitis B vaccines. With hep A, a single shot gives you immunity, whereas hep B needs three shots over a period of months to build up full protection. The first injection gives some protection, which is why it is important to go back for the second and third shots which build the strength of the vaccine. Even though these are really effective vaccines, they do not work 100% of the time for 100% of people. For some people, some vaccines just don't work: it's an in-exact science.

These vaccines which stop you catching a virus are called 'preventative' vaccines, but there is another sort of vaccine called a 'therapeutic' vaccine. With this type, you are not necessarily protected from catching a virus, but the vaccine can help you to get rid of the infection if you are exposed to it later on. These vaccines work in different ways for different infections. Some of the hep C vaccines being developed now could work this way. Some of you may have heard of the term 'clearance', where the body of some people naturally gets rid of hep C. If the vaccines that are being developed now turn out to be treatment vaccines, they might work by increasing some people's ability to 'clear' the virus after exposure to it.

Just as preventative vaccines do not all work in the same way for everyone, it is unlikely that a treatment vaccine will help everybody to clear the virus. The percentage of people who do manage to clear the virus is one factor we will not know until the vaccines go into human trials. This is why it is so important for people who inject drugs to continue using new injecting equipment for every shot and to be aware of blood on hands and equipment during the injecting process. This will always be the first point of protection in relation to hep C.

Even if some of the candidate vaccines being developed around the world turn out to be safe and effective , the fact that they won't protect everyone, combined with the infectiousness of hep C, means that safe injecting practises are always going to be the frontline in protecting yourself and your community.

How Do Trials Work?

The design of a vaccine starts off in a laboratory, and if it appears to work in the test tube, then it is tried on animals to see if it provokes an 'immune response'. This means the vaccine has helped the body's immune system to fight off the disease it is designed to target. After animal testing, the vaccine is tried on people: the first stage on humans is called a 'safety trial', and that involves a really small group. People who are at no risk at all of catching the virus will be asked to test the vaccine just to see if it has any side-effects. These people have to be at no risk of hep C as the trial is only checking if it is safe, not to see if it is effective. This can take up to two years, and more time after that to analyse the results. It's only if the vaccine is shown to be safe that it then gets tested to see if it works. This stage of testing, called the 'efficacy trial', will take another two or three years to see whether or not it protects the people it was designed to protect.

Producing vaccines takes years, from the beginning of the research in laboratories until governments finally approve their release. The approval process was streamlined in the 1980s and '90s as the need for drugs to treat HIV became urgent but obviously companies want to make sure that anything they produce is going to work — and not do any harm. If all of the stages of the vaccines currently in the lab work well, it will still be at least ten years before we are looking at a vaccine to release to the public.

These are really early days in a long process, so everything you have learned about safe injecting and blood awareness — keep doing it. In fact, even if the experimental vaccines under development do work, safe injecting will always be the best way to avoid hep C. As no vaccine works all the time for all people, vaccines are really just back-up protection. A vaccine might one day be part of health management for some people who inject drugs, but the community looking after each other will always be the front line in protecting against hepatitis C.

Annie Madden
Executive Officer, Australian Injecting & Illicit Drug Using League (AIVL)

This article is an overview of current developments in vaccine research. There is the possibility that Sydney will be chosen as a site for testing one of the candidate vaccines if they show promise in the laboratory and animal testing phases, and Sydney based researchers will be working with the injecting community should this occur.

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After Hours

NUAA has linked up with the Kirketon Rd Centre (KRC) and Sex Workers Outreach Project (SWOP) to do outreach work in the Kings Cross/Darlinghurst area.

The three organisations decided to partner up so we can all offer more comprehensive services and support for drug users and sex workers. Being from NUAA means we can talk to other drug users about drug user issues and provide you with the support and understanding from a peer perspective. We supply new injecting equipment and carry information ranging from legal rights, rehabs and detoxes to how to use wheel filters. Most importantly, we get to chat to you about what's going on in your area, discuss any issues you need support in or anything else you would like us to address.

The KRC folks have been outreaching for a long time and are knowledgeable about sexual health, drug use and welfare issues. SWOP folks have also been doing outreach for a long time and are there to support sex workers and address their issues. Both organisations also give out new injecting equipment as well as safe sex supplies.

We are usually in the Kings Cross area Tuesday and Thursday nights every fortnight. So please feel free to come up and have a chat to us.

If you want more info about either give Kha Hien or Suzanne a call on **1800 644 413**.

Sad but True

Since early childhood I have lived with constant emotional pain. I am now 49 years old and have been sitting in prison for nine years for a crime I didn't commit, thanks to a travesty of justice and a long police record. But perhaps it was the travesties in my childhood that best explain where I am now.

By the age of five I had already learned to fear my very abusive mother and her favourite weapon — the old frying pan cord. Around that time I somehow gained the knowledge to swipe a letter out of somebody's letterbox down the street. The letter included a government cheque, so off I went to the bank to get it cashed. Can you imagine a five year old looking up at the teller, handing over someone else's cheque? Of course the police were called and I was taken home to receive punishment. From that day forward my life was one of constant humiliation, pain and fear.

I said, "You're fucking kidding me mate! Have you had that up your dairy air all day?" He said, "Mate, I've had worse than that up there." I didn't ask what.

Once, at the age of six, I went for a walk along the lake shore near where I lived. On the way back I picked some wild flowers for my mother, but as I walked through the back gate, there stood my grandfather. The first thing that came out of his mouth was, "Where did you steal those from, you little bastard? Take the fucking things back to where you pinched them from." That night my grandfather took money from my mother's handbag and, of course, I was accused. I hate that man for the pain he caused me that night.

Just before my seventh birthday we moved to Canberra. Can you imagine things getting worse for me? Well they did. Within months of moving my parents split up on very nasty terms. I recall chasing my father's truck down the street as he drove away: I just knew he wasn't coming back. And I was so very afraid of my mother's temper and her weapon of choice.

When I turned 11 my lovely mother recommended to the authorities that I be taken to a home for uncontrollable children, simply because her singing career was far too important to spare the time looking after her unwanted son. This happened twice in quick succession, and now the damage was done: I would never be the same child again.

By the time I was 13 I no longer had a home, not that it ever felt like one anyway. I started drinking, and I recall spending many hours alone in my room at the boys' home, hiding under my bed through fear of saying or doing anything wrong.

It was just after my second stint in the boys' home that I was introduced to pot. I was walking past the house where my brother and his mates hung out. My brother called me over and asked, "Do you want to get stoned?" So just to be part of his gang, and because I had no friends outside of the boys' home I said, "Sure", not knowing what he was on about, but thinking what the hell. It turned out to be one of the best days of my life. I had never felt so good or laughed so much. I loved it. From that day on I could never get enough.

When I was 16 my whole world fell apart. A 19 year old copper with a gun killed my brother, who was just 17 at the time. This was the saddest time of my life and I cried for weeks. I loved my brother so much and looked up to him. I felt I had nobody to love me anymore. I was lost. My lovely mother told me she wished it had been me and not him. This totally tore the heart from my chest. It hit me so hard I started drinking and fighting even harder. And of course I ended up in another boys' home.

I was released just before my 17th birthday and was put on a train to Canberra. When I arrived at the station there was nobody there to meet me. I had no money so I walked the 11 kilometers to my mother's house. I knocked on the door and got no answer, so I let myself in. When she heard the door shut she said, "Who's there?" I said, "It's me." After almost 12 months away all I got was "Oh, it's only you." Fuck me drunk, it took me ten minutes to pack my bag and I was out of there and never went back. I don't know why I bothered in the first place.

