

# USER'S NEWS

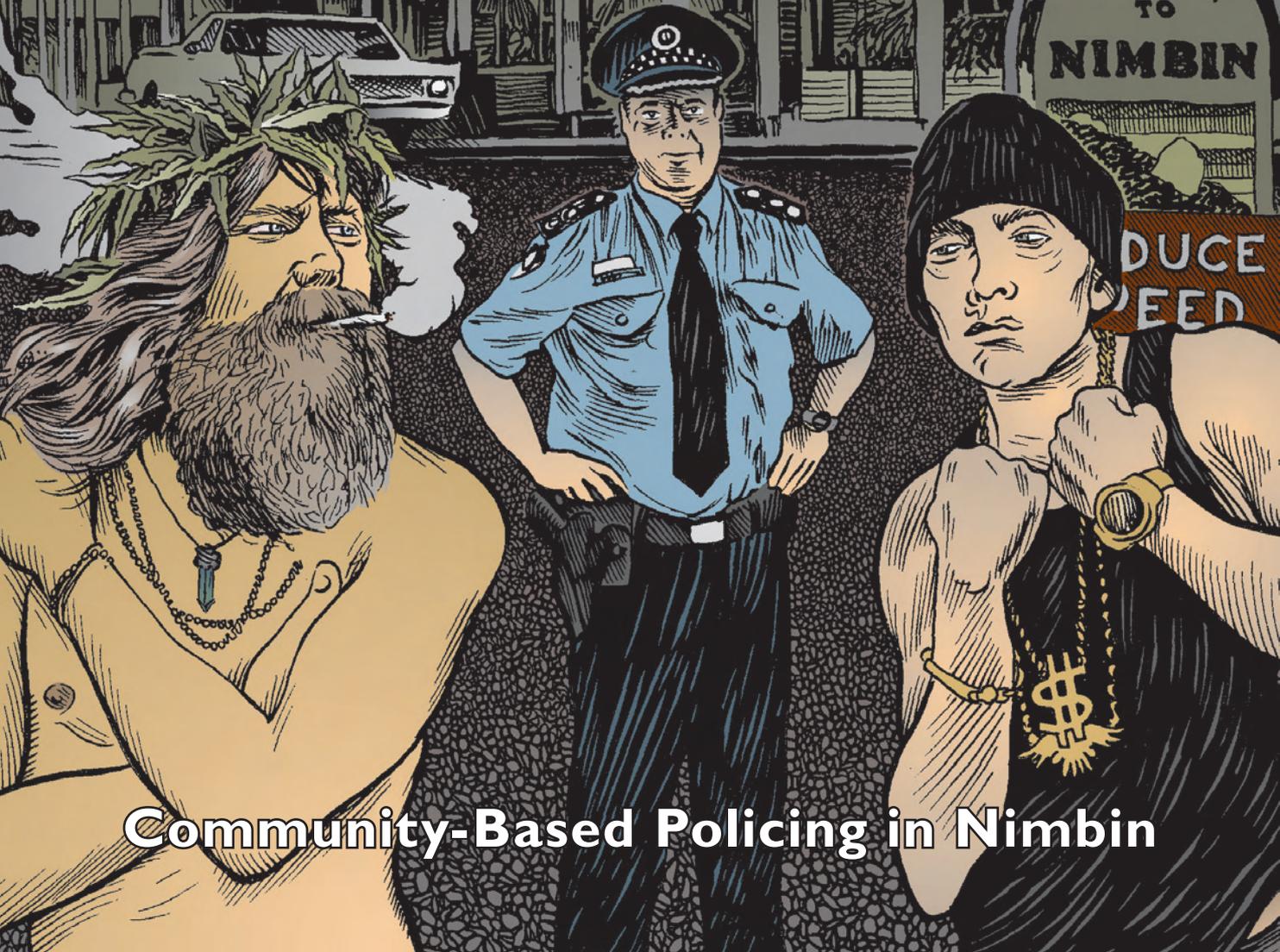
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The X Y Z of  
Hep A, B & C

Avoiding  
Heroin Overdose

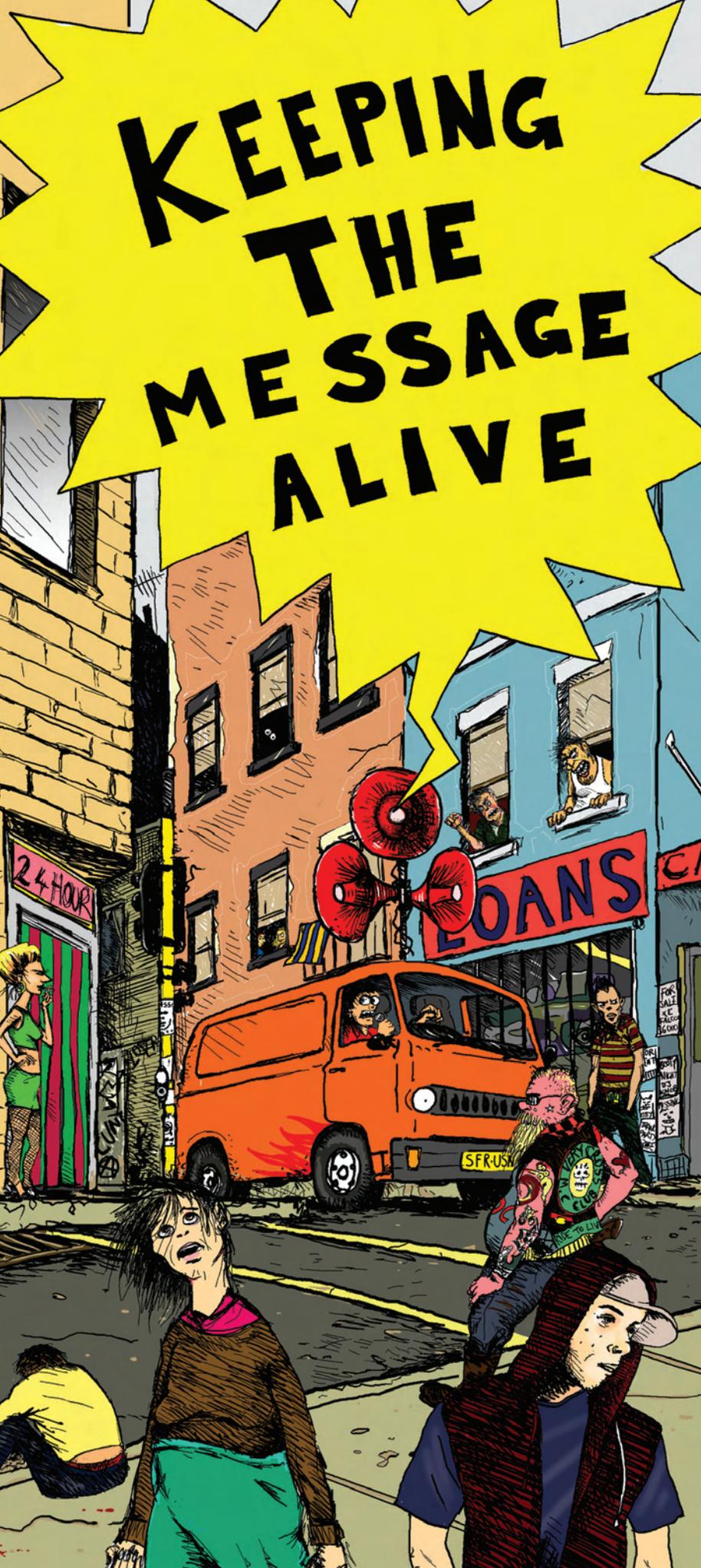
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# Costa's Last Stand

editorial

In March this year the United Nations' Commission on Narcotic Drugs (CND), the world's top drug policy-making body, held a summit in Vienna to determine the United Nations Political Declaration on Drugs, the framework for international drug controls for the next decade. The summit determined, depressingly but predictably, that the approach of the last 10 years – the War on Drugs – will continue. The summit also showcased the usual tensions between those countries that support harm reduction, including most Western European countries and Australia, and those that don't, predominantly the United States and Russia.

Many hoped that with the inauguration of US president Barack Obama, who in one of his first acts as president lifted the ban on US federal funding of needle and syringe programs, the summit would finally adopt harm reduction as a key strategy in tackling drug use, but his administration took office too late to make any significant policy difference. The minions of the previous Bush administration were still firmly in control of the declaration's final draft.

The event was hosted by the United Nations Office on Drugs and Crime (UNODC), whose executive director, Antonio Maria Costa, has stated that the last 10 years of international drug control has been an "undeniable success". "From a historical perspective," he said, "the first century of drug control shows a positive balance sheet." And while even the UN Office on Drugs and Crime has given up the pretense of a "drug-free world" – its mission 10 years ago – it does state that the drug situation has "stabilised". The fact that 200 million people, almost 5% of the world's adult population, still take illegal drugs, or that the illegal drug industry is worth US\$320 billion a year, or that the United States jails half a million people a year for drug offences, or that its next door neighbour is looking increasingly like a narco-state, hasn't stopped Costa and other supporters of "harm maximisation" (as St Vincent's Hospital's Dr Alex Wodak puts it) from popping the Champagne corks.

Costa seems uncomfortable when challenged by even straightforward questions. Recently a respected Dutch psychiatrist, Frederick Polak, asked at the meeting of

the Vienna NGO Forum: "If prohibition is the only way to contain the drug problem, how do you explain that the prevalence of cannabis use is lower or similar in the Netherlands than in many neighbouring countries?" Costa simply refused to answer, losing his temper as a security guard approached the Dutch doctor.

Mike Trace, chairman of the International Drug Policy Consortium and former deputy UK drug tsar, writing in the Guardian, said the "evidence of the failure of policy is overwhelming." He invoked Albert Einstein's famous definition of insanity as "doing the same thing over and over again and expecting different results" in characterising what happened in Vienna.

Reflecting on policies that have condemned whole communities to poverty, ill health and violence in the name of the War on Drugs he wrote: "Perhaps all this 'collateral damage' would be justified if the drug market was being reduced. The inconvenient truth is, it is not." There is "no recognition of a decade's evidence; no new ideas or initiatives," he added. "Privately, delegates are acutely aware of the weakness and divisions, but have no answers to offer."

Trace wrote that the UN member states will "adopt a declaration that commits them to another decade of the same strategy, in the hope of achieving different results. Einstein's definition seems to ring true. We're about to witness another walk up the political and diplomatic path of least resistance. It will do nothing to help the millions whose lives are destroyed by drug markets and drug use – and, depressingly, we can all book our seats for 2019, to go through this charade again."

I'm not so sure. Ten years is a long time; too long, I suspect, for Barack Obama's administration to wait. Already there are strong signs of US drug policy moving in a harm-reduction direction. Obama's appointment of Seattle Police chief Gil Kerlikowske as the new US drug tsar is a cautious but promising move.

The ground is shifting. This UNCND round might just be Costa's last stand, his ideas fading away in a world that can no longer afford flat-earthers who simply won't engage with the evidence.

*Gideon Warhaft*

## US Drug Policy: Has Barack Put His Cards on the Table?

US President Barack Obama has appointed Seattle police chief Gil Kerlikowske as the new drugs tsar of the US Government.

As head of the Office of National Drug Control Policy, Kerlikowske will direct the government's drug policy. His duties will include overseeing the entire Executive Branch's drug enforcement network, including the DEA, and the relevant branches of the CIA, the FBI, the ATF bureau and the National Security Agency.

In his speech at the appointment ceremony, Kerlikowske said "the success of our efforts to reduce the flow of drugs is largely dependent on our ability to reduce demand for them."

Seattle has been a leading light in US harm reduction for over a decade. It was among the first US cities to introduce needle exchange programs, and has had legal medicinal marijuana for a decade. Recently, voters passed a ballot to make marijuana arrests the lowest law enforcement priority.

Despite advocacy groups' disappointment that a policeman was appointed, Kerlikowske is not your average cop. An FBI graduate of the National Executive Institute, he holds a master's degree in criminal justice and was a professor at Seattle University. As an army draftee, he was part of President Nixon's ceremonial guard. As chief of Seattle police, he reduced the crime rate to a 40-year low.

This appointment is the latest in a series of steps that have given harm

minimisation advocates cautious optimism. President Obama was the only major candidate to support decriminalising marijuana in the entire campaign. He has lifted the federal ban on needle exchanges, and has described the War On Drugs as "an utter failure".

Kerlikowske's appointment comes in the middle of a financial crisis crippling the US economy, a Wall Street Journal article co-authored by three former Latin American presidents, calling for urgent change in US drug policy, a nationwide Zogby poll showing that three quarters of the country think the War on Drugs has failed, and a drug war on the Mexican border that has killed 1,300 people this year alone and is still escalating.

Given that the Bush administration spent most of its eight-year War on Drugs budget on fixing Mexico, this latest in a long line of tragic administrative failures may be Kerlikowske's kick-starter for comprehensive drug reform in the US.

*Source: New York Times, Bloomberg*

## How to Save the Economy: Toke Tax

Meanwhile, Californian state assemblyman Tom Ammiano wants his state to tax sales of marijuana.

San Franciscan Democrat Ammiano has introduced legislation to treat marijuana as the same as alcohol – when it comes to tax regulation.

He states that environmental damage, teenage drug problems and fighting the Global Financial Crisis are strong reasons to pass the legis-

lation. "I know the jokes are going to be coming, but this is not a frivolous issue," the assemblyman said.

His proposal has had support from retired judges and high-level Californian government staff.

If estimates are correct, California produces around \$14 US billion in recreational marijuana crops. This could potentially mean a tax windfall for California of over \$US 1 billion. In the midst of a US\$42 billion deficit for the state, Ammiano may end up having more supporters than he imagined.

*Source: Los Angeles Times*

## Thumbs Up for Drug Court

Drug offenders have a 17% less chance of committing another crime if they are tried by the NSW Drug Court.

The NSW Bureau of Crime Statistics and Research has co-written a study that shows that the Drug Court is not only more cost-effective than going through traditional courts, it reduces the rate of re-offending.

The report, made with the Centre for Health Economics Research and Evaluation, found that costs for the Drug Court came to \$16 million a year, compared to \$18 million for the same number of clients prosecuted under traditional judicial processes.

Education, treatment and regular monitoring are requirements of Drug Court outcomes. Prison time is given to those who do not follow the program.

Re-offences for clients of the program dropped by 30% in violent crimes, and by 38% for drug crimes.

Swiss

NSW Attorney-General John Hatzis-tergos is in favour of expanding the court.

Source: *SMH*

### **Amphetamines and Violence: Don't Believe the Hype?**

New research from the NSW Bureau of Crime Statistics and Research suggests that amphetamine use does not guarantee an increased risk of violence.

A study of nearly 100,000 offenders 15 or over showed that those with a prior conviction for speed were no likelier to commit a violent crime than those without prior drug offences.

Only 1.7% of offenders had been charged with speed offences in the five years prior.

The Bureau's director, Don Weatherburn, urged further research be done before drawing clear conclusions.

Source: *The Australian*

### **Swiss Prescription Heroin Gets the Nod**

A Swiss referendum on the government's prescription heroin scheme has convincingly ruled in favour of the program being written into permanent government policy.

The prescription scheme, established in Zurich as a trial in 1994, is a "last resort" system that seeks to support long-term addicts of the drug who have attempted rehab programs without success.

Sixty-eight percent of Swiss voters approved the scheme's introduction into law, with simple pragmatism seen as the reason. The cost of the scheme is estimated to be half of the health and

law enforcement costs that would otherwise be spent on the same number of long-term users.

Currently, around 1,300 Swiss users are registered with the prescription scheme, which is run across over 20 nationwide centres, and which includes a program of health care and psychiatric counselling.

Other European countries have or are considering heroin prescription schemes as trial programs, but Switzerland is the first to move towards bringing it into law. A similar pilot proposal in Australia was vetoed before it left the starting gate by former Prime Minister John Howard in 1997.

Sources: *BBC, ABC*

### **Sydney Drug Kingpin Murdered**

Abdul Darwiche, alleged crime boss and drug kingpin, has been murdered in a drive-by shooting at Bass Hill in Sydney's Western suburbs.

Publicly named by NSW Detective Inspector Michael Ryan as the boss of a "criminal syndicate", Darwiche is alleged to have controlled one of the biggest drug networks in Sydney, covering the south-west of the city.

At least six bullets struck Darwiche's car, which careened past pedestrians at a busy intersection. Police have confirmed that Darwiche was deliberately targeted. Spokespersons are extremely concerned that a gang war may erupt as a result.

His brother Adnan "Eddie" Darwiche is serving a life sentence for double murder.

Source: *SMH*

### **British Dope Laws: Now More Dopey**

The British Labour Government has re-classified marijuana as a Class-B drug, putting it on the same law enforcement level as amphetamines.

Ignoring the advice of its own Advisory Council of the Misuse of Drugs, the government's modification of the law now puts a penalty of between two and five years' jail for possession.