Six weeks later I was arrested for an unpaid fine, so off I went for my first taste of prison: two weeks in Goulburn, a very scary place for someone my age. Sadly, this is where I had my first shot of heroin. On the third night after lock-in my cell mate asked me if I had ever tried smack. As this bloke was asking me about heroin he was sitting on the brasco. After a few grunts he breathed a sigh of relief and bugger me produced this package covered in shit. It turned out to be one of those glue stick containers, about four inches long and one inch thick. Inside was two grams of powder (he called it Thai powder). He also had two syringes cut down to fit. Unbefuckinlievable! I had never seen anything like this in my life. I said, "You're fucking kidding me mate! Have you had that up your dairy air all day?" He said, "Mate, I've had worse than that up there." I didn't ask what.

A few minutes later I'd had my first taste, and I'm telling you that if I knew what the next seven years was going to

be like, I swear to God I never would have bothered. But it was too late: at the end of that two weeks I was hooked. I loved the shit. I was on cloud nine. I didn't even care where I was.

After I was released the next seven years were a nightmare. A number of times I overdosed and nearly died. I lost four close mates and a lot of other friends because of what I had become. That is, a thieving, lying junky with a drinking problem and a bad attitude.

What did stop me though, was this. I was living with my lady and two of our close friends in this shit-hole of a house. We were all hanging out sick as dogs, on the bones of our arses, until the next morning, which was payday. I can still recall that horrible day — shooting up water just to go through the motions. We all dropped some valium and tried to get some sleep — near impossible as you can imagine. After hours of tossing and turning I manage to get some, and I woke the next morning thinking fuck me dead! Here we go again! But before I woke my lady I looked at her asleep. I just couldn't believe my eyes. Here she was, only 19 years of age, but I swear she looked so much older. Thin and drawn and looking really terrible.

So that was it. I made the decision there and then. I had to get us away and out of this disgusting situation. I got her up and said, "Baby, we are leaving, and doing it today, right now. So get up and pack what we need for a couple of months." In the meantime I went to the bank. I put petrol in the old HR, and of course went and got on. I bought two grams. By the time I got back to the house my girl and I were ready to go. Our friends were also ready. We all had a shot, packed the car and off we went. Our destination was Perth. As far away as possible from Canberra as we could get.

We actually got there. Needless to say, with only one gram between us for the five day trip, we arrived crook as. It was one of the hardest things I have ever done. But as it turned out it was the best and proudest thing my girl and I had ever done to date. Around six months later we were fit and healthy again. The change was actually fantastic. Even though two years later my lady and I went in different directions to catch up on the life we missed through using, we are still friends today.

But the best thing of all is that since that day — 23 years ago — I am very proud to say I have not touched that horrible drug and never will again. So now every person I come across who is thinking about trying heroin, I just tell them my story. Hopefully they can have the strength and courage just to say no! God bless.

C.J.

Glenn Smith

Calling Mr Xanax

I am sitting in a jail cell, on remand for an attempted armed robbery that I don't remember doing. The prosecution calls Mr Xanax as their first witness: isn't it true that the defendant took ten of you on the afternoon of the attempted armed robbery (with a butter knife) and lost consciousness before and during the bungled heist? No comment. They were going to call Methamphetamine to the stand too, but she never says anything either. God bless her.

Yes I'm back in, and this time it could be for a while. I'd like to take the reader through some thoughts of mine about benzos and speed. The serious side of my drug addiction (I am an injecting drug user) began with benzos, particularly Rohypnol when it was more available (these days it is very restricted since it became known as the 'date rape drug').

I started smoking pot when I was 14 and gradually progressed to shooting speed and opiates. I have tried most different benzos and looking back, I can only really say that they made me tired and stupid, not to mention making me black out and occasionally do dangerous and even bad things. I would go doctor shopping around where I live, always getting the best. I have a genuine diagnosed anxiety disorder, so it was very easy for me to get the good ones. When I was 22 I was getting two scripts for rohies a week. Not to mention serries, vals, moggies, normies, and all the other 'lollies' I wanted.

Xanax was my favourite. I am using the past tense because that is over now.

The same for Rohypnol: I never took rohies again after I started blacking out and smashed up my car and wasn't sure of where I'd been or what I'd done. Now I have jeopardised other people's safety by taking the benzo of my choice. I tried to rob someone; that is unacceptable. I know I'll never use them again.

A lot of people use speed to get high and benzos to come down: I would binge on either one. I love to use speed. Mulling up the crystals, sucking up the mix, pulling back, the blood shooting into the fit, the mix going into the body… And actually speeding wasn't too bad either.

Sometimes I would sit in the park by myself just feeling good, and doing head miles. I would float around slums where people were getting stabbed, never getting in any trouble myself. Coming down was a bitch though, and most times I used I swore I never would again. But that is something I battle with to this day — in fact I am hoping for some speed to come through soon, and I am in jail!

Mulling up the crystals, sucking up the mix — no stopping it! This addiction has cost me everything and I still can't get enough. Why is this, readers? The only difference between benzos and speed is that I am a danger to others on benzos. I can't risk it anymore and I know I will stick to my word. And that's the point of my story.

Live long and prosper.

Justin

Bodine Amerikah

Looking Forward

I am a 37 year old male who has abused his body with almost every drug available to man. I've done a lot of jail because of drugs and at this moment I am currently incarcerated for 13 years.

I still remember the first time I took drugs. I was on my way to my first day of high school and while traveling on the school bus I noticed some senior students sitting on the long seat at the back of the bus selling something. I could not see what it was but I was sure it was drugs. The only drug that I really knew of was pot as a lot of my mates smoked it. So I made my way to the back of the bus and sat on the seat just in front of where the seniors were seated.

After a few minutes I finally plucked up enough courage to ask what they were selling. One of them answered speed. I had never heard of speed before and I asked him what it was and what it did. He told me that it was an energy drug and once on it you feel like you can do anything and you can stay awake for days. I asked how much it was and he said $30. I only had $12 for my lunch and train fare. He said I could buy $12 worth if I wanted to, but there wouldn't be much. I said okay. He then asked how I was going to take it. I said I didn't know as it was my first time. He told me you can drink it, snort it or woof it. I said woof it, what's that? He replied shoot it into my blood with a syringe. I asked him if it hurt. He said you will only feel a pinch and then it will hit you straight away.

I closed my eyes and gritted my teeth as he put the needle into my arm. Before I knew it he had finished. Pretty soon I started feeling warm, excited and energetic. Then I started running up and down the isle of the bus. I never made it to my first class at high school as I didn't get off the bus until it returned to the train station. I ended up going to the city and then to Kings Cross and never made it home.

I ended up stealing things to swap for speed and even started working at the fountain as a male prostitute to get more money. The speed made me forget everything and made me think I was invincible. I never thought of what my family must have been going through as the speed blocked all of that stuff out. All I cared about was speed and what I could do to get it.

I started doing all kinds of crime, from petty theft to stealing cars and robbing people in the streets. I started getting caught and ended up in a boys' home. It was only then that my parents knew I was still alive. I hadn't been home for several years and I never once rang them to say I was alright. I did go home after I was released but again I ran away and returned to the Cross, hunting for speed.

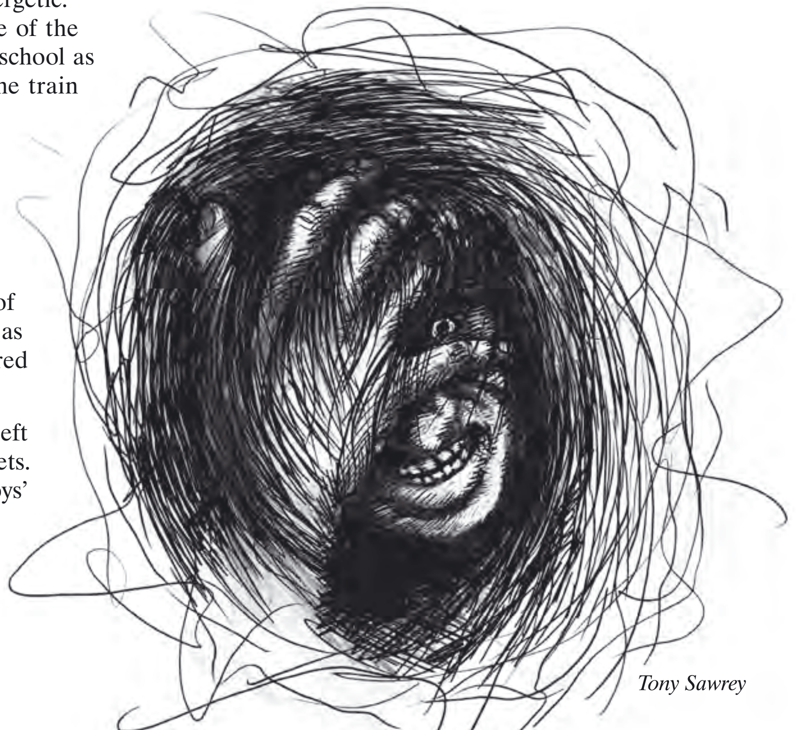
Probably the worst moment of my drug using was the look on my mother's face when she saw the injecting sites on my arms. Her face turned red in places and I saw the fear and hurt in her eyes. This truly broke my heart. Until then I'd always taken things for granted in life — my friends, my family, life in general. I couldn't handle it and I decided to leave. Even though I could see how much I was hurting her, I couldn't stop taking speed. And I knew once I had some that I could block all that away. So in and out of boys' homes and jail was my life and every time I was released I went straight back to speed.

Hopefully this time will be different. I am only four years away from freedom. I have had no drugs in my system for nine years now. I have lost my hep C that I caught from sharing needles through interferon treatment. (And yes readers, interferon does work. Forget about the side effects and try it.)

Now I have my health back. And most of all I am slowly regaining the trust of my family and friends. I've done drug and alcohol counselling and although I know my journey isn't over yet, with support and guidance from counsellors and my family I am sure it will be a little easier. I hope for me and my family that I can achieve what I have started. I can't tell anyone to stop taking drugs — that is their decision alone. All I can say is you can lose a lot.

I hear some people say our body is our temple. I say if we fill our body with drugs then there is no room for life.

J.D.



Tony Sawrey

Reeling

Cinematic depictions of the drug experience tend to be less successful than depictions in other media — say, poetry or music. The kinetic, visual nature of cinema means that its strength lies in surfaces — but the drug experience is almost always intensely *internal*, so cinema usually finds it difficult to evoke such an experience adequately. Even so, there are plenty of interesting drug films, ranging from the exhilarating through the harrowing to the frustratingly earnest.

Curiously, most drug films are literary adaptations — as if studios don't dare tackle such a racy subject without the legitimacy of a novel for backup. Hollywood's first exploration of addiction, aside from such risible twaddle as *Reefer Madness* or *Narcotic!*, was Otto Preminger's film of Nelson Algren's *The Man With the Golden Arm*. Shot on a shoestring in 1955, the film was refused classification by the Motion Picture Association of America. The notoriously stubborn Preminger released the film anyway, earning condemnation from moral guardians and box-office reward from the publicity. This marked the first real chink in the stifling armour of Hollywood censorship. The film's priggish approach to its subject matter has seriously dated it, but it's still worth seeing for its famed, jazz-based score by Elmer Bernstein, and for Frank Sinatra's finest acting role, a brave performance as an ex-con jazz drummer who sinks back into his old heroin habit.

Gus van Sant's breakout feature *Drugstore Cowboy* is vivid and poignant, but it serves up the classic dramatic arc of hedonism/squalor/redemption, a cosy three-act structure that bears little relationship to the real world. It too features a career highlight performance from Matt Dillon, and it is given the benediction of a cameo from beat maven William S. Burroughs as — no shit — a defrocked priest addicted to smack.

Which brings us to David Cronenberg's contribution to this genre. His film of Burroughs' classic novel *Naked Lunch* doesn't say much about heroin; hell, it doesn't really say much about Burroughs' book. But it says a lot about paranoia, hallucinations, and being pharmacologically fucked up. The film is a mélange of early Burroughs works, including chunks of *Naked Lunch*, with fictionalised elements of Burroughs' life. Versions of Allen Ginsberg, Jack Kerouac, John and Jane Bowles and Burroughs' wife intersect with ejaculating mugwumps, centipede rapists and typewriters with talking anuses. Cronenberg is audaciously inventive, and even manages to inject an element of pathos as he endeavours to forge a linear narrative from the elements. Fans of Burroughs will read the words 'pathos' and 'linear narrative' and dry retch, but there are some magnificent sequences in the film, even if the whole doesn't fully convince.

For your full-tilt psychedelic experience, you may wish to leave Interzone for Terry Gilliam's intense, infuriating adaptation of Hunter S. Thompson's *Fear and Loathing in Las Vegas*. Like *Naked Lunch*, Thompson's novel was long considered unfilmable. Like *Naked Lunch*, its protagonist is less a character than a cipher for its author. Like *Naked Lunch*, its adaptation takes a radical and ostentatious approach to the source. Unlike *Naked Lunch*, whose director takes a curiously aloof approach to his films, Gilliam's *Fear and Loathing* goes headlong, full-tilt, balls-to-the-wall into the subject matter, and fuck you if you can't catch up. Honestly, I can't figure if this film is inept or a masterpiece — an indication that it's at least worth seeing. A true visual feast.

Human Traffic, in some ways, was a radical step for mainstream cinema. Despite its conventional narrative — unrequited love during a night on the town — it was the first film to depict English rave culture with anything approaching authenticity. Moreover, it showed a world where drugs were consumed openly and defiantly, without coverture or shame. This behaviour is familiar to thousands of people every weekend, but to see it on-screen is striking. Often clumsy and repetitive, the film's strength comes through its easy humour and its fresh and vigorous ensemble performances. Fans of John Simm (*Life on Mars*, *The Lakes*) will find this a slight but fun film.

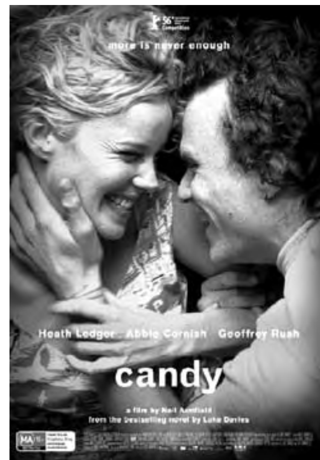
The famous overdose scene from Quentin Tarantino's *Pulp Fiction*, where John Travolta's Vincent revives Uma Thurman's Mia by stabbing her with a giant adrenaline needle, is not Tarantino's invention — it's actually a deliberate recreation of an anecdote from Martin Scorsese's short film *American Boy*. This extraordinary documentary is a profile of music promoter/actor Steven Prince, who recounts a series of stories about his life

and his descent into drug addiction. By turns hilarious, pathetic and harrowing, it's difficult to find but well worth investigating.

Steven Soderberg's *Traffic* attempts to portray the drug trade through different perspectives: government crusader, kingpin's wife, DEA agent, ambitious but moral Mexican cop. As an essay on the futility of doctrinaire drug policy, it's a sobering document to those who swallow the propaganda, and a 'Der, Fred' to everyone else. As a cinematic experience, it's hampered by Hollywood squeamishness, and by too many stories being told in too short a time. There's a better film here that has been pruned away — not surprising, as the film is and adaptation of a landmark three-part BBC miniseries made a decade prior.