The government blames the popularity of "skunk", allegedly a more potent variety of marijuana, for their change in policy.

Source: *The Guardian*

### **Australian Attitudes to Drugs: a Little Harder Here, a Little Softer There**

Support for needle and syringe programs has grown in the Australian public, but cannabis support has dropped, according to a recent study.

The University of NSW's Drug and Alcohol Research Centre has analysed a range of surveys conducted over the last decade, and has shown that support for regular cannabis use has slumped to 10%, from 25% in 2004. Support for its legalisation dropped to below 50% in 2007, down from 66% before 2000.

NSP initiatives, however, has grown in support, with over half the population now supporting them. Supervised injecting centres had support from 40% of Australians, up from 26.

Source: *The Australian*

### Pharmacist Without Prejudice Moves On

One thing I know about being on the methadone program is that the attitude of the dispenser makes a big difference to how I feel that day. For the last few years I have been served at a big brand name chemist in a suburban mall. We have to be on our best behaviour as the mall management applies regulations which prevent the chemist dispensing 'done.

It was difficult to get dosed at a chemist at all. This pharmacist, due to past experience, was reluctant to accept clients without a counsellor attached to them. I suppose he thought a counsellor would intervene if problems arose. My prescribing doctor convinced the pharmacist that he was both counsellor and prescriber.

Most chemists, as business people, become really angry if we fall behind in our payments. If we don't pay up front, we don't get dosed. I don't know how legal this is. They couldn't genuinely be that angry over a \$50 per week payment. It couldn't cost them much to dose me.

My prior pharmacist actually left a threatening letter in my letterbox which he personally dropped off overnight. I wasn't aware of the overdue account until then. Later, after full payment, he chased me by car and by foot as I cycled through a park. I was lucky to find this other pharmacist as the angry one had telephoned all the local pharmacies and told them not to take me.

Then I went to my current pharmacist who supplied me with an account and told me to pay monthly. This was brilliant and convenient, especially for unexpected needs like children's paracetamol or dandruff shampoo! He really didn't care about the money as much as he cared about all his customers. He was charming and helpful. He served me immediately, unlike other staff who left me standing while everyone stared, wondering why I was waiting and then watching with interest as the 'done was dispensed.

Of course, being treated like shit is par for the junkie's course. But it is particularly irritating to watch the respectable folk with their massive drug hauls. I can rec-

ognise the codeine, morphine and benzos through their plastic bags. They even get cute little numbered boxes with their daily doses sorted out, ready to go! An addict on methadone has the same pain as these folks. This partitioning of people still blows me out. I'm 50 years old so I should be used to it. I would love to see the day come when those on the methadone program are dispensed medication in the same manner as everyone else.

The pharmacist I am now with went out of his way to treat me sympathetically. Unfortunately he is leaving; the big brand name prefers another pharmacist. You won't be surprised to hear we won't have accounts and it will be "pay up or piss off". I am wondering if it is legally discriminatory to offer everyone, except those on methadone, an account? It was lovely being treated like the rest of the population for a little while.

*Robyn*

### Putting a Stop to Rip-Offs

I'm a long-time meth user who's getting pretty aggro at the amount of times I'm getting ripped off by dealers selling stuff that's had its strength cut with some additive that doesn't even dissolve in water, and it seems to be happening more frequently. I reckon it's time that users started letting them know who pays for their habits and keeps a roof over their heads. If we all band together we can make this happen.

Firstly, never take your dealer's word that the stuff is "good". What we need to do is whenever we make a deal, try a bit of it first and if it's no good, then no deal. Take the money and go elsewhere.

Secondly, if a dealer is constantly passing off crap that has very little or no effect on you, then dob the bastard in. He has no place in this state.

So that's my suggestions. Tough, I know, but hey, do we want to constantly keep getting ripped off?

*Disgruntled User*

**A Year Off the Gear**

I would like to congratulate Becky for her story, *A Year Off the Gear*, published in *User's News* No. 55.

Becky wrote with great insight and showed great courage. Giving up heroin is very hard and it takes a special kind of person to say no and really mean it, come what may.

I cannot pretend to understand the depths of struggling involved in doing what you have done but that doesn't mean I don't know about it. You see, my mother died aged 33 with a fit in her arm in 1985 in Goa, India, after 11 years on-and-off addicted to this drug, leaving behind two baby brothers and me, aged 15 back then.

I only wish — like you may not be able to imagine — that my mother could have been as strong as you are today!

Stay strong forever! I have always been glad that I decided never to shoot up smack — that was in 1982, aged 12, after helping my mum come down cold turkey all by myself in India (a waste of time as it transpired).

Becky proves that the old adage, "Once a junkie, always a junkie", is sometimes a total lie.

*Shayne*

**R.I.P. Pal**

My name is James and my uncle's name was John O'Conner but everyone knew him as Pal from Kings Cross (see obituary in *User's News* No. 55). My uncle died last year after 20 years of living on the streets using drugs, in and out of refuges and half way homes, and a lot of time spent in hospital. I'm not sure whether he ever spent any time in jail, but I know a lot of police knew him.

When John was a young lad he used to run away from home a lot and back in those days they'd lock you up in juvi and say that you were uncontrollable even if you could look after yourself. After juvi he started using drugs — he took trips when he was young and one day he had a bad trip and was never the same. I was told that

they tried to give him electric shock therapy and that just fried him even worse.

I didn't get to know my uncle that well, but nearly all the memories I do have are good ones. When me and my brothers were about six and seven he used to take us to the park and make us kites, bracelets, necklaces and all sorts of little trinkets.

A lot of people tried to help my uncle over the years: cook him food, give him clothes, a place to stay, lend him money, tend to his wounds and keep him safe.

When Pal passed away it was in the papers for over a week. I have about eight different clippings from Salvos, police, reporters, ambos, priests and other people who knew him. He touched a lot of people's lives and they all had nice things to say about him.

Many people didn't know that he had family, but they might have noticed that he went downhill over the last few years. First his father died three years ago, then his mother 18 months later. I think losing them was the beginning of the end. He also had two brothers who tried to help him through life but John was a stubborn man and was difficult to find.

He left behind two brothers, a sister in law (my mum), he was an uncle to five boys and a girl and a greatuncle to my daughter.

I wrote this letter to thank the people who helped Pal through life. For anyone who stopped to give him change in the street, a warm bed, or even just the people who stopped to listen when he wanted to rant and rave.

We'll all miss you Pal.

*Love, your nephew James*

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# The POTTI Project

## What it's All About!

I would like to start by thanking *User's News* for allowing me to respond to the article *Transitioning to injecting – what's it all about?* (*User's News* No. 55) which raised concerns about campaigns that aim to prevent the transition to injecting as a way to use drugs.

As noted in this article, campaigns with this aim have already been operating elsewhere in the world for quite some time now. While the United Kingdom's *Breaking the Cycle* project is perhaps the best known of these in Australia, the first of them started as early as 1993, when *Mainline* – a Dutch non-government harm reduction organisation with close ties to user organisations, launched a national campaign in the Netherlands called *The Switch*. The aim of this campaign was “to stimulate a cultural turnover in the scene from shooting to smoking”. While it is always difficult to directly attribute changes in behaviours to any one campaign, in contrast to most other jurisdictions, the rate of injecting drug use in the Netherlands has dropped dramatically since the early 1990s.

The reason the international harm reduction field started to look at ways to reduce the number of people who took up injecting and/or to increase the number who moved from injecting to other methods, was to stem the hepatitis C epidemic among people who inject drugs.

Hepatitis C virus infection is a major cause of health problems and death in Australia. Up to 90% of injecting drug users have been exposed to hepatitis C and infection rates of up to 45% per year have been reported. Few interventions have been shown to actually reduce the rate of hepatitis C infection among injecting drug users. Studies of the impact of preventive interventions, including drug treatment, needle syringe and education programs and bleach disinfection, have failed to provide conclusive evidence of effectiveness. While these programs have probably kept hepatitis C infection rates stable, these rates have remained unacceptably high through to the present time.

The main reason for this is that hepatitis C is usually acquired quite soon after people start to inject drugs, often

before they actually have any contact with these preventive interventions. Also, unlike HIV, hepatitis C is a very hardy virus that is readily transmitted through injecting, which means that even minor lapses in safer injecting technique may result in an infection, especially since such a large proportion of the people new users inject with already carry the virus.

What's more, a lot of injecting occurs in less than ideal circumstances, for example where the lighting is poor or there is pressure to hurry up. This increases the risk of blood and injecting equipment ending up all over the place, and re-using such equipment sometimes occurs without even realising it. But even in the hygienic, clinical environment of the Medically Supervised Injecting Centre in Kings Cross, hepatitis C injecting risk behaviour has been observed, indicating that it is virtually impossible to completely eliminate hepatitis C risk in injecting situations, however pristine.

A recent modelling project showed that if the amount of needles and syringes distributed to people who inject drugs was doubled (and many think that this would be very hard to achieve), the rate of hepatitis C would only be halved. While this would of course be the best news on hepatitis C yet, it would arguably still be too high to accept from a public policy perspective.

This all suggests that as well as (and importantly, not instead of) ramping up all of the hepatitis C prevention and education efforts currently in place, additional strategies are needed. And this is where projects to prevent the transition to injecting as a way of using drugs (thereby avoiding individuals' exposure to hepatitis C risk environments altogether) may have a potential role. This reality has also been reflected in the National Hepatitis C Strategy 2005 -2008, which identified investigating strategies to prevent injecting drug use as a priority action area.

The main project in NSW with this aim was initiated by the Kirketon Road Centre (KRC) in Kings Cross in 2005, and is known as the POTTI (Prevention of the transition to injecting) Project. This project is now in its

third phase, which involves making contact with existing injectors to explore the role that they may have in discouraging the initiation of others to injecting drug use. In this sense POTTI is a “peer education project”, which recognises the privileged access that current injectors have with new injectors at this crucial time, before contact is made with hepatitis C prevention services, and tries to seize this unique opportunity.

The POTTI project has been overseen from the very outset by a steering committee which has included representatives from NUAA, the Hepatitis C Council of NSW, the National Centre in HIV Social Research, services for young people and KRC to ensure that the project was evidence-based and sensitive to the socio-cultural factors associated with injecting drugs.

The project has also directly involved people who currently inject drugs and attend KRC. They were involved in the original research study on transitions, participated in the project’s focus groups telling us about their own initiation experiences and how they felt about initiating others to injecting, and provided the actual voiceovers used to communicate the health messages in the *One Shot* educational DVD resource that was developed as part of this project phase.

From my own perspective, I was surprised to see how passionately KRC clients felt about the issue. I now realise that despite having worked closely with injecting drug users in Kings Cross for more than 20 years we had never asked them specifically about this aspect of their drug use experience before. Almost without exception people expressed extreme discomfort about initiating others. Far from being willing participants, most were reluctant, knowing first-hand all too well what the possible longer term consequences might be. Virtually all asked for more information about how they could avoid or discourage such requests. I can honestly say that no other health promotion project conducted by KRC to date has elicited such a response.

*One Shot* is a 9-minute DVD, which depicts a brother (Nathan), his younger sister (Emma) and his older friend (Aaron), who has been a heroin-dependent injecting drug user for some years and initiated Nathan into injecting drug use. Emma has never injected before, however in

the course of spending more time with her brother and his friends of late, has become curious about injecting and now wants to try it. The film covers a 24-hour period where Emma eventually injects heroin.

In keeping with the harm reduction approach, this scenario communicates a hierarchy of messages from how to avoid and discourage initiation to injecting, to explaining in detail exactly how to inject more safely in order to prevent hepatitis C infection, fully respecting that this is ultimately the individual’s own decision and making no judgements about this. However this way such a decision is fully informed, that is the risks are known and accepted by the new users beforehand. Judging by the many young people diagnosed with hepatitis C at KRC to date, this has certainly rarely been the case, most having had no idea that the risk of acquiring hepatitis C was so high when injecting drugs for any spell of time.

Far from “asking our peer educators to stop educating about injecting” or “making users afraid of initiating others”, this resource actually provides a specific safer injecting module with what is probably the most explicit injecting scenario ever released in Australia. As well as arming injecting drug using peers with up-to-date information to convey to new users at this crucial time, we are hoping that this may also improve existing users’ injecting practices.

*One Shot* has now been distributed to more than 200 needle and syringe programs and other organisations in contact with existing injectors, along with an educators’ kit to assist staff in running sessions with injecting drug using clients, all aspects of which are being formally evaluated. If you would like a copy of the *One Shot* DVD and Educators’ Kit please contact KRC’s POTTI Project Coordinator, Phil Tayler (*contact details below*), who can also arrange free training in the use of these resources.

***Dr Ingrid van Beek***

*Director, Kirketon Road Centre*

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*Tel: (02) 9360 2766 • Fax: (02) 9360 5154*

# Harm Minimisation Should Be Extended to Legalisation

The fact that the prohibition of alcohol in the United States in the 1920s and 1930s did not work is a history lesson that seems to have escaped those who continue to oppose the decriminalisation and regulation of drug use. Then, as now, drug prohibition has bred corruption on a massive scale, and the widespread breaking of the law by people from all walks of life has led to organised crime gaining footholds deep within society.

I have often wondered why the lessons of alcohol prohibition are so ignored by people who claim expert status in drug policy. In my experience, after 40 years of drug use, the laws do more harm than the drugs themselves. Some drugs that do seem more harmful, such as amphetamines, might not be so widely used if other legal choices were available. The drugs that I feel should be initially targeted for legalisation are heroin and cannabis. If there was some sort of heroin provision scheme, as there is with methadone and buprenorphine, people could be treated in a health setting instead of being forced into crime to feed their addiction.

The amount of money saved by the introduction of needle exchanges has been estimated at 8 billion dollars. This amount could be doubled or tripled by partial legalisation, and the amount of time currently wasted by the police, prison, and the legal systems would free up resources that are urgently needed elsewhere.

One reason why the “experts” are loathe to embrace legalisation is that these health professionals usually only get to deal with an individual after they have already had many years of sustained drug use, which has led to them being branded a criminal and a social outcast, and having their whole life ruined.

Immediately after completing my secondary education, I ended up in Long Bay Prison for drug offences. Some avenues of further education were then closed to me, and I feel that if the laws were different at that time

my life and my value to society could have been very different. 47 years later I look at pictures of the American Olympic swimming champion Michael Phelps having some herbal tobacco in a bong, and read how rugby star Andrew Johns admits occasional use of ecstasy whilst being at the very pinnacle of his sporting career.

Then we have a top cop in New South Wales being charged with attempting to import 600kg of precursor drugs for the manufacture of ice. When Nixon created the War on Drugs in the 1970s, many law enforcement officers created a problem where none had existed simply to qualify for the funding bonanza. The United States organisation LEAP (Law Enforcement Against Prohibition) documents this travesty of justice very effectively, its members having once been on the front line of this ridiculous war. The one incontrovertible, inescapable and demonstrable fact is that drug prohibition creates corruption. The laws give the drugs an artificially inflated value and the lure of easy money has proven too much for many people, not least those paid a pittance to police unenforceable laws.

There are many other ways we could manage drug use in society. We have had some partial and very commendable successes with harm minimisation, and the incidence of blood-borne viruses is much lower than it would have been had NSPs and the Medically Supervised Injecting Centre in Kings Cross not been allowed to operate.

Current drug laws are the cause of more harm to society than the drugs themselves, and debate needs to move on from the law and order auction that political parties seem to engage in every four years.

**Ron**

# The Worst Drug Pusher I Ever Met

I first came to prison in 1985 for robbing a bank in Western Sydney. I served a five year sentence before being released on parole. At that time in my life I had never used drugs. Prior to my release my parole officer told me that due to me denying drug use in prison she would not recommend my release to parole. This meant that I would have to serve another year or so before I could re-apply. When I challenged her decision she finally agreed to recommend my release on the provision that I sign up for the methadone maintenance program. I guess I let her talk me into it rather than do another year in jail. While I didn't need it, it was the only possibility that I could be released. This decision I would regret for the rest of my life.

The reasoning behind the methadone demand was due to prison officer reports alleging that I associated with a group of inmates known to be drug users. Also,

that while sharing a cell previously with one of them a syringe was found in our cell. My cell mate admitted ownership of it immediately and served

14 days segregation as punishment for it. The parole officer would not take these facts into account. She alleged that I was not willing to face my own reality and that I was

therefore in denial. A textbook account of guilt by association. I didn't choose my cell mate. We were put together by our keepers. My associates are not always of my own choice or liking. This point was never considered.

My claim of not using drugs was seen as me being a drug addict in denial. Those in denial are treated as having not accepted responsibility for their actions. Those not accepting responsibility for their actions are considered not to have been rehabilitated. Those considered not rehabilitated are deemed to be defective machines. Defective machines cannot be released on parole until such time they are repaired and rehabilitated.