Darren Aronowski's adaptation of Hubert Selby Jr's *Requiem for a Dream* has no such qualms about showing heroin addiction; indeed, its tragic narrative spiral is borderline hysterical, a censorious approach that almost screams 'Just Say No'. Amidst the denouement of prostitution, amputation and imprisonment, its most heart-rending outcome focuses on Ellen Burstyn's maternal character, strung out on prescribed speed, perpetually living out a TV infomercial purgatory whilst her body decays. See it, but make sure you have an ice cream and a walk in the sunshine afterwards.

Australia has made its own contributions to the genre. Richard Lowenstein's *Dogs in Space* is a guilty pleasure for me. It's meandering, it's dated, and I'm still not sure if Michael Hutchence is acting or just walking through it. But it's visually audacious, it features a tremendous soundtrack, and its episodic structure of sex, drugs and post-punk in a 1979 Melbourne shared house is tremendously evocative. And it has one of the great opening lines in Australian cinema history.



Rowan Woods' *Little Fish* portrays the difficulty of escaping the heroin lifestyle. Set in Cabramatta, an ex-addict's attempts at moving on with her life are constantly undermined by the legacy of her past and the interference of those closest to her. Great performances and a nuanced script are undermined by a pace that is measured almost to the point of inertia. A classic quandary: how do you accurately depict a dreary, disheartened environment without being dreary and disheartening?

I hesitate to question the authenticity of Neil Armfield's adaptation of *Candy*. After all, Luke Davies co-authored the screenplay from his own avowedly autobiographical novel. But Davies' rich, lyrical prose is shoehorned into an intermittently successful narration, instead of being translated into a compelling visual style. Plus the two leads' luminescent glamour makes it look at times as if heroin withdrawal is little worse than a case of the 'flu. It features remarkable performances from Geoffrey Rush, Abbie Cornish, Noni Hazlehurst and, of course, the late Heath Ledger. The film is successful as a painfully tender love story, perhaps less so as a convincing portrayal of drug use.

I've barely scratched the surface: the brilliant cocaine paranoia of Goodfellas' climax, the ludicrous operatic hyperbole of De Palma's *Scarface*, the grunge decay of *Basketball Diaries*, the sex-drenched shrug-fest that is *Jesus' Son*, the chilling depiction of a child's life in the 'hood in *Fresh*, Bert Deling's 1975 Australian cult landmark *Pure Shit*, Hazlehurst again in *Monkey Grip* — I even managed to get this far without mentioning *Trainspotting*!

Let's leave on a high: no examination of drugs in cinema, however cursory, should ignore Bruce Robinson's pungent, poignant comedy *Withnail & I*, a delicious evocation of yearning squalor against the painful comedown from the Summer of Love. At one point, the protagonists are offered a vast spliff (a 'Camberwell Carrot') from their drug dealer, Danny. Marwood (the 'I' of the title) smokes too quickly, gets 'The Fear', and demands a Valium. Danny sagely says to Marwood, "You have done something to your brain. You have made it *high*. If I lay 10mls of diazepam on you, it will do something else to your brain. You will make it *low*. Why trust one drug and not the other?"

Why indeed.

Mathew Bates

Silver Scream Department.

My Med-Movie Memoirs!

3/'08.

or... Users News goes to the Movies!

As a kid, I was way into science fiction... In it, I read of "Psycho-Electro--Stimulation..." Oh how I longed to try the thing!

At my school, our teacher, Mrs X, read: 'Go Ask Alice.' to the class... 'Wow!'-says I. Did I ever want to try this 'acid' stuff now! And A.S.A.P too!

She printed out the lyrics to "Itchycoo Park" for us... She even warned our parents about bad songs like this + about bands like the Stones + the Beatles...

Mrs X was dead against drugs - and she filled us with lolly-coloured hope!

For me, The Beatles finished the job Mrs. X had begun... 'Lucy in the Sky.'.. But maddeningly.. not my sky..! I was 13. No L.S.D.-25 access...

My point is that music, pop--culture and movies only helped to pave the way...

Like a yellow brick road...

"REEFER MADNESS" MADE US ALL GIGGLE. "NEW JACK CITY" CLENCHED OUR COLLECTIVE ARSEHOLES IN COLD TERROR... "LIQUID SKY" + "PURE SHIT" SHOCKED US... AND WHO AMONG US WILL EVER FORGET WATCHING THE YOUNG **AL PACINO DIP** HIS HEAD INTO THAT MONSTER HILL OF COKE?!!

PERSONALLY, MY FAVORITE MOMENT WAS WATCHING THAT NUKE-ADDLED-CYBER-ZOMBIE DOWN ALL THAT **POTENT, PURPLE PUKE** IN "ROBOCOP 2"

ADDICTION DONE RIGHT? YE CAN'T BEAT "LOST WEEK-END"... DRUGS HAVE SUFFERED IN THE TELLING... DOPE DONE WRONG? WELL, "SID + NANCY" COMES TO MIND...

DRUG-HEIST FILMS LEAVE ME COLD... I SQUIRMED WATCHING THAT GUY HIT UP IN "DRACULA"... I HATED "EASY RIDER" 4 MAKING IT SEEM SO FUCKING **EASY**!

They Kept Coming!

The Dope Movies

I SPOKE WITH 2 GREAT LADIES FROM "LIFELINE". "ARE THERE MOVIES THAT **HELP** US WITH "SUBSTANCE ABUSE"?

...

THEY AGREED ON "CLEAN AND SOBER"

SURPRISE

"IS THERE ONE FILM THAT, MORE THAN ANY OTHER SEEMS TO DO THE OPPOSITE: - ONE THAT FUCKS US UP?" - I ASK...

REQUIEM FOR A DREAM

IT WAS UNANIMOUS...

"IT'S A NASTY FILM" SHE SAID... NOBODY IN IT GETS WHAT THEY WANT - BUT IF THERE'S ONE FILM THAT TESTS THE SOBRIETY ~ THIS IS IT..."

IF YOU'RE PRONE TO HANGING-OUT OR TRYING TO STAY SOBER: MY SAGE ADVISE IS TO STAY RIGHT AWAY FROM THIS ONE MOVIE!

THANKING YOU FOR YOUR RAPT ATTENTION!

BO.

Methadone Take-Safe Device

The Take-Safe device is a hardened plastic container with a microprocessor which can only be locked or unlocked by the dispensing pharmacist, and is designed to deliver a single take-away dose of methadone every 24 hours for up to six days. The Take-Safe trial aimed to see if this device helped to make the use of methadone safer, by reducing the risk of it being misused or diverted to other users.

The trial, which started in Newcastle in March 2006, was rolled out to Cessnock and Tamworth over the following six weeks, and continued for a period of six months. Thirty-three participants were recruited from community and public clinic sites. Twenty-seven completed the evaluation period. The device was then available to clients from July 2007.

Not having to travel to a dosing point each day has helped to normalise people's lives. The benefit of normalising lives means that people are more able to gain employment, take up studies or job training, care for their family and move their lives away from the drug scene.

In February this year the Take-Safe device was removed from use for a review period of three months, in response to a user tampering with one and overdosing. For local users who have been on the system and loved it, this is a blow. One of the particular benefits was the ability to dose at a time of the day that suits you; for example, in the evening if you work early, or after lunch if you want to avoid the possibility of nodding off in a meeting!

This device is really highly regarded and has changed the lives of people who have been able to get one: it's meant for some a return to work without fear of lateness caused by a pile-up at the dosing point, the ability to travel for work, and the return of control over one's own life.

I can only imagine how valuable this device is for people in rural locations, who are often faced with the high cost of petrol or bus fares to get to their dosing point each day, or whose dosing hours conflict with their children's school hours.