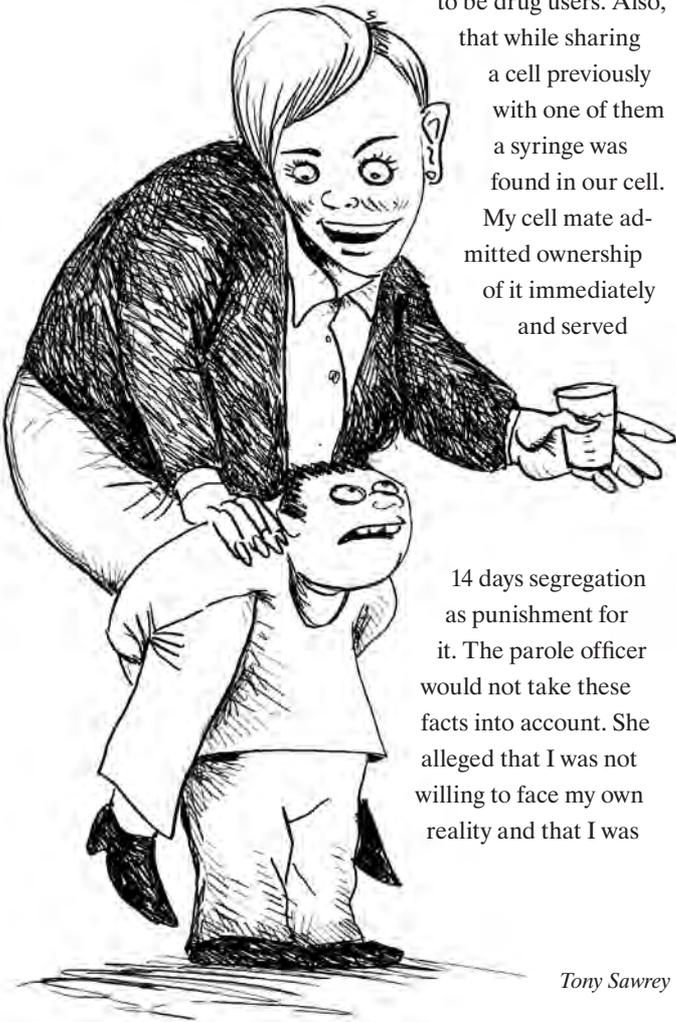
So my introduction to drugs was medically prescribed narcotics. My drug pusher was my parole officer. After all the years of saying no and abstaining from peer group pressure, it was the law that made me do it.

I went on the methadone program and was off my face. I can remember the first night so well. I itched and scratched and then itched and scratched even more. I did not sleep and was on the nod most of the night. The next day I looked as though I had been sanded back with emery paper, with scratch marks all over my body, arms, legs, face, neck, groin and backside. It didn't feel good at all.

I ended up staying on the methadone program for about three months. When I was no longer required to give urine analysis to probation and parole I thought it would be a great idea to get off it, and that's what I did.

But what a drama. Now I know why it's called "maintenance"; it is a drug you are meant to keep taking – it's really difficult to skip a single day. Your body craves and aches with pain far more than with street drugs. Coming off methadone was an experience that I would not recommend to anyone. The nightmares, the sprinting to the toilet, the aches, the pains, the cramps, the restlessness... it's just too much.

So I used heroin to help me get over the effects of methadone withdrawal. My first illegal substance. I justified it as a necessary pain relief.



At this stage I was working as a roof tiller but I certainly wasn't in the mood to work, and being sick or stoned on a rooftop is no laughing matter. A number of times I almost fell to my death.

So now my status in life was as an unemployed heroin addict. Initially too sick to line up at Centrelink to apply for the Newstart allowance, I very quickly learnt that it could not cover the cost of my addiction, let alone the food, rent and bills that quickly piled up.

So then came crime and more time. I went down to Wolongong and robbed another bank and spent the majority of that money on heroin for myself and my friends.

I wanted to use it in a social setting, being nervous at the thought of overdosing and dying. This is an expensive way to use any drug of addiction. Money, no matter how much you have, won't last long when you are carrying your friends as well. So then came another bank and this time I was arrested attempting to escape the scene. I was also charged with the earlier robbery.

I told the judge why I robbed the banks. He accepted that drug use and addiction had to be financed by crime. He accepted that I had an addiction. He did not accept that prior to my release I was not a drug user and added, "It defies common sense that anyone in authority would require a drug-free prisoner to voluntarily participate in the methadone maintenance program in order that he may rejoin society as a parolee. Having made that unfounded allegation, and making use of the 'blaming' mentality, I have no doubt that you have not addressed your offending behavior. You are still in denial about your drug addiction."

I was sentenced to eight years with a six year non-parole period. During this prison term I was injecting heroin with used fits that were probably years old. Often bleach was used to clean fits but on occasions it wasn't - sometimes due to laziness, not realising a fit was not clean, others in the chain being negligent, or simply because at times bleach was not available.

The jails supply condoms for sexual encounters but they will not supply syringes to inject drugs, knowing that this creates serious health dramas from hep C to HIV. It only takes one nasty bug to enter your system and you're infected. Still, I took my chances.

Speaking of chances, I accept that I will never win the lottery, lotto or Powerball, but I did win a medical certificate to confirm that I had contracted the HIV virus. I can hear the devil inside me saying Congratulations!

Devastated was not the word for that news. Taking 800 pills per week has a psychological impact all on its own. So what do I do with myself now, I often ask? After speaking to my psychologist I've got my chin up and accept that I do have a future in life and I intend to push on and fight for another day.

One of my mates has been HIV positive for 18 years and prior to being diagnosed myself I had always admired how mentally strong and inspiring he was. I still follow his lead. I want to mirror his strategy. I understand that stress is the biggest killer in life and I will fight on as a HIV survivor.

So now I sit here in my cell, pondering on what might have been. During my first prison term I learnt my lesson. I never liked jail. I really believed I would never reoffend. I really believed I would not come back to jail. Being forced into signing up for the methadone program as a non drug user sealed my fate. It has ruined my life.

The worst drug pusher I ever met was my parole officer. I am supposed to have respect for those in authority. But I believe my lifespan has been significantly reduced by my present condition. My doctor says by as much as 10 to 15 years.

I cannot prove that I was not a drug user prior to signing up for the methadone program and as a result I am unable to take legal action. All the demands were verbal and there is very little evidence in writing to support my claims.

So just like the lottery, lotto and Powerball, I cannot win with the legal system either. But I am still alive and kicking, and I am living to fight for another day. For that I am grateful. There is always someone, somewhere in the world worse off than each of us. We all have our choices and we all take our chances in life.

I made the wrong choices and made a mess of my chances. If only I could turn back time.

*Wayne*

# The Best is Yet to Come

My name is Hope and I grew up in a country town called Bowral with my nan and sister. When I was 15 and having a hard time with my friends and school (it's called adolescence) I decided to live with my mum on the sunny Central Coast. It would be great: mother and daughter together at last, going shopping, getting to know each other. We would be soul mates, right? Wrong. I got up there and hardly knew myself, let alone my mother, who at that time was in early recovery from alcoholism.

We moved in with my mum's boyfriend, Paul, who was really cool and became like a father to me. Things seemed to be going well: I was in school, I had my own room and a job at McDonald's. But on the inside I was hurting real bad. I think I had abandonment issues, so I ran away from home to Kings Cross. Don't ask me why I chose the Cross as I'd never been there before, I'd only heard about it.

It didn't take me long to become familiar with this completely different world. I found it exciting hanging around with other street kids. Then before I could blink I was selling myself on the street for heroin because it blocked out the pain I had inside. I don't know why I had all this pain as I did have a good upbringing and my nanna gave me everything. But pain I felt and block it out I did until mum dragged me back to the Coast. But I didn't stay. I always ran back to the bright lights, rebelling against mum, against society.

Then mum suggested I get on this methadone program she'd heard about as by this stage I had a habit. So the doctor put me on methadone on the condition I stayed with my mum as I was only 17. This was the biggest mistake of my life (although it could have saved my life too).

What followed was endless years on the 'done. It numbed me and I turned into a different person, not dealing with any of my emotions. I was also violently raped while in the Cross and I never allowed myself to deal with that either. Sure, methadone stopped me using heroin, but I continued using speed, pot, pills, alcohol and anything else I could

get. I've experienced a lot over the years, all drug related though. I've never held down a proper job, never married and had children, never travelled.

I am now 34 years old and write this letter from jail. I got 12 months after I popped five Xanax and stole a t-shirt. So many girls are in here for stuff they did while on pills. That t-shirt was the last straw as I had prior charges and I'd fucked up my chances at the Merit (Magistrates Early Referral Into Treatment) program and in rehab. I've had a lot of time to think in here and decide what I want to do with the rest of my life. I'm certainly not getting any younger and I've had enough of the drugs and the lifestyle that goes with it.

I could whinge about how there's no resources for accommodation upon my release or tell you about the monotony of jail, but why? I'm only interested in finding out how I can better myself and my situation. Yes, I fucked up, but I'm paying the price to society by having my freedom taken from me. You know what I miss the most? The ocean. Oh how I reminisce about swimming in the water, surfing softly.

I take full responsibility for my actions. But now I want more out of life, like to travel overseas, get married and have children, get a job I'm passionate about. Get to know my mother. I mean really get to know her before it's too late.

I have strengthened my faith in God, I'm doing some really good courses, I work, I read a lot. I take pride in keeping myself and my room tidy. I know it will be difficult when I get out but I am preparing for it now so I can stand up and be counted and finally do all the things I've dreamed of doing. Sure I've been through a lot but the best is yet to come. — *Hope*



Ursula Dyson

# Why Longer Sentencing is Not the Answer

*The following is an edit of a court submission written by Patrick, who has had over 20 years experience within the NSW prison system, for his sentencing hearing on a charge of Aggravated Dangerous Driving Occasioning Death. At the time of sentencing Judge Armitage of the District Court said, "This is not a letter I will forget".*

A typical inmate is 17 to 18 years old when he enters the jail system from boys' homes. He has been charged with car stealing or property offences. After two or three years in or out of the "big house" he attempts to grow up and get some decent type of earn through assault and robbery or armed robbery offences.

As he continues to offend his sentences grow, then comes his first big sentence of two or three years. He spends most of his time from his teens to mid to late twenties inside all-male institutions where he learns few social skills, little responsibility, and finds it hard to relate to women and the outside community in general.

Most inmates are illiterate — I never finished school nor gained a school certificate. All that the young man is encouraged to do in jail is watch TV and read magazines as education is not encouraged and what little sport hours are rationed out.

A young man once inside the system a while develops an ethos that is distinctive and quite powerful. He learns to identify as a thief and he becomes tolerant of personal violence. The law after all has rarely helped him, so it is reinforced on him that he has to help himself and defend himself. He also has to sort out his own affairs amongst his fellow inmates. Theft and manipulation and dishonesty are encouraged by the pettiness of most prison systems and the threat of violence is something one has to learn to respect.

It is difficult to argue that prison is not the answer and that tougher penalties should not be introduced. It does seem appropriate that penalties should reflect the community's proportional disapproval and at times abhorrence of particular offences. However, the negative effect of introducing longer sentences across the board might outweigh any benefit the community might gain. It's generally accepted that prison as a form of punishment serves four main purposes: Deterrence, Incapacitation, Retribution, Rehabilitation.

It must be assumed that the introduction of longer sentences for many offences should further one or more of these goals. How sound is that assumption?

Rehabilitation is the most altruistic goal of the correctional system. When public passions are not excited by calls for retributive justice, most of the community probably hope that inmates will be rehabilitated. How do longer sentences serve this purpose?

Expectations of how rehabilitation is to be achieved have changed with our view of human nature. A pre-enlightenment "Christian" society modeled prisons on monasteries. They were to be places of discipline, solitude, repentance and penitence. In the "Freudian" secular society rehabilitation is apparently achieved through various forms of treatment and counselling, but most importantly through programs that offer understanding and support.

The expectation of rehabilitation envisages a positive outcome from prison experience. The reality for most inmates, myself included, is that the effect of prison is very negative.

Prison is an oppressive, often very violent, environment. Control on both an institutional and prisoner level is maintained predominately through the use of, or threat of, violence.

Although the community hopes that prisoners will make positive choices about their lives, they are placed in extremely hostile and violent environments and their freedom to make choices in life is removed from them. Young men searching for identity and role models are introduced into criminal culture and feelings of distrust, suspicion and contempt towards authority are fostered. Prison life is not conducive to developing habits of industry. Prisoners with drug and alcohol problems are placed in an environment where drugs are everywhere.

Through threats of violence and intimidation, clean inmates are coerced into illegal behaviour to facilitate the

movement of drugs. Vulnerable inmates face the risk of sexual assault. Most young inmates have their first contact with hard drugs whilst in jail.

Upon release from jail the social alienation that prisoners experience makes it very difficult to find accommodation and employment, let alone a stable home, a family or a future to look forward to. Rather than reinforcing social and personal bonds, which provide belonging and identity, prison contributes to the process of social disintegration, one of the underlying causes of crime.

The simple and sad truth of the matter is that more than 60% of inmates in full time jail have been there before. At least for those, prison has failed to rehabilitate.

The fact that some individuals manage to negotiate the prison system and come out less dysfunctional, a little wiser and more “whole” than when they went to jail is probably more a testament to the essential goodness of those people rather than jail as a rehabilitating influence.

If a prison does not rehabilitate it is hoped that it will at least deter people from breaking the law. Deterrence is based on the observation that most people respond to incentives and disincentives most of the time. On a specific or personal level it is hoped that the imposition of punishment will deter the rest of the community from offending.

Experience in Australia and elsewhere indicates that the threat of longer sentences does nothing to deter people from offending or reoffending. Take the Truth in Sentencing Act 1989. This act effectively increased the length of sentences. From that policy change the prison numbers increased over five years by over 2,000. The public may believe these raw figures show an increase in crime but the Bureau of Crime Statistics show no increase in crime. The policy has therefore manifestly failed to reduce the crime rate or make the community any safer.

People who were sent to jail on their second or third arrest would be more likely to re-offend and contrary to what may have been expected the severity of a sanction does not stop reoffending. This alone should challenge the fact that longer sentences serve any purpose. Other more effective avenues need to be considered.

Learning theory recognises that while inappropriate behaviour should be punished, positive behaviour should be reinforced. The prisons and the courts too frequently fail

to reinforce or reward positive behaviour. Often inmates genuinely attempting to improve experience little if any encouragement. Arbitrary sanctions and rules punish inmates across the board. Experience, research and theory all indicate longer jail terms fail to reduce or deter crime.

So if jail fails to rehabilitate or deter offenders then it is hoped it will prevent them from offending. Prison, in other words, should protect the community through isolation and incapacitation to offend. In the short term, longer prison terms can reduce the incidence of crime in the community by keeping potential offenders behind bars, an obvious justification for those in the community who propose longer and tougher sentences. The long-term effectiveness of this type of approach is very doubtful, as almost every inmate will be released — most within a year, and the rest within a few more. Unless the prison experience can help reduce the likelihood of offenders reoffending then the use of longer sentences is only a short-term response to control crime.

Given all the other effects of imprisonment, the social fragmentation, fostering of criminal behaviour and institutional dependency, longer prison terms are only likely to lead to an increase in crime rates in the long term. Further incapacitation in no way prevents crime from occurring. Violent assaults, drug use, extortion and property crimes are all very sadly part of the prison subculture. Imprisonment does not, nor ever will, stop crime.

Rehabilitation, deterrence and incapacitation are all strategies aimed at reducing the incidence of crime. Retribution on the other hand is the only sentencing motivation that pursues punishment for its own sake. It is based wholly on the concept of “just desserts”.

While the use of imprisonment for rehabilitation, deterrence or incapacitation is motivated solely by the logical and rational desire to reduce crime, retribution is very much an emotional response to crime.

Crime causes anger in the victim and the community. Retribution is meant to assuage this and the media and politicians exploit the anger which crime generates.

Anger begets anger in the community and punishment motivated by retribution fosters anger, resentment and loss of hope in the offender.

*Patrick*

# Avoiding the Big Sleep

Opioid users across NSW have reported that both the availability and general quality of heroin has improved substantially over the past few months. In addition there has been a rise in the number of heroin-related overdoses during that time. Anecdotal evidence suggests that several of the recent fatal overdoses may have involved casual or occasional heroin users. So we at NUAA thought it seemed timely to revisit basic tips for avoiding overdose.

If you haven't used for some time it is even more important to adopt using practices which will reduce the possibility of overdose.

If you are unsure of the strength of the gear, use a small amount first and follow up with another shot 10 or 15 minutes later if you need it.

Try to score from a dealer you know. Ask your dealer, or one of their regular customers, how strong the gear is. Remember, if you haven't used for sometime your tolerance will be quite low, so you won't need a lot of dope to get off. If you are mid-way through a shot and feel the gear coming on too strongly, withdraw the fit (be very careful with the fit afterwards — it's full of blood and it clots very quickly).

Don't use alone. Using with a friend is not only more fun, it's safer. If anything should go wrong you have someone who can ring an ambulance or perform first aid or CPR.

Remember that mixing opioids with pills such as Xanax, Serapax or other benzodiazepines will increase the effects of opioids. Many opioid-related overdoses have involved benzodiazepines. If you must use heroin and pills, **use the heroin first**. But remember, mixing any opioids with pills can be a recipe for disaster.

Alcohol, like benzodiazepines, is a central nervous system depressant which will also increase the effects of opioids. If you are mixing heroin and alcohol you can reduce

the risk of overdose by using the heroin first and drinking afterwards. But like pills, it's dangerous to mix opioids with any alcohol at all.

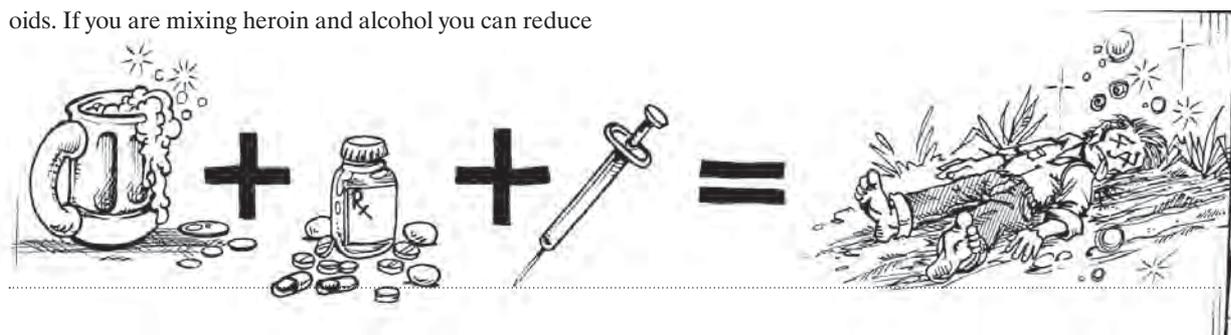
If you are using alone, arrange to have a friend call you a few minutes after you've had your shot. Arrange for your friend to have someone check in on you, or call an ambulance, if you don't answer the phone. You could also have your shot whilst talking on the phone.

If you think something might go wrong, make sure you leave your front door unlocked so that anyone checking in on you can get to you quickly and easily. Remember that if you call an ambulance, the ambulance service won't call the police. Police will only turn up to an overdose scene if there has been a death, or if the ambulance officers feel threatened or at risk of violence.

If you're using in a public place, try to find a place which is discreet enough for you to mix up without being interrupted or hassled, but is also public enough for someone to find you easily if you drop. Some users mix up in a locked toilet, but it's safer to unlock and lean against the toilet door whilst actually injecting.

Ensure you know what to do in an overdose situation. Learn CPR and basic first aid. The Red Cross runs "Save a mate" courses specifically for drug users. These workshops train drug users in overdose revival techniques and explore first aid strategies for coping with drug-related accidents and emergency situations. Contact NUAA for more details.

You can also obtain a copy of *Living To Tell The Tale — A User's Guide On Heroin Overdose* by contacting NUAA on (02) 8354 7300 or 1800 644 413. Or you can download it from [www.nuaa.org.au](http://www.nuaa.org.au) (click *Living with Drugs / Safer Using / Overdose*).



## JET SETTING TO

It had been an 11 hour flight and thankfully, down below through the smog, the streets of Bangkok were in view.

After landing and disembarking, the hundreds of other passengers and myself traipsed through to the arrivals hall. I didn't have to wait at the luggage carousel as I had learnt from past trips that all I needed was a small knapsack with toiletries and some basic needs. Everything else could be bought at incredibly ridiculous prices.

I went straight to the Royal Thai immigration desk and handed over my passport for the entry stamp. I had gotten the visa in the Thai consulate about a month before and it was good for two months from the date of entry.

The next couple of hours were passed chasing down some gear. I split my resources and had two Thai lads looking for me. At about 2am one of the Thais had got on so I paid him the money and went to see how the other guy had done. He had nothing, so I turned and started back to my guesthouse and not more than 10 metres from where I had left the Thais two coppers apprehended me.

The coppers asked for my passport and to check my pockets. I emptied my pockets and handed all my articles to one of the officers. They asked me if I had anything else after they couldn't find anything illegal. I told them I had nothing. Then one of the officers pushed his index finger into my coin pocket in my jeans and presto, out came a gram of heroin. The copper then told me to squat while they had a conference. My only thought was that it would be a long time in Big Tiger eating rats, cockroaches and weasel ridden rice.

The two coppers then told me to get on their 175cc motorbike, myself sandwiched between the two of them. As soon as the bike took off and cleared the small crowd that had gathered, the copper driving turned his head and said "ATM. We go to ATM."

I told him that I had very little money so he stopped saying ATM and rode to a small police box about 1 km away. I thought it was a little strange that we hadn't gone to the main police facility but after I entered the police box I realised they didn't want to press charges but rather squeeze my bank account. One of the coppers extracted



all the bank notes from my wallet, both Thai and Australian. He then told me that if I wanted my passport returned I was to bring back 20,000 baht (about \$800 Australian) and they would forget the crime I had committed. I couldn't believe that they let me out of the police station to go back to my room and get the money without an escort, but they did. Eight hundred dollars was out of the question and I thought hell, I can get another passport from the embassy for \$120, so I just went back to my room.

I had no doubt that the coppers would sell my passport on the black market. I was a little disappointed because it had some good stamps from previous trips and it was going to be a real hassle to replace and organise another visa.

One thought that did plague me for a while was that when I eventually exited the country there might be an alert for me on their immigration computer stating that I was a foreign drug user that had been caught by police and absconded. In the '60s and '70s the authorities in a lot of Asian countries stamped SHIT in the passports of people they thought were connected with drugs. SHIT was an acronym for Suspected Hippy In Transit. But my fear gradually subsided as I realised that any judge hearing the case would be very interested to learn what an Australian pass-

# TRAIN SPOTTING



port's black market value was. So I started to relax a little, realising I had a good defence if I was again detained for my "crime".

During the next couple of weeks I moved to a guesthouse that was out of the way and that had a drug dealer who home delivered. There were several foreign users at this guesthouse and we chopped into as much No. 4 heroin as we could.

I then moved up to the Golden Triangle where the purity of the gear was far better than the stuff in Bangkok. The gear in Bangkok was orange-pink which was whatever they were cutting it with. Up there it was pure white powder, a little like the China White you used to get in Sydney. Also it would dissolve instantly the water hit it in the spoon and there was no throat rush or reflux after you put it away. And of course it was incredibly cheap — less than \$10 a weight bag.

I must have shouted half the guesthouse and although I've lost the addresses I was assured of kindness returned if I ever went to Europe.

I went back to Bangkok and decided to return to Sydney as I had used enough of the No. 4 and needed a break from the holiday. I bought some presents for people back

home and boarded the jet for Sydney, blissfully unaware how hideous the next eight or nine days would be.

The plane was crossing over Indonesia I think when I looked at my forearm and thought, well that doesn't look too healthy. My arm had a mottled and blotchy appearance and when I tapped it with my hand I realised I had no nerve sensitivity in it. It was like tapping something strange that wasn't part of me. I had been on the best heroin in the world, six shots a day, and realised what I suppose doctors all over the world know: prolonged use of opiates plays havoc with your nervous system.

The plane came into Mascot and I went to the immigration desk. I must have looked quite a sight and I'm sure they were thinking of giving me the full going over. But I got through and caught the bus to Bondi.

The landlord let me have my old room back on tick until payday. My neighbour gave me a shot of ox-blood (pseudoephedrine) which nearly took my head off and seemed to revive my blood flow.

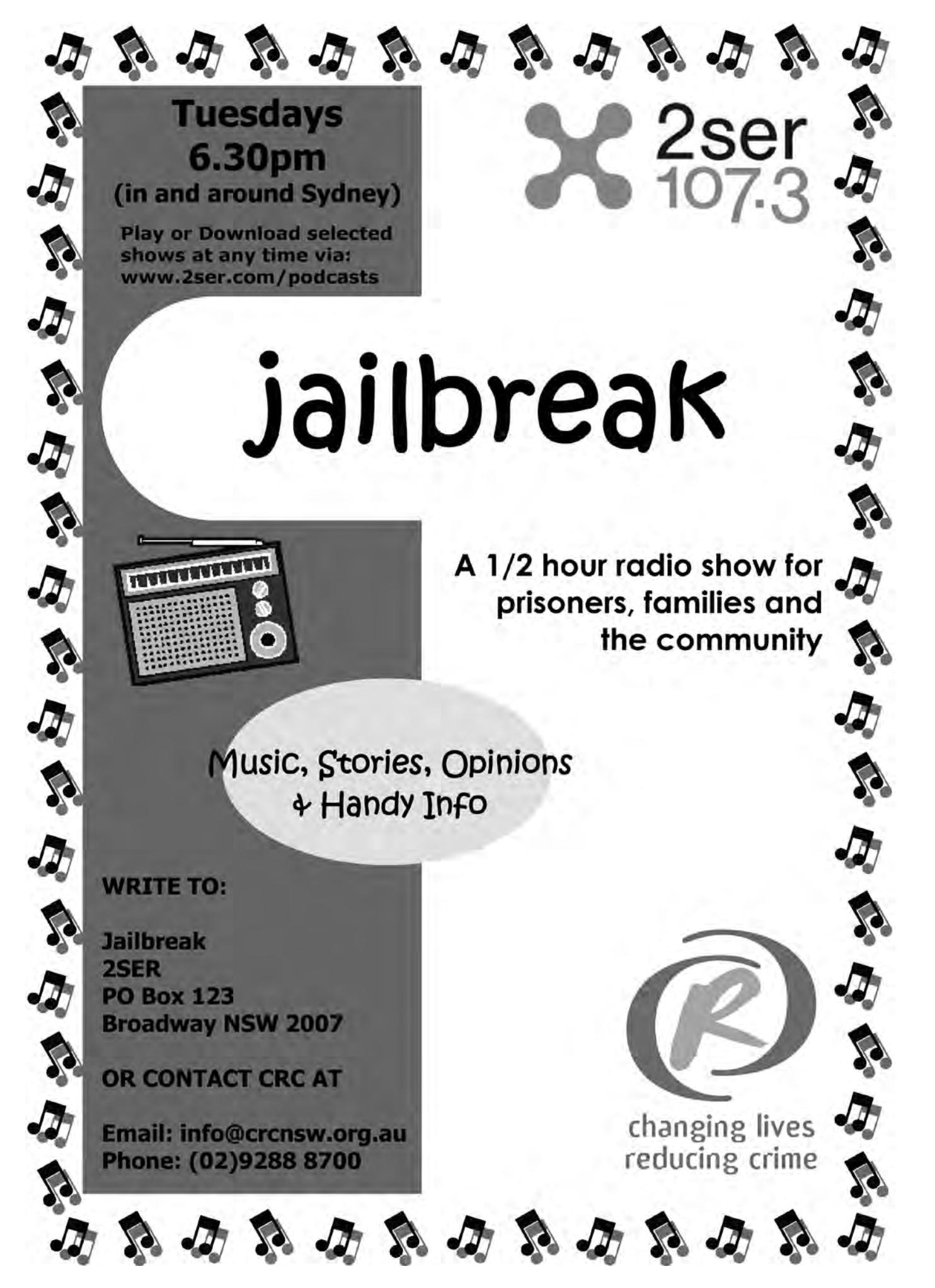
On the second day of my detox the pain began in earnest — pain in places that I didn't know existed. I was in so much pain all I could do was laugh a little madly, thinking I must be severely masochistic.

By the sixth and seventh days I was at the summit of the pain mountain and by now quite delusional. Every fibre of my being was being stretched and ripped and twisted. There was no rest and I was in a mental state full of crazy fantasies. If I had to go to the bathroom I could only do so by doing Cleese-like funny walks.

On day eight it was payday so I went to the Block in Redfern and did up a quarter gram just over from the TNT building. What a relief.

Some months later, after talking to a lot of people in NSPs and around the traps who assured me that a heroin detox was never longer than 72 hours, I read *Trainspotting* by Irving Welsh. In the book he told of one of his characters experiencing a detox which mirrored my experience perfectly. So I thought I'm not mad and the "pros" in the NSPs and so on need to update their manuals.

*Alex*



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# Community Policing in Nimbin

*These days in Nimbin, people tell you that the police's main interest is fixing the town's drug problem "once and for all." But such a confrontational strategy wasn't always the norm. Neville Plush, Officer in Charge of Nimbin police between 1994 and 2003, remembers a more inclusive, community-based approach.*

User's News editor Gideon Warhaft visited Nimbin in February and found many locals with fond memories of Plush. Gideon spoke to him, starting by asking about the transition from his one-man station at Port Stephens to one of New South Wales' most incorrigibly controversial towns.

**Neville Plush:** I didn't really choose to come to Nimbin. I actually applied for a transfer to Lismore because my son was at boarding school there. During that time we bought a place just out of Nimbin not even knowing Nimbin was there. Then I was asked if I'd relieve out at Nimbin as the officer in charge had gone off on long-term sickness leave. That's how I eventually got here.

**User's News:** Before coming to Nimbin you had worked in small communities such as Collarenebri and Enngonia in Western NSW where you practised "community-based policing". How does this differ from other methods of policing?

**NP:** Community-based policing is just working with the community, overcoming problems by looking for solutions with the local community. Back in the 1980s the NSW Police commissioner, John Avery, brought in community-based policing, which every country policeman was already doing. Local cops in country towns usually got involved, became part of the community. Avery just took this into the cities. I really don't know what happened to it, because it doesn't seem like they're running with it anymore. Since the Wood Royal Commission into the NSW Police, officers seem too frightened to become involved with their local communities. But from working in small towns I knew you had to show people

that you're one of them. It's the old country values and the plod on the beat. When you work your beat you talk to people and you know your patch.

**UN:** In a town like Nimbin, where there is quite a lot of police and a lot of problems, is there a danger of getting a bunker mentality?

**NP:** You get the attitude of "them and us" and it's not a real good attitude to have. Police have got to realise – and it's not just Nimbin either, it's all small communities – they can't disassociate themselves from the job. You've got to go out and meet people and decide whether the people you meet are of good character or not. You've got to make decisions yourself. I think a lot of them are too scared to get out and meet people in case they make the wrong choices, befriend the wrong people.

**UN:** How long did it take you to break into the community and learn who was who?

**NP:** It didn't take long — probably a couple of weeks to break the barriers. Right from the start of my time in Nimbin I made it known that if people are going to smoke dope, they smoke it at home, not in the face of the police. As I said to everyone, I've got a job to do. I wasn't going to lay 20 or 30 years on the line just because someone's being blasé smoking in front of me and expecting me to take no action. Because as I said to them, there's rules and regulations that I'm obliged to go by. And I made it well known that if anything like that was going to happen, I would take action.

There'd be times when I was getting money out at the bank teller machine, in full uniform, and there'd be a deal going six or eight feet behind me. I'd turn around and say, "Righto, back at the police station in five minutes." I remember one time a young girl was there selling cookies, quite openly, and here I am, no more than five foot away. They're the sort of things you can't close a blind eye to because the Wood Royal Commission had

## Interview

set it up that if you weren't doing your job there could have been somebody there watching. It caused a bit of paranoia amongst the police, so everything we did was right above board. We just had to go right down the line.

Then you'd have the attitudes of some of the tourists who'd say, "I was hit on by dealers as soon as I got out of my car and it looks like the cops are doing nothing. The cops must be on the take. They must be all corrupt." It's a very hard thing to put up with, people thinking you're corrupt.

Nimbin's a very hard community to work in because it has the old culture of people who were there before the hippies. Then the hippies came and later you had a new group of young people, like some of the hippies' children, and it was hard to police all of them.

If you're not doing it one way, you've got the so-called rednecks on one side saying the cops aren't doing their bloody job and if you're on the other side you're going overboard, you're too zealous. So you try to walk the middle of the road. One of the things that really hurt me one time was a Sydney current affairs show that interviewed me. It was a half-hour interview and they just put in what they wanted and made Nimbin look like a real drug haven. But they never put the story in proper context. I mean you can go anywhere, anywhere in Australia and film someone dealing. It's not hard. Nimbin's a little easier, that's all. It's just easier to get out of the car, get a deal, get a photograph. But it happens in

Queen's Mall in Brisbane, the main street in Lismore. You can go anywhere and if you're good on body language you can sit there and watch the dealers work.

When I came, Nimbin had a community committee that was really one-sided. So when the superintendent in charge of the area called in one day and asked my opinion on what

we should do, we spoke about the community committee. He said, "righto, I want you to set up a committee with all the people, the entire community", which we did and it made a difference. You got everyone's perspective and you looked at other problems on the street. Whereas prior to that they only had a point of view from what you could term as the rednecks – I don't like that term but that's how people associated that particular committee at the time.