User's News will keep you posted about the developments that we hope will bring Take-Safe back into use as soon as possible.

Kerri Shying

Losing Sleep

because you didn't receive the last edition of *User's News*?

Did you forget something important last time you changed address?

With a quick phone call to **1800 644 413** or an email to **nuaa@nuaa.org.au** you can sleep soundly at night knowing you need never miss an issue of User's News again.

So update your details with NUAA now.

MAINLINING OFF THE MAINLAND

The physical divide of Bass Strait, along with the divide of public opinion, puts injecting drug users in Tasmania in a situation that, while in some ways mirroring the experiences of regional and country-dwelling drug users everywhere, is in other ways quite unique.

Needle and syringe program (NSP) availability is an area where some regions of Tasmania are leaps and bounds ahead of others. Launceston, with a population of around 50,000 people, has no after hours NSP at all. Hobart, the capital, boasting a population of around 250,000, had a 24 hour NSP at the Detoxification Services building, but when Detoxification Services moved, the exchange was closed, and I honestly don't know if the Government has any intention of opening another one. On the other hand, my hometown of Smithton has a 24 hour NSP at the local hospital, and it is a town of maybe 5,000 people. Go figure. It may be that the fault for this lack of essential NSP services lies in planning rather than funding, but for the user on the street (or in their home), this means little, as whatever the reason, the risks of infection go up due to a lack of access to clean equipment.

'Hillbilly heroin' (my favourite term for black market opioids like morphine and oxycodone) is, by necessity rather than choice, the most common opioid injected. This is due to the lack, if not absence, of heroin from Tassie's black market — at least at street level. The long term use of these drugs, which contain fillers like chalk and wax that are more damaging to the veins than the drugs themselves, exacerbated by the lack of access to equipment like pill filters (and the knowledge of how to use them) is, in my opinion, the greatest threat to the long term health and welfare of Tasmanian injecting drug users.

One option available to users in Tasmania is the original opiate: opium. Most of the stuff makes its way to the streets after clandestine night time missions to raid the poppy fields which dot Tasmania from North to South. Security is minimal: usually the same sort of fence one puts around a paddock to keep the cows in. As long as one picks a field off the main roads and a safe distance away from nearby farmhouses, one may take their own sweet time about the raiding process (although, why would you dally?). A drive back home, a few hours of boiling, filtering, and so on, and you are left with a chunk of black opium resin, ready for consumption in the usual ways. Personally, I prefer to eat a gram or two then smoke some cones laced with the stuff an hour or so later. One year, a person I know didn't even have to leave town — much less jump the fence of any poppy fields — to find enough poppies for a cook up. He found about 1,000 poppies just growing along the side of the railway tracks in the town where he lived — living la vida Oblivion!

Reliable harm reduction information can be far more difficult to obtain in Tasmania than in the larger cities, a situation I'm guessing is familiar to most users in regional areas. Combined with the Australian (and generally human) "fuck-it-gotta-die-of-something" attitude, this can have messy results.

For example, a person I know in the Burnie area decided that, lacking opiates of his choice, he would try to inject some opium. So he took about a gram of opium paste, added water to it, cooked it till it was a viscous sludge, then filtered it through a cigarette filter as he drew it up into the barrel of a 10ml syringe. He then injected the opium soup into his veins, which, due to the toxic organic alkaloids contained within the mixture, made him violently ill. He probably should have gone to hospital, but he toughed it out at home. Needless to say, the 24 hours he spent prostrate and vomiting was possibly a best case scenario: in reality it could well have killed him.

Like elsewhere, access to support services and even basic health care can be at times a difficult proposition. In the more remote areas, where small town mentalities reign supreme, few users will even admit to their GP that they use, for fear of being labeled a 'junkie'. Obviously, accurate diagnosis and treatment of health problems, whether directly related to drug use or not, are made difficult by the denial of one's using to health professionals. But as anyone who has ever lived in a small town would know, the rumour mill can mercilessly crush any member of the community, and this fear often has the effect of isolating drug users within smaller communities.

I guess that the plight of Tasmanian injecting drug users probably mirrors the experiences of users in regional areas across the country. In any case, the main losers in places with small town mentalities are the users.

Wez

Tony Sawrey

What are your problems? with Ida Bigge-Hutte

Dear Ida

I have to go in to hospital for a fairly routine operation soon. I am on 100mgs of methadone and my doctor knows this. I have heard some bad stories from other people about how they were treated when in hospital and I'm a little worried now. My main concern is that they won't give me pain relief if needed. One friend said that when she asked for something she was told that she was on methadone and that was enough. I'm really worried about being in pain while I'm there. Is there anything you can suggest I do to make sure I get good treatment?

Pained

Dear Pained

The first thing to do in this situation is talk to the doctor you feel most comfortable with now — before you go in — about your concerns. They might be able to set your mind at rest. Don't forget to get your pharmacotherapy treatment organised well in advance.

The treatment of people on pharmacotherapy has its own set of guidelines put out by NSW Health: NSW Opioid Treatment Program: Clinical guidelines for methadone and buprenorphine treatment of opioid dependence (available online at www.health.nsw.gov.au). These are only guidelines, however, not hard and fast rules. There is a section that deals directly with the situation you will be in when you're admitted to hospital.

The guidelines recognise that 'patients on methadone or buprenorphine treatment who are experiencing acute pain in hospital often have their pain undertreated. Analgesia (including injectable analgesia) should be provided for these patients as for other patients.' The paragraph goes on to mention that people on pharmacotherapy may in fact need larger doses due to a higher tolerance.

Bear in mind that they are referring to acute pain. This is pain that is urgent or intense. Chronic pain is not the same — it is ongoing and of a lesser intensity. It is possible that it was this sort of pain that your friend was told they should use their methadone for.

If you are in intense pain and you are refused pain relief then keep asking for it. If that doesn't work then ask for a doctor, another doctor or a supervisor. It is unacceptable to be in acute pain and be refused analgesia — unless there is a justifiable medical reason.

Chronic and ongoing pain is arguably a more difficult area. It is possible your methadone will be increased rather than you being prescribed different opioids such as morphine or codeine. It is also likely that anti-inflammatory type medications will be used as well, depending on your situation. If you do find your pain is not being relieved then try to ask calmly for increased medication. It is unfortunate but common that it is assumed that those of us on pharmacotherapy are 'engaging in drug-seeking behaviour' when asking for pain relief. The best remedy for this is to try and get a good relationship with all the medical staff and to be honest with them about what you are going through. Like so many things for drug users, a lot will come down to the prejudices of other people. The challenge for us is to prove these prejudices wrong as often as possible.

Dear Ida

I am pregnant with my first child. I'm really excited and happy about it but the other day someone told me that because I have hep C, my baby is going to be born infected. Is this true? Doesn't my baby share my blood with me? I don't want my baby to be born with a death sentence.

Hepcpecting

Dear Hepcpecting

Firstly, congratulations on your pregnancy! Secondly, the risk of transmission of hepatitis C from mother to baby (vertical transmission) is unlikely — about 5% or one in 20 babies are born hep C positive from their mothers.

There are some things that need to be taken into consideration to assure the best possible health for your baby and yourself throughout gestation and childbirth.

Although you aren't required to disclose that you are hep C positive to your obstetrician or midwife you should consider letting them know so as they can take all the necessary precautions to avoid unnecessary exposure to your blood and to ensure you receive the best quality health care for yourself and your baby.

There is no greater risk between methods of delivery, i.e. vaginal or caesarean sections (although the use of forceps during delivery can increase the likelihood of blood to blood contact — one reason why it's good if your obstetrician knows).