**UN:** What was the original farming communities attitude to the changes in Nimbin?

**NP:** Some of them didn't like it. The place just overnight bloomed from a little sleepy country town to the way it is today. A lot of them assimilated and they still live here and they're fine, they enjoy it. A lot of them that didn't, they've moved on. Some of them have made big money selling their properties. It's changing once again now. There's a lot of development coming up, land being subdivided and different sorts of developments being built. So in the next decade it's going to have another change. I just hope it doesn't become a yuppyville.

**UN:** How do the younger people who deal in drugs differ from the hippies?

**NP:** I think the traditional hippie was more or less cool and laid back. I've watched it change with these younger ones — they're in it for the money. And the bit of glamour that goes with it. And you can see that in the trade that goes on down the laneway. When I was there it came between the users of narcotics who sold cannabis to support a habit, and the younger boys who were selling cannabis to make a quid. They justified selling cannabis by thinking that was fine, they didn't have a habit, they weren't selling it for heroin.

It became like a war zone on the main street. This was their side of the street, don't come on our side. The ones over the other side of the road were the shit bags because they were selling to shoot up. There was no reasoning with them. And the problem with a lot of the young ones was that they were illiterate. You'd be very



surprised the ones there who can hardly read or write, yet they could probably add up all right. They could work out how much an ounce is and what it's worth. It was a hard balancing act negotiating between them, trying to come up with some sort of agreement. It was a never-ending, daily thing trying to stop problems from breaking out.

One time we did a survey and the results indicated drugs weren't an issue with people. The main focus was anti-social behaviour. I was more concerned about the young people on the street, arguing with their potential clients or telling them to eff off if they didn't want to buy drugs. What really escalated was when the young people made a heap of money selling cannabis, they'd go straight across the pub, get a carton or a heap of expensive mixed spirits, and they'd be on the grog all night. That's when the antisocial behaviour comes out. So we started looking at other ways of combating that and the main thing we came up with was foot patrols. The main aim of the game was to make sure everyone felt safe.

**UN: Besides the turf wars on the street, what were the other problems you confronted?**

**NP:** Nimbin's like a melting pot and we used to get people from all over Australia when they finished in their mental institutions. When they began de-institutionalising people they started to gravitate here. I've even heard that jails used to give inmates a ticket to Nimbin after they got parole. So we ended up with a very large population of people who suffered from a mental illness and a lot of them were on treatment orders. Ninety-nine percent of the time there was a problem with them, they'd come into the police station and they'd be jumping up and down and you knew that they hadn't taken their medication or they'd self medicated with cannabis. So we'd just get onto the outreach workers and they'd come out and see them.

Nimbin was just like a babysitting dock in that area of work. It was like working in a race in a sheep yard – you put one into this pen and one into that pen, just to categorise people so they could be looked after in differ-

ent ways. Every time I spoke to anyone who had a habit, I'd always start talking to them about detox, trying to get them in, trying to help them do something with their life. A lot of the time if they looked like shit I'd say, "Jesus, you look like shit today." "Do I really?" I kept chipping away at that, thinking that maybe one day the penny might drop and they might do something. Heaps of them went onto the methadone program. But I didn't push one program. Anything that helps should be looked at — you've got to give them support.

The biggest problem I found was the lack of facilities. When a person wanted detox, when you had them in your hand and they wanted to go and you couldn't get them in anywhere. That was the hardest thing, because when they make their mind up, that's the time to get them in.

Another good thing we promoted in Nimbin was when you go up the main street you say good morning, especially if they're persons out of their tree. "Oh, good morning Sarge, good morning Bill or John." For someone who thinks they're of little or no worth, to be acknowledged and spoken to makes a big difference. Try it in an office. Go into an office and say "good morning, everyone." It makes such a bloody big difference.

**UN: Out of all the drugs that people were taking in Nimbin, including alcohol, which would you say was the easiest to deal with and which the most difficult?**

**NP:** I'd say the easiest was the people on heroin because they were on the nod. There was no drama with it. The most difficult, I think, was speed. That hyped them up. I was fortunate that I'd finished up well before the ice came along. But speed certainly made people hyper and very hard to handle. No reasoning, just off the planet.

Alcohol, I'd say, is one of the major problems. When you



look at domestic arguments and everything from road trauma, right across the spectrum, alcohol would without a doubt be the biggest problem.

**UN: Do you think the continued criminalisation of drugs and drug users can ever be effective or do we need an entire rethink on drug use in society?**

**NP:** Probably an entire rethink. I think you can never decriminalise it completely. You'll open a Pandora's box. People who don't touch it might they'll have a go at it now. I know people question having sniffer dogs outside doof parties and I heard about the young lady who saw the dog there at one of the venues and she had a heap of tablets and took the lot and died. I feel very sorry for her and her family and I think that is a problem. But I also think that you've got to be realistic and say well maybe with the dog there it's going to stop a few of these predators who go in and give drugs to my daughter. It's a hard one.

To a certain degree I think law enforcement can alleviate some of the problems but you can throw as much money at an operation as you want to, but an operation is not an ongoing thing. As soon as it's over Nimbin's back to what it was. So you've got to look at other strategies. I think the camera in Nimbin has probably made a little bit of difference in some of the antisocial behaviour but as far as drug dealing I don't think it's made much difference at all.

**UN: Do you think there is a place for having a heroin trial to stop people from resorting to crime to fund their habits?**

**NP:** It's something I always thought of. You've got these people, it doesn't matter who they are, you can't categorise a person who has a habit on heroin. I sympathise with the parents who have young people on heroin. People would ring me and say, "I believe my daughter's got a habit and she's in Nimbin. I haven't seen her for six months." Or "has my son been there?" and they'd send photographs. I certainly can see that if people were heroin users and they had a program they could be weened

down to a manageable dose or organise detox or manage their health better.

One thing I did hear years ago was that some of these parties had pill-testing kits to see if ecstasy was safe or whatever. I think that's probably a good idea. I don't condone it but I don't condone someone sticking a pill in their mouth and killing themselves, either. But if they could test it and make sure that that they were only going to trip out and not have a permanent trip, fine. It's all harm minimisation as far as I'm concerned.

When you look at it, policing drugs really should be a health issue. Police should get on with policing. You've got to look back and say this hasn't worked, maybe we should try something different.

**UN: What are your fondest memories of Nimbin?**

**NP:** Some of the people, the real bad IV users, going away to detox, coming back 12 months or two years later clean as a whistle and incredible. Some of them are still off the gear, which is great.



# Nimbin after 30 Years



I arrived up here in the early 1970s. We lived the hippy dream in the hills around Mullumbimby. We grew what became affectionately known as Mullum Madness. It was all done pretty harmlessly around the Mt Warning crater. The pot was great bush bud and at \$300 a pound we did okay.

Then the money came to Byron, Lennox and the likes so the hippies and users and Vietnam vets were no longer welcome. About this time the Aquarius festival hit Nimbin. The old dairy farmers didn't mind: plenty of naked pretty girls, bonfires, parties. For others it was a way to unload the family dairy farm, which was not a viable income generator anymore. So land was sold up such as Tuntable, Mt Burrel, Blue Knob and the Channon and surrounds, and the new alternative communities were built.

Time slowly moved on. We were all happy. It was all organically sustainable gardening and plenty of bartering.

It all worked well as an open sided social experiment. Nimbin itself was underpoliced; then again, crime was not a big thing. We had one cop, Nev, he kicked a few arses and kept the riffraff to a minimum. I remember Nev pulling up next to my car in the middle of town one day — he had impeccable timing. He looked in and saw a one mil fit with 50 lines of liquid in it. I said sorry Nev, I'm sick. Anyway he squirted out the liquid and told me to piss off. Funny thing was it was only water. My quarter was still in a balloon in my mouth. I drove a mile out of town and had my shot. Then got another six ounces of bush bud out of my hub caps and went back to work for the day.

Over the years Nimbin has seen good times and bad times. We had the pickers' balls every May. The grower of the nicest head for the year won grower of the year. For your dollar admission you got a raffle ticket (first prize a pound of lovely heads), free food, bands, mushies and a great three day rage.

Over the last few years the whole area has gained the tag of the Green Triangle. These days bus loads of Yanks, Poms, Japanese and various other tourists are ferried in from Byron to sample the green goodies, eat some cookies and have a look at the so-called freaks. One difference I've noticed is that the children who are now in their teens or early 20s have formed gangs. The pot is bought or sold by them or not at all. They intimidate, bash and just wreak havoc on Nimbin.

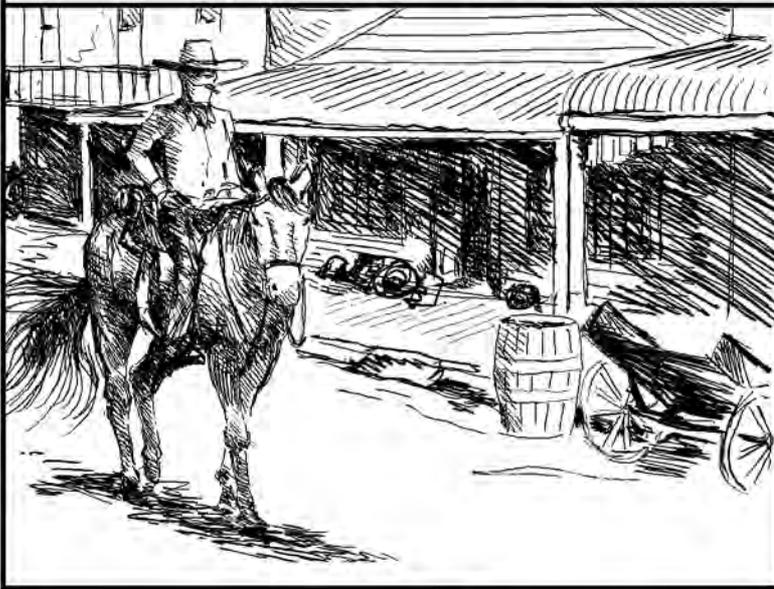
Nimbin was a good idea at the start. But like all socialist experiments, capitalism got the good bits by the balls. There is still a lot of good music and nice people out in the hills. But these days keep hold of your wallet.

Also Nimbin must be the smallest country town in Australia with a methadone clinic and no heroin! Don't let me be misunderstood: the younger gangs consume plenty of coke, MDMA, speed and whatever else is trendy. But by and large give me a tent near the beach these days — at least the ocean is free to surf in and a lovely place to contemplate my last 40 years of anti-establishment attitude and lack of respect for ludicrous drug laws. But at least it's made my life interesting. — **Mark**

IN THE WILDS OF THE NORTHERN BADLANDS  
WITH THE MAN WHOSE NAME IS ALWAYS FORGOTTEN..

# BURNING SANDALS

THE SUN LAY LOW OVER THE RIDGE.  
IT WAS TIME TO GO...



MY WORK HERE WAS DONE



LEAVIN SO SOON?  
WHY NOT STAY AWHILE,  
WE COULD USE MORE  
OF YOUR TYPE  
'ROUND HERE



SORRY,  
BUT NO

GOTTA  
MOVE ON



NICE PLACE  
THOUGH..



MIGHT MISS  
IT..



NICE FOR THE YOUNG



HE WAS  
TOUGH,  
BUT FAIR.

THE OLD...

GOOD ON YOU  
MATE, YOU  
MADE IT  
LIKE THE  
OLD DAYS



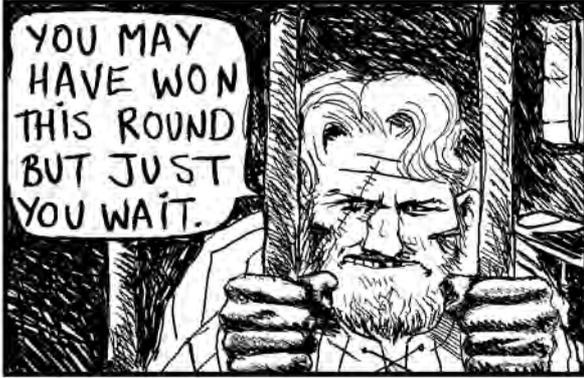
THE GOOD..

QUE DIOS  
LO BENDIGA



# THE BAD.

YOU MAY  
HAVE WON  
THIS ROUND  
BUT JUST  
YOU WAIT.



# THE UGLY



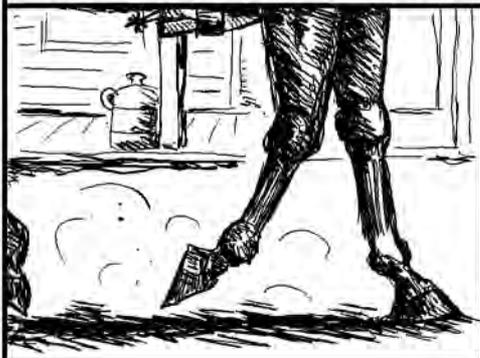
# AND AMANITA..



BUT NOW I MUST FACE  
THE TRAIL AHEAD.



# ANOTHER TOWN..



# ANOTHER DAY..



# ALONE



# Legalise It!

Why is there so much concern and pain  
Connected with the Ancient herb Mary Jane?

Marijuana is bad! That's what straights say,  
But they will serve you alcohol, which is worse any day.

Two-thirds of this country have had a puff or two,  
Teachers, Doctors even Police... It's like a "Who's Who"!

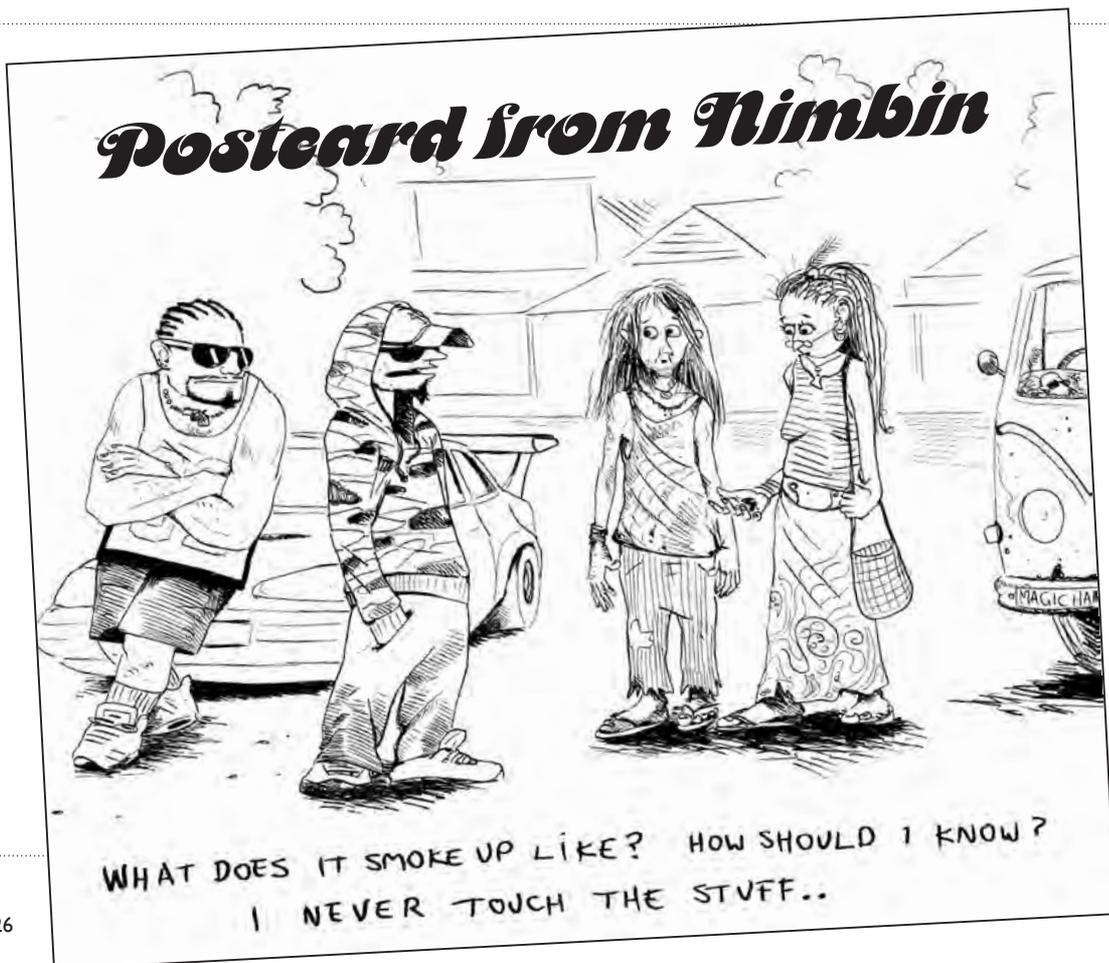
It doesn't cause cancers as much as nicotine,  
Or is as addictive as Speed or Morphine.

If this beautiful weed was easier to buy,  
There would be less drunks, speed or smack freaks left on our streets to die.

They could build "Pot Farms", jobs for the unemployed.  
It would make money for the nation, and stop us from being bored.

Marijuana is here to stay, I wish they'd realise it.  
Do yourself a favour, Try it, then Legalise It.

*Tracey K*



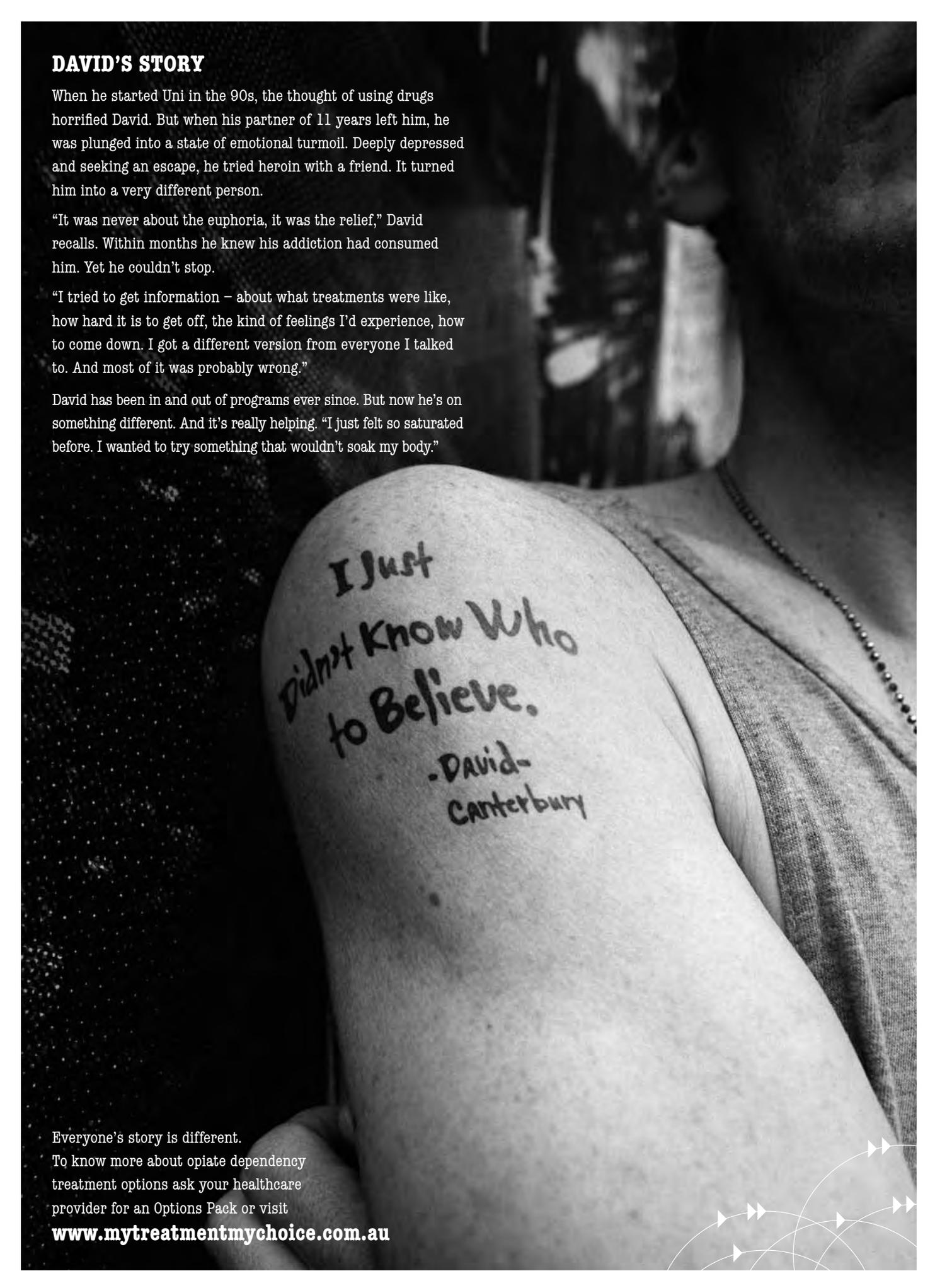
## DAVID'S STORY

When he started Uni in the 90s, the thought of using drugs horrified David. But when his partner of 11 years left him, he was plunged into a state of emotional turmoil. Deeply depressed and seeking an escape, he tried heroin with a friend. It turned him into a very different person.

"It was never about the euphoria, it was the relief," David recalls. Within months he knew his addiction had consumed him. Yet he couldn't stop.

"I tried to get information – about what treatments were like, how hard it is to get off, the kind of feelings I'd experience, how to come down. I got a different version from everyone I talked to. And most of it was probably wrong."

David has been in and out of programs ever since. But now he's on something different. And it's really helping. "I just felt so saturated before. I wanted to try something that wouldn't soak my body."



I Just  
Didn't Know Who  
to Believe.  
-David-  
Canterbury

Everyone's story is different.

To know more about opiate dependency treatment options ask your healthcare provider for an Options Pack or visit

[www.mytreatmentmychoice.com.au](http://www.mytreatmentmychoice.com.au)

# The X Y Z of Hep A, B & C

If you are an older person with a history of injecting drug use, you will probably remember being worried about hepatitis B, then hearing about something called “non-A non-B”. As many of you know, “non-A non-B” was later identified as hepatitis C.

It can all be a bit confusing. So we’ve produced a table to help explain some of the differences between hepatitis A, B and C. There are other types of hepatitis like D and E, which are rare in Australia.

Hepatitis means inflammation of the liver. Hep A, B and C are viruses which cause viral hepatitis.

Remember, as an injecting drug user the best way to avoid viral hepatitis is to wash hands, not share injecting equipment and practise safe sex.

	<b>Hep A</b>	<b>Hep B</b>	<b>Hep C</b>
<b>What is it?</b>	<p>A virus that causes inflammation of the liver.</p> <p>Does not lead to chronic (long term) liver disease.</p>	<p>A virus that causes inflammation of the liver.</p> <p>Can lead to liver damage and cancer for only 5% of adults, but about 90% of children.</p>	<p>A virus that causes inflammation of the liver.</p> <p>Can lead to liver damage and cancer for 75% of people.</p>
<b>How could I get it?</b>	<p>Shit to mouth.</p> <p>Drinking or eating contaminated food or water.</p> <p>Anal sexual practices where there is the possibility of shit to mouth contact.</p>	<p>Blood to blood and sexual transmission.</p> <p>Unsafe sexual practices.</p> <p>It can be spread through blood, cum and vaginal fluids and spit.</p> <p>Sharing injecting equipment.</p> <p>Unsterile tattooing and body piercing.</p> <p>Sharing toothbrushes, razors or other items which may involve blood to blood contact.</p> <p>Mother to baby during birth.</p>	<p>Blood to blood.</p> <p>Sharing injecting equipment which may contain microscopic amounts of blood.</p> <p>Unsterile tattooing and body piercing.</p> <p>Rarely spread through having sex.</p> <p>Can be spread by sharing tooth brushes and razors.</p> <p>Mother to baby during birth is a low risk.</p> <p>You don’t get it by casual contact like hugging, sharing food or eating utensils, etc.</p>

	<b>Hep A</b>	<b>Hep B</b>	<b>Hep C</b>
<b>Is there a vaccine?</b>	<p>Yes, and it's easy to get, safe and it works.</p> <p>Ask at your local sexual health clinic or your GP.</p>	<p>Yes, and it's easy to get, safe and it works.</p> <p>Ask at your local sexual health clinic or your GP</p>	<p>Not at the moment.</p>
<b>What can I do to stop getting infected by it?</b>	<p>Get vaccinated.</p> <p>Wash your hands very well with soap and running water before eating, after going to the toilet, and after handling things like nappies and condoms.</p> <p>You can avoid sharing food, drinks, cigarettes and similar items.</p> <p>Always practice safe sex.</p>	<p>Get vaccinated.</p> <p>Don't share injecting equipment like fits, tourniquets, etc.</p> <p>Practise safe sex.</p> <p>Avoid sharing anything which could have another person's blood on it, like razors.</p>	<p>Don't share injecting gear – not only fits, but all equipment including tourniquets.</p> <p>Be careful when touching an injecting site or helping someone inject - it only takes the smallest bit of blood to be transmitted.</p> <p>Avoid any blood to blood contact, like razors, that could pass on someone else's blood.</p>
<b>Will I always have it?</b>	<p>Hep A is a short term illness and after you have it you will become immune (you won't get it again).</p>	<p>Most adults clear the virus without any treatment and suffer no lasting damage or symptoms, but you can also get it long term (chronically).</p>	<p>About one in four clear the virus without treatment but most have it chronically (long term).</p> <p>There have been very good results with combination treatment.</p>
<b>How is it diagnosed?</b>	<p>A doctor can make a diagnosis based on your symptoms and a blood test.</p>	<p>Detected by a blood test.</p> <p>This will show if you have been recently infected, have a chronic infection or have had it in the past but are no longer infectious.</p>	<p>Detected by a blood test.</p> <p>These will be able to show whether you just have the antibodies (meaning you have been in contact but have cleared it) or actually have the virus.</p>

Sources: Hepatitis C Council of NSW and NSW Health website

# IT'S STRICTLY BUSINESS

For God's sake, it's the twenty-first century. Surely we can all agree that a comprehensive change must urgently take place in how governments of developed nations respond to the issue of illicit drugs. "If" is no longer, can no longer be an option. The crucial matter now is "when".

Regrettably, the Global Financial Crisis is set to be the catalyst for such change. Alongside what is almost guaranteed to be a sharp increase in the popularity and intensity of drug usage, we will also see an increase in desperate and greedy people muddying an already ruthless, deadly drug market, where users are held ransom to a defiantly, openly corrupt system. Sooner or later, governments will be forced into confronting policies of prohibition that simply cannot work in the face of such audacity.

In Australia, these matters have taken the stage in a strange way. We are currently seeing the fascination that this audacity breeds. The market is seemingly insatiable for sensationalist portraits of organised crime – take the Nine Network's ratings triumph *Underbelly*, Seven's shamelessly tabloid documentary series *Gangs of Oz*, or the deep legacy of the brilliant ABC miniseries *Blue Murder*.

Into this hyper-saturated mood of voyeurism comes a long-awaited and fascinating book from a leading light of New South Wales law enforcement. *Smack Express: How Organised Crime Got Hooked on Drugs* (Allen & Unwin, 262pp, RRP \$35.00), is a wide-angle study of forty years in the big business of supplying illicit drugs to generations of Australian users. Co-authored by Clive

Small and novelist Tom Gilling, the book steps up to a very crowded plate and asserts itself from the first page as a straight-talking, balls-to-the-wall assessment of the squalid accomplishments of Australia's drug lords.

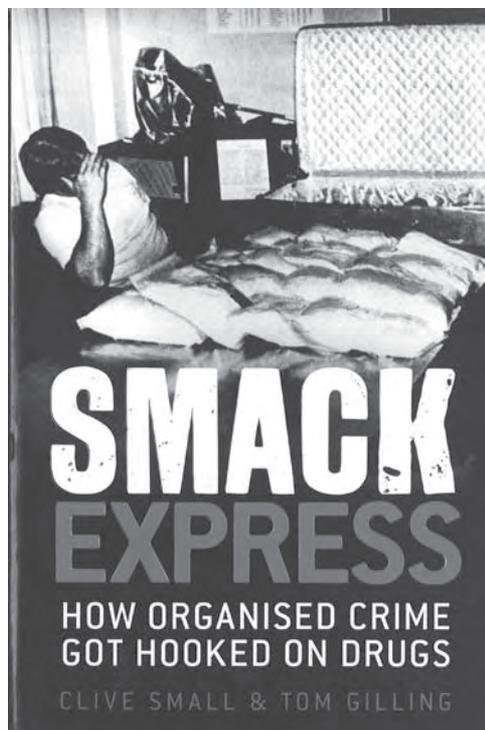
Clive Small is a fascinating presence in Australian policing. His career can, without exaggeration, be called stellar. As an investigator with the New South Wales Police, he headed the taskforce that captured serial killer Ivan

Milat. As an assistant commissioner of the force, he tackled the murder of state politician John Newman amidst internal and external chaos in Cabramatta. As the chief investigator of the Independent Commission Against Corruption, he faced off against a government that, again and again, sought to sweep scandal under the carpet.

Small's career took an abrupt turn when his contract with the police was not renewed, a startling decision taken amidst a grubby stouche with broadcaster Alan Jones, who had accused him of keeping alive much of the gang violence in Cabramatta during his tenure by doing nothing. A defamation lawsuit

against Jones was settled out of court in his favour, but not until after he had resigned from the ICAC to avoid a possible conflict of interest.

Aside from his achievements, Small's personality also draws attention. He enjoys the media spotlight. This is not a criticism of character; however, his blunt openness has not well pleased a significant number of former colleagues and superiors. One too many dark corners illuminated, one too many sweeping declarations broadcast.



In *Smack Express*, Small has spared few, and has made a series of bold statements in the book that others have only been brave enough to broadcast in the wake of its release. His fearlessness is impressive. As a friend observed, “Whatever you say about Clive Small, there’s one thing he’s unlikely to be. Corrupt.” How true. The merest smell of hypocrisy or murk about Small would make this book instantly suspect, and would leave its co-author vulnerable to all kinds of attack.

*Smack Express* is a curious mix: it quotes and paraphrases a variety of existing memoirs and exposés, but it adds a vast level of historical data (the result of a photographic memory, if Gilling’s recent tie-in article on Small in *The Australian* is to be believed) that not only fills in many blanks, but uncovers a staggering continuity of deals, betrayals, anointing and usurping that stretch from the Cross in the 1960s, through Griffith in the ’70s, Brisbane and Melbourne in the ’80s, to Cabramatta in the 1990s.

Small and Gilling book-end the narrative with two crucial assassinations: Donald MacKay’s murder in 1977 under orders from Robert Trimbole, and John Newman’s murder in Cabramatta in 1994. They make a persuasive case against the big names of organised crime, such as Trimbole, Neddy Smith, Christopher Dale Flannery and Lenny McPherson.

For the waiting media scrum, however, the big bulls-eyes are the late Al Grassby and the very much alive state Minister for Finance and Infrastructure, Joe Tripodi. The effect this book will have on NSW Labor is difficult to calculate; the rumblings have begun deeply and quietly, but may very soon bear some nasty earthquakes.

The book’s style is dry, well-written, plain. Facts, figures and careful allegations make up this book. There is no fat on the bones, and regrettably little insight into the personalities of these terrifyingly ruthless human beings. Character exploration is not the purpose of the book, the authors are clear on that, but as each arena of bloodshed and betrayal made way for the next, I ached for a clearer understanding of why these people took the decisions they took, forged the hideous careers they forged. It’s one thing to talk of the Calabrian “honour” system which

formed the base of this vast network (the translation of their unspoken name, *Ndrangheta*, is “Virtue and Heroism”), but the almost sociopathic arrogance of these men cannot be explained away just by “this thing of ours”.

The grubbiest element explored by the book is the unspoken collusion amongst the kings of organised crime, select members of the police, and certain key people in state government. After a certain point in the book, I became dizzy and almost weary with the relentless portrayal of backyard atrocities and secret deals. Again, I am convinced that this is a deliberate step on the part of Small and Gilling. This book is not meant to pacify, nor to give a thrill-a-minute read. It is designed to horrify.

Something, however, is missing – and it’s absent elsewhere, too. Whether it’s the superficial scandalmongery of *Gangs of Oz*, Matthew Newton’s exquisitely formed arse cheeks in *Underbelly 2*, or the stunning, almost oppressively dark overview of *Smack Express*, the crucial elements in this chain of crime are almost always ignored or side-stepped.

Without people who want drugs, there is no billion-dollar crime syndicate. Without the harsh, hypocritical drug laws in place throughout developed nations, there is no billion-dollar crime syndicate. Without the jerry-built infrastructures that are supposed to enforce these laws but end up (accidentally or by design) maintaining lawlessness, there is no billion-dollar crime syndicate. This tripod of human traits – demand, idealism shut off from reality, and temptation towards corruption – can be found in almost everyone to a greater or lesser degree. We are all, therefore, involved in some way. The blood is on our hands too.

For those who want a comprehensive historical view of organised crime and drugs in eastern Australia over the last forty years, *Smack Express* may be the new definitive overview. For those who are brave enough to be curious where their current stash may have hailed from, it will provide a chilling window into the bloody deals made to keep product on the streets. Those who want a tidy justification for the War on Drugs, however, should look elsewhere.

*Mathew Bates*

## Making a Clean Start

In 1993 I had just started high school. I had an alcoholic father who abused my mother, my brothers and myself and I wanted a good education so I could get as far away from him as possible.

I chose to go to a co-ed high school — big mistake! I got picked on by the boys while in class, on the bus, wherever possible. I tried making friends and for a while I thought I had but I was sadly mistaken. So I started jugging school and smoking cigarettes. I got picked on so badly that I started getting these stabbing pains in my abdomen and had to be picked up by my parents on so many occasions that they just kept me home from school. That was the

worst thing ever because even though I wasn't happy at school, I was even unhappier at home. So I ended up getting transferred to an all girls' school.