Breastfeeding is encouraged, as it is with all mothers. Although the hep C virus is detectable in small quantities in breast milk it has not been linked with transmission of the virus to babies. You do, however, need to take precautions such as checking your nipples before each feed — if your nipples are cracked it is recommended that you use formula until they're healed, which should only take a day or two. Then breast feeding can recommence. Remember — it's blood to blood contact that causes hep C transmission so also check your infant's mouth for bleeding when breastfeeding.

User's News No. 54

User's News needs your stories, articles and letters.

Everybody loves a good story, but before we can publish them we need you to write them!

So pick up your pen, pencil, quill or keyboard (perhaps not your mobile phone…) and start writing today.

Topics you can write about include:

Fun times, bad times, experiences with methadone or bupe, tips on safer using, ridiculous moments, memorable experiences, discrimination, problems you encounter being a drug user.

If you're not confident about your writing, check out How to Write a Killer User's News Story in the previous edition of User's News (no. 53). If you don't have a copy, you can find our web issue on www.nuaa.org.au or you can call us and we'll post you one.

And remember: we pay 13 cents per published word!

Send your story to:

User's News, NUAA, PO Box 278, Darlinghurst NSW 1300

Fax it to us on (02) 8354 7350 or email it to us at usersnews@nuaa.org.au

Don't forget to send us your contact information!

(Please note that we usually publish stories using the first name of the contributor. If you wish to be published under another name, please state this in your submission.)

Living off a Pineapple (or $50 a week)

SHOPPING LIST			
	Quantity used	**Quantity to buy**	**Cost**
Bread loaf	½ loaf	1 loaf	$ 1.79
Pita pocket	5	Pack of 6	$ 3.35
Rice	1 cup	1 kg	$ 1.05
Chickpeas	1 can	0.99	
Lentils	1 can	1 can	$ 0.99
Oats	2 cups	1 kg	$ 1.45
Pasta	200 g	400 g	$ 0.69
Milk	500 ml	2 L	$ 2.19
Yoghurt	200g	200 g	$ 1.29
Cheese	200g	200g	$ 1.99
Apples	2	2	$ 1.50
Other (seasonal)	7	7	$ 5.00
Lemon	1	1	$ 0.80
Salad leaves	150 g	150 g	$ 2.00
1 bok choy	1 head1	head	$ 1.00
Mushroom	6 buttons	6 buttons	$ 1.50
Tomato	4	4	$ 2.00
Zucchini	3	3	$ 3.00
Carrot	5	5	$ 1.50
Onion	2	2	$ 0.65
Garlic	2 cloves	1 bulb	$ 1.00
Eggs	6	12	$ 2.60
Chicken breast	200 g	200 g	$ 3.20
Beef mince	250 g	250 g	$ 3.00
Ham	250 g	250 g	$ 3.00
Tuna	240 g can	240 g can	$ 2.25
Pasta sauce	500 ml	700 ml	$ 1.85
Canned tomato, diced	400 g can	400 g can	$ 1.12
Baked beans	1 small can	1 small can	$ 0.49
Grainy mustard*	4 tsp		
Mayonnaise*	1 Tb		
Soy sauce*	2 Tb		
Sweet chilli sauce*	2 Tb		
Peanut butter*	2 Tb		
Canola oil*	4 Tb		
TOTAL COST			**$ 51.50**
Items marked * are not included in the budget as they are common pantry items.			

There is no denying the cost of food has increased, especially in Sydney. Unfortunately, we sometimes tend to skimp on food when funds get low. Diets that are of good quality, and meet our requirements for the big nutrients (like protein, carbs and good fats) and the small nutrients (like calcium, zinc and iron) are known to make us stronger, happier and healthier. Quality diets contain a variety of vegies, fruit, dairy products, meats, breads and rice.

So how can you eat a quality diet on a really tight budget? The key is getting organised, with a meal plan and ingredient list and hitting the supermarket or a market like Paddy's. Takeaway and café meals will always cost a lot more than cooking yourself and are often less nutritious than home cooked meals.

This month our nutritionist accepted our challenge to provide you with a plan to let you eat nutritious and delicious foods for an entire week on just $50! Here is a menu, recipes and a shopping list to get you started.

Bon appetit!

RECIPES

Bircher muesli (for 4 days)

2 cups of rolled oats

200 g flavoured yoghurt

1 cup of milk

2 apples (grated or diced)

Place oats in a bowl or container that fits in the fridge. Add grated apple, yoghurt and milk and stir well. The oasts should be covered with milk and yoghurt. Cover and leave overnight. Bircher will last 5 days in the fridge. If available, add any fruit (dried or fresh) or nuts/seeds.

Spaghetti Bolognaise (enough for 4 meals)

250 g mince

1 can of lentils, drained

1 big bottle home brand tomato pasta sauce

200g spaghetti (ca ½ packet)

1 onion

2 carrots

2 zucchini

Dice onions. Heat a big pan or saucepan and add a drop of oil. Add diced onions and cook until onion is translucent (about 3 minutes). Add mince and cook until all the mince is brown and broken up. If there is a lot of fat in the mince, drain the fat carefully off.

Chop up carrot and zucchini roughly and add to meat. Add sauce and allow to simmer (boil slowly) for 20 mins.

Bring a large saucepan of water to a rapid boil. Add spaghetti and cook as per packet instructions. Add

sauce to pasta when cooked. If cheese is available, add a handful.

Bolognaise sauce can also be eaten on toast or nachos.

Chickpea Minestrone (enough for 2 meals)

1 can of chickpeas, drained
1 400 g can of diced tomatoes
1 large zucchini, diced
1 large onion, diced
2 cloves garlic, smashed

Heat a large saucepan and add a drop of canola oil. Fry onion and garlic until translucent. Add diced zucchini and canned tomatoes. Fill the empty can half way with water and add to saucepan. Stir well and allow to simmer (little bubbles) for 20 minutes. Stir occasionally.

Add chickpeas to minestrone and allow to cook for a further 2 minutes. Add salt and pepper to taste, and chilli or Tabasco sauce if desired.

Ham, cheese and tomato pita pocket

1 pita pocket
2 slices of cheese
2 slices of ham
1 tomato, sliced
1 tsp grainy mustard

Open pocket with a knife, just enough to fit in ingredients. Spread mustard and layer cheese, sliced tomato and ham.

Chicken and salad pita pocket

100 g chicken breast (from stir-fry)
1 handful salad leaves
1 Tb mayonnaise
1 tsp grainy mustard

Open pocket with a knife, just enough to fit in ingredients. Spread mustard and mayonnaise and layer with chicken and lettuce.

Omelette with ham and mushroom

2 eggs, beaten lightly
2 slices of ham, diced
2 button mushroom, sliced
1 tsp oil

Heat a pan on a low heat and add oil. Add egg mixture and allow to set for 15 seconds. Add ham, mushrooms to one side of the egg mix. When the egg looks firm, carefully turn ½ the egg mix onto the other half, so the ham and mushrooms are covered. Allow to cook gently for 3-4 minutes.

Serve with toast if desired.

Stir-fry with chicken and rice

1 carrot, chopped roughly
4 button mushrooms
1 head of bok choy
200 g of chicken breast, cut into small pieces
1 Tb oil
1 cup of rice
2 Tb soy sauce, 2 Tb sweet chilli sauce

Cook rice as per packet instructions. Heat a pan and add oil to coat.

Add chicken and cook thoroughly. Chicken should be browned and with no pink flesh inside. Remove half of the chicken and refrigerate for lunch tomorrow.

Remove chicken from pan and turn up the heat. Add the vegetables and sauces and stir-fry quickly (around 4 minutes). Add chicken to vegies and serve over rice. Add more soy and chilli sauce as required.

Mini ham and cheese pizza

2 pita pockets
1 cup grated cheese
4 slices of ham
2 Tb tomato paste with Italian herbs

Heat the grill. Spread pockets with tomato paste with herbs. Layer with ham and sprinkle with cheese.

Place under the grill for 4-5 minutes or until the cheese is melted and slightly browned.

Easy tuna pasta

1 240 g can tuna in oil
200 g penne pasta
1 lemon, juiced
2 tomatoes, diced
1 clove of garlic, chopped finely
½ tsp salt and ½ tsp pepper

Bring a large saucepan to the boil and cook penne as per packet instructions.

In a mixing bowl, combine tuna and oil (do not drain) with the diced garlic and lemon juice and salt and pepper.

When pasta is cooked and drained, add tuna mix and tomatoes. Mix carefully. Reserve half of the quantity and refrigerate for a following meal.

Tuna pasta salad

Tuna pasta
2 handfuls of salad leaves
Extra lemon juice (from ½ lemon)

Carefully toss cold tuna pasta with salad leaves. Add extra lemon juice if desired.

Help Lines Complaints Self-Help

ACON
AIDS Council of NSW

(Hep C Info Line)

1800 063 060

Sydney: 9206 2000

Health promotion. Based in the gay, lesbian, bisexual and transgender communities with a focus on HIV/AIDS

Mon-Fri 10 am - 6 pm.

ADIS Alcohol & Drug Information Service

1800 422 599

Sydney: 9361 8000

General drug & alcohol advice, referrals & info. NSP locations and services etc. 24 hrs

CreditLine

1800 808 488

Financial advice and referral.

HepC Helpline

1800 803 990

Sydney: 9332 1599

Mon 9am - 8pm, Tues - Thurs 9am - 5pm, Fri 10 am - 5pm. Closed daily 1pm-2pm

HIV/AIDS Infoline

1800 451 600

Sydney: 9332 9700

Mon-Fri 8am – 6.30pm, Sat 10am - 6pm

Homeless Persons Info Centre

(02) 9265 9081

OR (02) 9265 9087

Phone info & referral service for homeless or at-risk people. Mon-Fri 9am- 5pm.

Karitane

1800 677 961

Sydney: 9794 1852

Parents info & counseling. 24hrs.

www.swsahs.nsw.gov.au/karitane/

Lifeline

13 11 14

Counseling & info on social support options. 24 hrs.

MACS Methadone Advice & Complaints Service

1800 642 428

Info, advice & referrals for people with concerns about methadone treatment. List of prescribers.

Mon-Fri 9.30am-5pm.

Multicultural HIV/AIDS & Hepatitis C Service

1800 108 098

Sydney: (02) 9515 5030

Support & advocacy for people of non- English speaking background living with HIV/AIDS, using bilingual/ bicultural co-workers from 17 language groups.

Prison's HepC Helpline

Free call from inmate phone for info & support. Enter MIN number and PIN, press 2 for Common List Calls, then press 3 to connect to the helpline.

Mon - Fri 9am - 5pm.

St. Vincent De Paul Society

Head Office: 9560 8666

Accommodation, financial assistance, family support, food & clothing. Mon-Fri 9am - 5pm.

Salvo Care Line

1300 363 622

Sydney: 9331 6000

Welfare & counseling. 24hrs.

SWOP Sex Workers Outreach Project

1800 622 902

Sydney: 9319 4866

Health, legal, employment, safety, counseling & education for people working in the sex industry.

Women's Information & Referral Service

1800 817 227

Phone for all special needs of women and children

Anti-discrimination Board of NSW

1800 670 812

Sydney: 9268 5555

Information on discrimination issues. Mon-Fri 9am - 5pm.

Health Care Complaints Commission

1800 043 159

Investigates complaints re: treatment & care by doctors, nurses, dentists, etc., about discrimination, privacy & breaches of confidentiality; about clinic or hospital service.

NSW Ombudsman

(02) 92861000 or 1800 451524 (country only)

Investigates complaints against the decisions and actions of local government and NSW police.

NA Narcotics Anonymous

(02) 9519 6200

Peer support for those seeking a drug-free lifestyle. 24 hr no. statewide.

CMA Crystal Meth Anonymous

0410 / 324 384

Regular meetings around Sydney. Call for times and locations.

www.crystalmeth.org

SMART Recovery

Self-Management & Recovery Therapy

(02) 9361 8020

Self-help group working with cognitive behavioural therapy.

Family Drug Support Hotline

1300 368 186

Sydney: 9818 6166

Support for families of people with dependency.

24 hours.

NAR-ANON

(02) 9418 8728

Support group for people affected by another's drug use.

24 hours.

Medical Services

Aboriginal Medical Service Redfern
(02) 9319 5823

Albion Street Centre Surry Hills
1 800 451 600
(02) 9332 9600
Free testing for HIV / hepC & other. Medical care, nutritional info & psychological support for people living with HIV & hepC.

Campbell House Surry Hills
(02) 9380 5055
GP, dentist, optometrist, chiropractor, mental health. Medicare card required.

Haymarket Foundation Clinic Darlinghurst
(02) 9331 1969
Walk-in homeless clinic on 165B Palmer St D/Hurst. No Medicare card required.

KRC Kirketon Road Centre Kings Cross
(02) 9360 2766
For "at risk" youth, sex workers, and injecting drug users. Medical, counseling and social welfare service. Methadone & NSP from K1.

MSIC Medically Supervised Injecting Centre Kings Cross
(02) 9360 1191
A safe supervised place to inject. 66 Darlinghurst Road, Kings Cross opposite train station.

South Court Penrith
1800 354 589
Medical service, sexual health & nurses. Vaccinations, blood screens, safe injecting & general vein care. No Medicare required.

Youthblock Camperdown
(02) 9516 2233
12 – 24 years. Medical and dental available etc. No Medicare required.

Legal Services

CRC Court Support Scheme
(02) 9288 8700
Available to assist people through the court process.

Disability Discrimination Legal Centre
(02) 9310 7722
Provides free legal advice, representation and assistance for problems involving discrimination against people with disabilities and their associates.

HIV/AIDS Legal Centre
1800 063 060
(02) 9206 2060
Provides free legal advice to people living with or affected by HIV/AIDS.

Legal Aid Hotline
1800 10 18 10
For under 18s. Open 9am - midnight during the week. 24 hours on weekends.

Legal Aid Commission
(02) 9219 5000
May be able to provide free legal advice and representation. The Legal Aid Central office can also put you in contact with local branches.

The Shopfront Youth Legal Centre
(02) 9360 1847
Legal service for homeless and disadvantaged young people.

Treatment Centres

The Buttery Bangalow
Ph: 6687 1111

Corella Lodge Prairiewood
Ph: 9616 8800

Detour House Glebe
Ph: 9660 4137

Gorman House Detox Darlinghurst
Ph: 9361 8080 / 8082

Hadleigh Lodge Leura
Ph: 4782 7392

Herbert St Clinic St Leonards
Ph: 9926 7276

Jarrah House Maroubra
Ph: 9661 6555

Kathleen York House Glebe for women and girls
Ph: 9660 5818

Kedesh House Berkeley
Ph: 4271 2606

Lakeview Belmont
Ph: 4923 2060

Lorna House Wallsend
Ph: 4921 1825

Langton Centre Surry Hills (via Sydney Hosp. selective process only)
Ph: 9332 8777

Lyndon Withdrawal Unit Orange
Ph: 6362 5444

McKinnon Unit Rozelle
Ph: 9556 9245 / 9241

Meridian Clinic Kogarah
Ph: 9350 2944

Miracle Haven Br Program Morrisset
Ph: 4973 1495 / 1644

Nepean Hospital Penrith
Ph: 4734 1333

Northside Clinic Greenwich
Ph: 9433 3555

O'Connor House Wagga Wagga
Ph: 69254744

Odyssey House Eagle Vale
Ph: 9820 9999

Orana House Warrawong
Ph: 4223 8155

Palm Court Rozelle
Ph: 9556 9752 / 9100 (switch)