As the year passed I became the biggest smart arse. I started to smoke pot and loved it so much that I have never quit.

I had a record of 132 days away from school. I was so happy; I just thought I was a mad bitch! A year passed, I was 15 and loving life.

But then life took a turn for the worse.

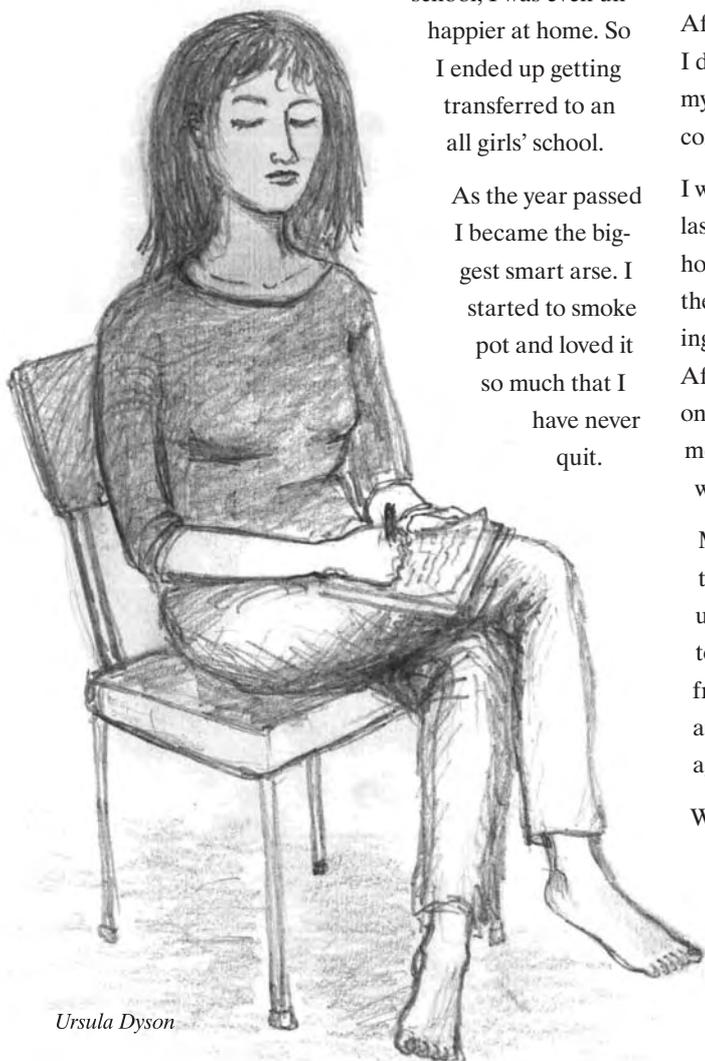
I got kidnapped and drugged by three guys. When I finally woke up I was in some motel on a bed, naked and alone. I ran to the bathroom and cried to myself under a shower. When I came out of the bathroom I searched for my uniform (yes, I was taken from school). As I was getting dressed a guy walked in and told me if I wasn't there when he got back he would find me. Like hell I was going to stay there, so as soon as he left I got out of there and ran for my life. I didn't even know where I was going. I just kept on running.

After a while my mum found me and dragged me home. I didn't tell her what happened. I so wish I had because my parents thought I just went out and didn't want to come home. God were they wrong!

I wish I had said something that day because it was the last time my father ever spoke to me. I really never knew how bad it could be until there was just silence. Silence is the worst thing ever. I could've handled screaming, arguing, anything but that silence. It literally drove me mad. After that I had a major nervous breakdown. I was still only 15 and my parents didn't know what was wrong with me. I was so sad and cried all the time. I wore black and wouldn't talk. I was like an empty shell.

My mum died when I was 16. God that is the worst thing that could happen to a kid. After that I started using speed really hard for about two years. I was down to 43 kilos but I loved it even if I was sickly looking. My friends did an intervention to help me, they made me eat and stop doing drugs. After that I never touched speed again, but I never stopped smoking pot.

When I turned 18 I met the love of my life. I thought I had hit the jackpot. At first I didn't want to show him that I liked him. I played hard to get for



months, but finally I fell really hard and after about six months we moved in together. It was magic. I considered him to be my first love. There had been no other guys since that awful night.

Four years after the kidnapping and assault I was awarded \$100,000 by victims comp. It was the happiest day of my life. I couldn't believe it after all these years the state thought I was deserving enough to receive money to start again.

I bought a unit and we moved in. It was wonderful. But then one day my hubby walked into the house and pulled out this foiled up stuff and emptied it onto a book. At first I thought it was coke or speed, but when I asked he laughed and said, "No. Why? Do you want some?" At first I said no but then I changed my mind. I couldn't believe that there was a drug that could stop your thoughts and just make you feel smashed. I asked him what it was and he told me it was heroin.

Of course we wanted more and more and eventually we ended up sick without it. I didn't know at the time why we were feeling so lethargic. After a while we started doing crime like bag snatches, robberies, car jacking — anything to get money to get more gear. Eventually my hubby got done for something really stupid. He got seven years. I couldn't believe it — he wasn't coming home! I would have to go see him in prison. I didn't know what to do. I had this raging habit and I was shattered.

All alone I decided to take a mortgage on our unit so I could pay the lawyers and set my hubby up in jail. But that was a big mistake. Between keeping him drugged up in there and sorting myself out I practically used the lot, although I did manage to buy a car.

A year later I got evicted from my unit. Now, a year later again, I'm in prison doing

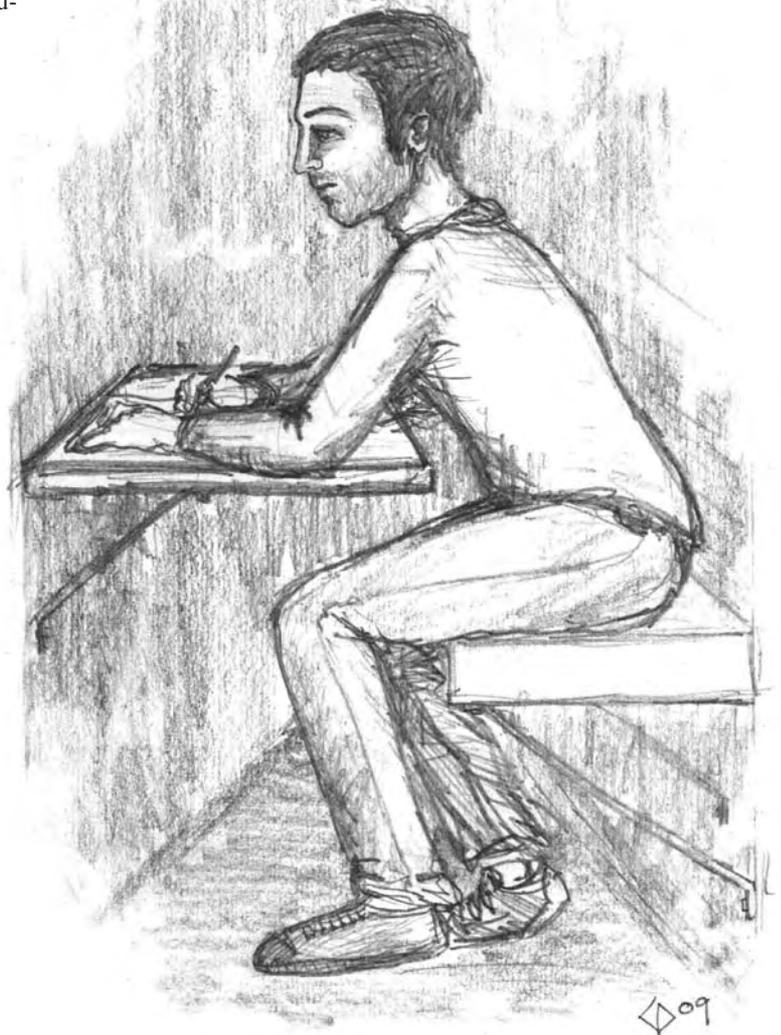
four years with two on the bottom. I never in a million years thought I'd end up in jail, but here I am.

It's now 2009 and I'm in the middle of doing a degree to become a psychologist and in May I'm eligible for parole. In August my hubby is also up for parole. I really hope we both get paroled so we can make a clean start.

When I decided to write this story I was only thinking of it as something to pass the time. But now as I finish it I know that this has been very therapeutic for me. It seems like a big weight has been lifted off my shoulders.

Thank you so much for giving me this opportunity.

*Kelly*



# Use Now Pay Later Scheme

I was born and bred in the Northern NSW town of Coffs Harbour. I came from a law-abiding family and achieved a good academic record at school. When I left school at 15 to work as an apprentice butcher in Coffs Harbour, I was very much happy with my life. That was until one day I smoked pot during my lunch break and within minutes of my return to work I cut off two of my fingers in an accident with a bandsaw.

My fingers could not be saved and as a consequence I lost my job, my income, and I could not complete my apprenticeship. I quickly found myself on the books at Centrelink, relying on the taxpayer to see me through the difficult times ahead.

Sitting idle at home looking at where my fingers used to be was so depressing that I quickly turned to alcohol to relieve the stress. I recovered from alcoholism pretty quickly. I was later diagnosed as having paranoid schizophrenia and was prescribed Resperidol for my illness. I still take Resperidol to this day.

I was looking for something in an experimental sense to replace alcohol and I dabbled with pot, pills and speed until I finally found my drug of choice: heroin. My experiment included smoking, snorting and shooting up.

On heroin I was a hopeless mess. I could not get my act together. I became addicted to it practically overnight. The drama was that I couldn't afford it.

My hard earned savings did not last long and my bank accounts were soon empty. My savings were supposed to be for a housing deposit when I chose to settle down and start a family. Now all my hopes and dreams had gone down the drain. At the time I was not a criminal — I had no criminal record whatsoever. My source of income at this point was from Centrelink alone.

After drying out in a detox unit I stumbled across a job driving taxis. My boss was a lovely and good looking lady who also drove the same cab. It was great to be earning more money. It allowed me to save up and I was having a

great time. No-one warned me to enjoy it while it lasted.

One night my boss asked me to take her for a drive and I got a shock when she unexpectedly grabbed my crotch while I was driving. We ended up having sex in the back seat of her cab. When we finished she gave me \$150, a cheeky grin and a big thank you. It was good to have great sex and be paid for it — speaking from a man's point of view.

I plotted and schemed on how I could get more than \$150 from my boss and after a few weeks of having sex with her and cab driving I was raking in \$800 per week. Then the sex included the boss's husband and I was earning \$1500 per week with the Centrelink payment.

I was later meeting the boss's husband at motels on the side without her knowledge. At this stage I was raking in \$2000 per week. I was on a good rort. But all good rorts come to an end.

One day I realised I had saved and banked \$14,000. I thought I could afford some heroin to get stoned just this once.

I relapsed and was very quickly shooting up heroin again. Then I was sick and missing fares from driving around looking for dealers to get on. I quickly became offside with the boss. My takings were terrible even though I was on the road for longer hours.

While I was sick the sexual encounters became less frequent as each of us became disinterested. I was sacked soon after and I wasn't in the mood for sex anyhow, regardless of the extra cash it created. When I returned the cab on my final shift, I stole the Glock pistol the boss used for protection from under the driver's seat.

Anticipating that I would soon be sick I was looking for suitable targets to rob. On three separate occasions I robbed drug dealers at gunpoint in broad daylight. The dealers reported the crime to the police who were soon looking for me. So I considered that I would soon be arrested and in jail. At that point I thought I had nothing to

Now you've paid  
off your debt to  
society me and  
the boys  
thought we'd  
give you  
another one  
to pay off  
in your  
own time.



Quentin Evans

lose. I was unable to think wisely with my drug problem interfering with my judgment.

Within weeks I had robbed a service station, newsagent, bottle shop, a TAB and then finally two local banks before being arrested and sent to jail.

All the proceeds were spent before my arrest. I came to jail penniless. I had no money to get out with. Almost everything was spent on heroin. I paid big money to make myself sick and to destroy a large part of my life. A situation of "Use now, Pay later."

All of this drama for white powder to put in a plastic spoon and shoot up. Heroin took control of my life. I never thought it would happen to me. I believed addiction happened to people who were not mentally strong enough to handle it. I am now in jail learning the hard lessons of life and the evils of drug addiction.

I was sentenced to 10 years with a non-parole period of seven years for the robbery offences. To date I have

served six years. I have to pay \$113,000 in victims' compensation after my release. I am supposed to pay this off living a crime-free lifestyle. This debt has me and other parolees under pressure as soon as we walk out the door. Yet the government and the anti-crime crusaders cannot work out why we come back to jail. While that arrogance continues nothing will change.

I am now looking forward to getting out. I am on the Subutex program and I believe I can put this experience behind me. Only time will tell, but I believe that my prospects are good. After release I will be on parole for three years.

I will go to Narcotics Anonymous in the hope that I do not relapse again. Statistics tell me that relapse is likely to occur however — I must make my best efforts to abstain from drug use at all costs. I have lost too much in my life already. At this stage of my life I simply cannot afford that high price again.

*Shaun*



# FROM ONE DRUG USER TO ANOTHER

**1800 644 413 • 02 8354 7351**

**isr@nuaa.org.au • www.nuaa.org.au • PO Box 278 Darlinghurst NSW 1300**

**Information, Support & Referral service, across NSW**

**nuaa**

NSW USERS & AIDS ASSOCIATION INC



# Near - Death

Part #1

WE ALL KNOW THE BIG QUESTIONS... WHERE DID WE COME FROM? WHERE ARE WE GOING? WHAT'S OUR TRUE PURPOSE HERE? AND WHO EXACTLY PUT THE WOP IN THE "DO WOP BOP DE BOP...?!" I ATTEMPTED TO FIND MYSELF AN ANSWER... JUST RECENTLY...

THIS IS MY PLACE, SO JUST RELAX, DOLL.. AND I'LL FILL YOU IN ON ASTRAL PROJECTION...



I THREW A PARTY FOR COPS... A DINNER/DANCE (NO BAD ARSE JOKES ABOUT POLICEMANS BALLS!)



SO YOU CAN ASTRALLY TRAVEL...?! ..YOURSELF?

AND SO



FIRST, YOU HAVE TO RELAX... LAY ON THE BED + LOOSEN YOUR CLOTHING WHILE I PUT SOME MUSIC ON...!

erm LOOSEN MY..?

ASTRAL TRAVELLING IS THE EVENT OF THE SOUL LEAVING THE PHYSICAL BODY...



OH, ANY-WHERE YOU AIN'T. DIRTY LYING FREAK.

HEY!?

WHAT THE F..? WHERE... ARE YOU OFF TO ALL IN A HURRY, SWEET-CHEEKS?

TOODLES!



... BUT I STAYED WITH IT. I FOUND IT FASCINATING! SOME OF US ARE ABLE TO LEAVE OUR BODIES WHEN ALL IS 'RIGHT'... IT'S AS RARE AS HENS TEETH... BUT REAL...!!

I READ EVERYTHING I COULD GET ON THE SUBJECT... I EVENTUALLY CAME UPON A DRUG CALLED KETAMINE

OR SPECIAL



KETAMINE IS A HALLUCINOGENIC, DISSOCIATIVE ANAESTHETIC... IT 'REMOVES THE USER FROM THEIR PHYSICAL BODY - SO MUCH THAT IT'S POSSIBLE TO CARRY OUT SURGICAL PROCEDURES' APPARENTLY...!

SHORT ACTING + RELATIVELY SAFE, KETAMINE IS OUT + ABOUT IN MOST COUNTRIES. BEING CHEAP AND EASY TO USE. IT REMAINS IN USE AS AN ANAESTHETIC, EVEN FOR CHILDREN. IN MOST MODERN COUNTRIES...



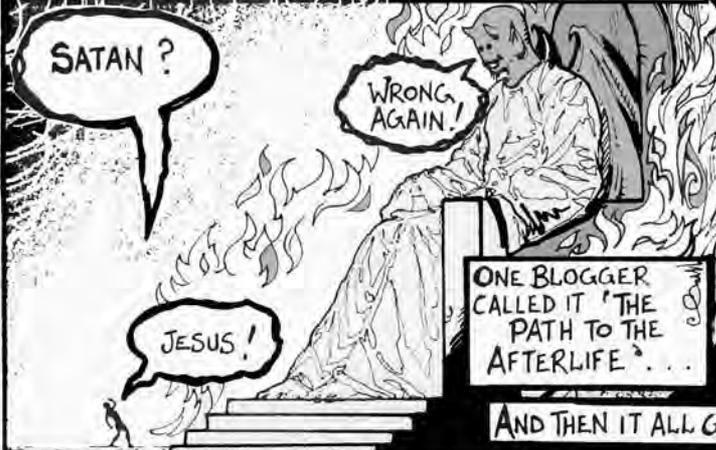
IT'S 'SISTER DRUG' IS PCP, AND IT'S A BIG, FAT LIE TO SAY KETAMINE IS, IN ANY WAY, RELATED TO LSD... THE EFFECT IS SAID TO BE WAY DIFFERENT...