Phoebe House Banksia
Ph: 9567 7302

Phoenix Unit Manly
Ph: 9976 4228

Riverlands Drug & Alcohol Centre Lismore
Ph: 6620 7612

St. John of God Burwood
Ph: 9747 5611 &
1300 656 273

St. John of God North Richmond
Ph.: 4588 5088 or
1800 808 339

The Salvation Army Bridge Prog. Nowra
Ph: 4422 4604

South Pacific Private Hospital Curl Curl
Ph: 1800 063 332

The Sydney Clinic Bronte
Ph: 9389 8888

The Ted Noffs Foundation Randwick
Ph: 9310 0133 &
1800 151 045

WHOS We Help Ourselves Redfern
Ph: 9318 2980

WHOS We Help Ourselves Cessnock
Ph: 4991 7000

William Booth Institute Surry Hills
Ph: 9212 2322

Wollongong Crisis Centre Berkeley
Ph: 4272 3000

List includes detoxes, rehabs and counselling services. (Not a comprehensive list. Ring ADIS 9361 8000 for more).

This is not a comprehensive list. If you can't contact the number below or don't know the nearest NSP in your area, ring ADIS on 02 - 9361 8000 or 1800 422 599. ADIS also has a state-wide list of chemists that provide fitpacks.

Where to get fits

NSP Location	Daytime №	Alternative №
Albury	02 - 6058 1800	
Auburn Community Health	02 - 9646 2233	0408 - 4445 753
Bankstown	02 - 9780 2777	
Ballina	02 - 6620 6105	0428 - 406 829
Bateman's Bay	02 - 4472 4544	
Bathurst	02 - 6330 5677	
Bega	02 - 6492 9620	02 - 6492 9125
Blacktown	02 - 9831 4037	1800 255 244
Bowral	02 - 4861 8000	
Broken Hill	08 - 8080 1556	08 - 8080 1333
Byron Bay	02 - 6639 6635	0428 - 406 829
Camden	02 - 4629 1082	
Campbelltown MMU	02 - 4634 4177	
Canterbury (Repidu)	02 - 9718 2636	
Coffs Harbour	02 - 6656 7936	02 - 6656 7000
Cooma	02 - 6455 3201	
Dubbo	02 - 6885 1700	
Goulburn S.East	02 - 4827 3913	
Grafton	02 - 6640 2229	
Gosford Hospital	02 - 4320 2753	
Hornsby	02 - 9858 7955	0411 - 166 671
Jindabyne	02 - 6457 2074	
Katoomba / Blue Mountains	02 - 4782 2133	
Kempsey	02 - 6562 6066	
Kings Cross KRC	02 - 9360 2766	02 - 9357 1299
Lismore	02 - 6622 2222	0417 - 489 516
Lismore / Shades	02 - 6620 2980	
Liverpool	02 - 8777 5219	
Long Jetty	02 - 4336 7760	
Manly / Northern Beaches	02 - 9977 2666	
Moree	02 - 6757 0222	02 - 6757 3651
Moruya	02 - 4474 1561	
Murwillimbah / Tweed Valley	02 - 6670 9400	0429 - 919 889

NSP Location	Daytime №	Alternative №
Narooma	02 - 4476 2344	
Newcastle / Hunter	02 - 4923 6056	0409 - 846 651
Nimbin	02 - 6689 1500	
Nowra	02 - 4422 8111	
Orange	02 - 6392 8600	
Parramatta Kendall Services	02 - 9687 5326	
Penrith / St Marys	1800 354 589	
Port Kembla	02 - 4275 1529	
Port Macquarie	02 - 6588 2750	
Queanbeyan	02 - 6298 9233	
Redfern (REPIDU)	02 - 9699 6188	0419 - 801 997
Ryde / Hornsby	02 - 9858 7955	0411 - 166 671
St George	02 - 9350 2943	
St Leonards / Herbert St Clinic	02 - 9926 7414	
Surry Hills / Albion St Centre	02 - 9332 1090	
Surry Hills / ACON	02 - 9206 2052	
Surry Hills / NUAA	02 - 8354 7300	
Sutherland	02 - 9522 1046	
Sydney CBD	02 - 9382 7440	
Tamworth	02 - 6766 2626	02 - 6767 7435
Taree	02 - 6592 9315	
Tumut	02 - 6947 1811	
Tweed Heads	07 - 5506 7556	
Wagga	02 - 6938 6411	
Windsor	02 - 4560 5714	
Wollongong	02 - 4275 1529	0411 - 408 726
Woy Woy Hospital	02 - 4344 8472	
Wyong Hospital	02 - 4394 8293	
Wyong Community Centre	02 - 4356 9370	
Yass	02 - 6226 3833	
Young	02 - 6382 1522	

Smack Freak (or My Life as a Near-Death Experience)

A comic book by Bodine, longtime illustrator for *User's News*.

The life story of a drug user who overcomes his addiction and learns there's a life after drugs.

Drop into NUAA at 345 Crown St, Surry Hills, Sydney, for your free copy.
Or call **(02) 8354 7300** or email **nuaa@nuaa.org.au** to arrange for copies to be sent to you (postage fees apply).
Bulk copies available for NSPs, pharmacies and other service agencies.

NSW USERS & AIDS ASSOCIATION INC

PO Box 278 Darlinghurst NSW 1300 Australia
345 Crown Street, Surry Hills NSW 2010
t 02 8354 7300 or 1800 644 413 f 02 8354 7350
e nuaa@nuaa.org.au w www.nuaa.org.au

Monday - Friday 10.30 am - 5.30 pm
Wednesday 2.30 - 5.30 pm

The New South Wales Users & AIDS Association (NUAA) is an independent, user-driven, community-based organisation funded by NSW Health. NUAA aims to advance the health, rights and dignity of people who use drugs illicitly; provide information, education, and support for drug users; promote the development of legislation and policies to improve drug users' social and economic well-being; and improve the quality and standards of services available to drug users.

NUAA relies on a strong & active membership - people who support the work & aims of the organisation. NUAA membership is free, confidential, and open to anyone interested in the issues affecting people who choose to use drugs illicitly. You can become a member of the association (receive voting rights, stand for election, and receive *User's News*) by sending a completed form (below) to NUAA. You can use the same form to be placed on the *User's News* mailing list. Copies of *User's News* are posted free of charge in a plain envelope.

To join NUAA - or just receive User's News - complete this form and post it to NUAA

PO Box 278, Darlinghurst NSW 1300, Australia

Inmates, please give MIN number: ....

Name: ....

Address: ....

City / Suburb: .... Postcode: ....

Phone: .... Mobile: ....

Email: ....

☐ **I am already a member of NUAA / on the mailing list, but am updating my details.**

☐ **I want to be a member of NUAA AND I want User's News.**

I support NUAA's aims & objectives. I want to receive *User's News* and information on NUAA events and activites. I am allowing NUAA to hold this information until I want it changed or deleted. (If you want to be a member, but don't want *User's News*, tick here ☐.)

☐ **I want User's News ONLY.**

I don't want to be a member, but I want to receive *User's News* and information on NUAA events and activities. I am allowing NUAA to hold this information until I want it changed or deleted.

Signature .... Date: ....

Personal Information Statement:

We collect this information to add you to our database and/or notify you of information and events relating to NUAA. We store this information either in hard copy or electronically or both. Access to your information is strictly limited to staff who need it to act on your behalf. Your information will not be passed on to any other organisation. You can access and correct your personal information by contacting our Privacy Officer on 02 - 8354 7300 or freecall 1800 644 413.