... SCIENTISTS FOUND THAT NDE'S AND KETAMINE EXPERIENCES WERE CLEARLY THE SAME KIND OF ALTERED STATE OF CONSCIOUSNESS...

# Etiquette

THE STORIES WERE MIND BLOWING! THE FEELING OF TRAVELLING DOWN A TUNNEL TOWARDS A POINT OF LIGHT... VISITS WITH LONG, LOST LOVED ONES... FULL-ON OUT-OF-BODY DAY-TRIPS WHERE MEETING WITH ANGELS AND DEMONS IS COMMONPLACE...



AND THEN IT ALL GOT NOTHING BUT TWISTED, WEIRD, STRANGE AND ODD...



TRAVEL THRU A TUNNEL OF LIGHT. MEETINGS WITH DEAD RELATIVES. A FEELING OF PEACE...



SIMPLY COULD BE NOTHING BUT BULLSHIT...



## Family members' experiences with drug treatment services:

# WE WANT YOUR STORY

Many families and significant others breathe a sigh of relief when a user makes contact with a counsellor, goes into detox or rehab, or starts on pharmacotherapy treatment. Sometimes that relief can turn to confusion and irritation when they are then frozen out or treated as part of the problem.

**Bridging the Divide Project** is a FDS project that aims to make drug treatment services more family focused. There are three project officers working nationally with service providers on developing inclusive practices where families and significant others are not entirely left out of the loop. Part of the project involves mapping the types of encounters families have with the system, and identifying barriers and pathways to make drug treatment more effective.

**We are after stories of family members' lived experiences with drug treatment services, covering some of the following themes:**

- How were you treated?
- What information was given to you, and what else did you need to assist you?
- Were you included in any significant decisions that impacted on your family?
- What things did drug treatment services do that assisted you and what could they change?

Please email, fax or post your stories to FDS and if possible include your contact details so we can follow up with you.

The email address is [admin@fds.ngo.org.au](mailto:admin@fds.ngo.org.au), fax number is (02) 4782 9555 and postal address is **PO Box 7363, Leura NSW 2780**.

## 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.*

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.

## A Broken Life

As a child growing up you dream of a beautiful wedding, a wonderful job, a lovely husband and having children. But then everything changes. At the age of 11 my life changed for the worse. My family life was hell: my mother was always drinking and my step father walked out because of her drinking and cheating. A guy who drank with my mum started seeing her, so he was always at our house, staying overnight most nights.

One night while my mum was sleeping he came into my room and he took away my life in so many ways (you know what I mean). When I went to school I told a teacher what had happened. The teacher called the police and they took me to the Department of Community Services (DoCS) office, who rang my mum. Everything came out. My life was changing for the worse in so many ways. If only I knew then what was ahead, maybe I would have done things very differently.

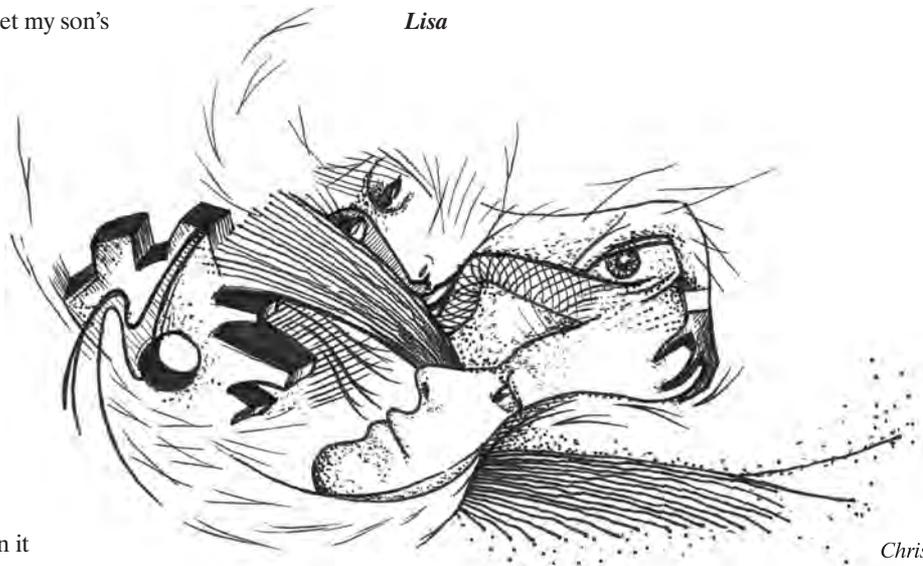
I was removed from my mum's care and went to a foster home. The carers were nice at first, but in the end they treated me like a slave. They only took me because of the money they got. So I ran away, headed for the big city, for the Cross. By then I was 13 or 14 years old, living on the streets. I had no family, no one who really loved me. I started mixing with the wrong crowd and met my son's father. At first I didn't know he was a drug user. When I did find out I wanted to try it and I fell in love for the first time: all the hurt and pain went away. I felt on cloud nine. It felt amazing. So I started using heroin every chance I got. Soon it

went to every day and before I knew it I was addicted.

Then crime came into my life so I could support my drug problem. I started working as a sex worker — my friend told me all about it, including where to work. On my first night I cried after every job, but at the end of the night and over \$500 richer, I didn't care. My life went on like this over many years during which I had three kids — two boys and a girl. My two youngest are in DoCS care. The foster parents are wonderful, lovely people and they allow me contact with my kids. I haven't seen my oldest child, who is 16 this year, for almost six years. His grandmother took him away. I'm hoping one day I'll see him again.

At this present time I'm in jail at Dillwynia on robbery charges, looking at two years at least. My drug problem went from heroin to ice which I used while being on 140mls of methadone. Ice made me feel powerful but it was killing me inside. I'm 32 years old. I have no home to go to once I get out. I have friends but they still use drugs. I've come to a point in life where I want my life back. I want what I dreamed of as a child and the only way I'll get that is to stop using drugs, make new friends, deal with my hurt from my past and maybe even find my soul mate. Until then I'll do my jail time, get some help in here, work my life out and stay on the methadone.

*Lisa*



*Chris Ubu*

# USER'S NEWS No 57

## Outing Yourself!



Have you ever had to tell your family, partner or close friends that you use drugs?

Was it a good idea?

Could you have done it better?

What were the consequences?

**So come out of the closet and write your story to *User's News*! (Anonymously, of course...)**

**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](mailto:usersnews@nuaa.org.au)

Don't forget to send us your contact information!

# What are your problems? with *Ida Bigge-Hitte*



Dear Ida,

*I have been on Subutex for about six months now. I was initially taking my dose under my tongue, like they say to, however in the past few months I have really gotten into injecting it. Around the place I inject I have noticed a hard lump. What is this? Also a couple of times after I've injected bupe, I've had a massive headache and have been a bit shaky... In a few weeks my clinic is changing everyone on Subutex over to Suboxone. How will this affect me?*

**From Bupe Boy**

## **Dear Bupe Boy,**

Both Subutex and Suboxone are intended as sublingually administered drugs. This means they were made to be dissolved under your tongue. This said, many people still inject both Subutex and Suboxone. One of the problems associated with injecting either Subutex or Suboxone, is that these tablets (like other tablets) contain binders and fillers, often with substances such as cornflower or talc, to bind them together, so it is really important to filter out these substances. The best way to filter any pill intended for injection is with a wheel filters (also known as a pill filter). Wheel filters will remove particles which are too small to be filtered through cotton wool. Some wheel filters even have the ability to filter out bacteria. Filtering bacteria is especially important if the bupe you're injecting has ever been in your mouth. The human mouth is one of the most bacteria heavy places in the human body and by injecting bupe which has been in your mouth (without properly filtering it), you are introducing bacteria directly into the body, bypassing the body's natural defense systems. This can result in a "dirty shot", which can make you very sick. This may explain why after injecting bupe you sometimes have a banging headache and feel a bit shaky.

Another reason why you may feel shaky after injecting bupe is that one of the pharmacological effects of bupe is to attach to the body opioid receptors and to evict any other opioids which are also attached to the receptor. When this happens the body goes into a withdrawal state called "precipitated withdrawal". If you are only using

bupe, this won't be an issue, however if you are using any other opioid substance, you need to wait until you go into "active withdrawal" (when you feel really sick), before either dosing or injecting bupe. The length of time this takes depends on what opioid you've taken; as little as four to six hours for heroin or over 24 hours for methadone (other opioids are in between).

Many pharmacotherapy clinics have begun to dose with Suboxone rather than Subutex. This is because Suboxone is seen as a deterrent to injecting as it naloxone together with the buprenorphine in the same tablet. (Subutex only contains buprenorphine.) Naloxone is the drug which is administered to people who have overdosed on opioids. Naloxone works by very quickly reversing the effects of opioids. Naloxone is only effective if injected, not if taken under the tongue. If you have any opioids in your system before you inject Suboxone, the naloxone will reverse the effects of these opioids and will make you feel very unwell. However, if you have only been injecting Suboxone and haven't been injecting any opioids, you are highly unlikely to feel any discernible ill effect from injecting Suboxone and it will be just the same as injecting Subutex. However, it is hoped that people will be able to get more take-aways with Suboxone than with Subutex eventually, as it has a low overdose risk and a low sell-on (diversion) risk.

As for the lump in your arm, if there is any swelling or redness, or sensitivity to the touch, you may have an injecting related abscess. Abscesses can develop when bacteria is introduced into the body or when a mixture is not filtered properly and foreign particles remain in the body. To avoid developing abscesses or any injecting related infections, remember to swab before injecting, always use a new sharp to inject with, filter any pills with a wheel filter and change your injecting site every time you inject. You will need antibiotics to treat an abscess and it is important not to inject into or near the abscess until it has fully healed. In Sydney you can access the Kirketon Road Clinic in Kings Cross for free treatment.

If you need more information, contact NUAA on 1800 644 413 or (02) 8354 7351.

## *Eating Well on a Tight Budget*

In the current climate of global economic uncertainty, many people have been tightening their belts. Is it still possible to eat well, enjoy what you eat and still have money left for other necessities on a really tight budget?

Adopting a few simple strategies and possibly altering a few of your grocery purchasing habits might mean that you are able to squeeze more into your shopping trolley whilst paying less at the checkout.

Like most things, the cost of food is influenced by a broad range of factors. Things such as the price of petrol (fuel to transport food from suppliers to the place of purchase), the weather (too much or not enough rain or sunshine effects how much can be grown), workers wages and stores paying higher rent are just some of the things that influence how much we pay for food products.

Fortunately there are ways to avoid these increases and in fact, over recent times the cost of some foods has actually gone down. Many take-away foods, cakes, biscuits and restaurant foods have got more expensive whilst things like vegetables, tea, coffee, many fruits and some processed meats have gone down in price.

### **Top tips to help reduce your food bill include:**

- **Avoid purchasing at convenience stores.**  
(Prices at these stores are generally much more than at a grocery store or food market.)
- **Try store brand products.**  
Generic brands like You'll Love Coles, Black and Gold, HomeBrand etc. are often very similar in quality and taste to that of more expensive brands.
- **Make your own meals.**  
For example if you are making a pasta or salad you will get much more for your money if you purchase the ingredients separately than if you buy pre-packaged or pre-made meals (you could even make extra and eat as leftovers the next day).

- **Write yourself a shopping list AND stick to it.**  
It is much easier to be tempted to buy things you don't need or that are expensive if you do not have a list to guide you.

- **Use up left-overs.**  
If you don't want to eat the exact same meal again jazz it up by adding new ingredients or spices, serving with a side salad or cooked pasta or rice.

- **Purchase fresh fruit and vegetables in season.**  
Choose tinned varieties of your favourite fruit or vegetable when they are out of season (e.g. tinned peaches in juice during winter).

- **Buy local produce.**

- **Stock up on some of these cheap long-life ingredients:**

Canned fish, rice, frozen vegetables, dried noodles and pasta, dried beans and lentils, tinned beans (such as baked beans), canned vegetable soup, tinned fruit and vegetables, custard powder, powdered milk, and eggs.

The advantage of choosing long-life products is that there is often little waste if you don't use it all in one go. Many of these items can be kept for quite long periods with no change to flavour or nutrition. Purchase extra items when they are on special and keep them in your cupboard until required.

If you're curious to find out more jump onto the net and check out [www.grocerychoice.com.au](http://www.grocerychoice.com.au) This website is updated once a month and tells you the cheapest place to shop in your area as well as giving you heaps of hints on how to pick-up bargains.

*Megan Gayford*

If you would like to see a Dietitian (free of charge) please contact the Albion St Nutrition Division for an appointment on (02) 9332 9600, or at the clinic at 150-154 Albion St Surry Hills.

# Easy, Healthy and Inexpensive Recipes

These recipes all make rather large batches (4-6 servings per recipe). Using up leftovers is a great way to save both money and time. Freeze what's left for times that you don't feel like cooking, eat leftovers for lunch or dinner the following day, share meals with family or friends (they could return the favour on another day) or cut the recipe quantity in half to make a smaller batch.

## Two-Minute Noodle Omelette

These omelettes are great served hot or cold.

### Ingredients

- 2 packets of 2 minute noodles
- 2 cups mushrooms, sliced
- 1 tablespoon of oil
- 1/3 cup diced ham
- 6 spring onions, finely chopped
- 1/2 cup grated carrot
- 1/2 cup finely chopped cabbage
- 6 eggs, beaten

### Method

1. Cook noodles, as per packet instructions. Drain and allow to cool.
2. Heat a frypan and cook the mushrooms with a dash of oil.
3. Place the noodles, mushrooms, ham, onions, carrot, egg and cabbage in a bowl. Mix well.
4. Heat oil in frying pan
1. Add spoonfuls of the mixture to the hot oiled pan. Cook each side until golden brown.

Serve with a side salad.

## Potato Frittata

This recipe is vegetarian but you can easily add some cooked chicken or canned tuna if you like.

### Ingredients

- 5 medium sized potatoes, diced
- 1 tablespoon oil
- 1 onion, chopped
- 1 red capsicum
- 3 cloves of garlic (fresh or from a jar)
- 8 eggs
- 1/2 cup milk
- 1 teaspoon chicken stock powder
- 1 cup cheese, grated
- Pepper

### Method

1. Preheat oven to 180 C
2. Cook potatoes in microwave or boil on stove top until they are just soft enough to prick with a fork.
3. Heat oil in large frying pan. Add onion, capsicum, garlic and potatoes. Cook for 15 minutes or until the capsicum and onions are soft.
4. In a large bowl mix the eggs, milk, stock powder and pepper together.
5. Pour the egg mixture into the frying pan evenly.
6. Sprinkle the cheese over the top.
7. Place frying pan in the oven for about 20mins until the egg is set and golden.

Serve with a side salad.

## Easy Peezy Bread and Butter Pudding

This is a good way to use up any stale bread you might otherwise have to throw away.

### Ingredients

- 8 slices of bread
- Margarine spread
- 1/2 cup sultanas
- 3 tablespoons of sugar (caster sugar is best)
- 1 1/2 cups milk
- 4 eggs
- Cinnamon
- 1 teaspoon vanilla essence

### Method

1. Spread bread with a thin layer of margarine
2. Cut bread into triangles
3. Lay 1/3 of the bread in the base of a baking dish. Sprinkle half the sultanas, 1 tablespoon of sugar and a sprinkle of cinnamon over the bread.
4. Repeat the above step to create a layer.
5. Place the remaining bread on top of the layers.
6. In a separate bowl beat the eggs and milk together. Pour milk mixture over the bread layers.
7. Cook for about 35 mins, until the pudding has set and is golden brown.

Serve with fresh or tinned fruit or just enjoy on its own.

## Help Lines

### **ACON – AIDS Council of NSW**

1800 063 060  
Sydney callers: 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 callers: 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 callers: 9332 1599  
www.hepatitisc.org.au  
Mon - Fri 9am - 5pm  
Info, support and referral to anyone affected. Call-backs and messages offered outside hours. Email questions answered.

### **HIV/AIDS Infoline**

1800 451 600  
Sydney callers: 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 callers: 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 callers: 9515 5030  
Support & advocacy for people of non English speaking background living with HIV/AIDS, using bilingual/bicultural co-workers.

### **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.  
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 callers: 9331 6000  
Welfare & counseling. 24hrs

### **SWOP – Sex Workers Outreach Project**

1800 622 902  
Sydney callers: 9319 4866  
Health, legal, employment, safety, counseling & education for people working in the sex industry.

## Self-help & Complaints

### **NA – Narcotics Anonymous**

(02) 9519 6200  
Peer support for those seeking a drug-free lifestyle.  
24 hr number 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 callers: 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

### **Women's Information & Referral Service**

1800 817 227  
**Anti-discrimination Board of NSW**  
1800 670 812  
Sydney callers: 9268 5555  
Mon - Fri 9am - 5pm

### **Health Care Complaints Commission**

1800 043 159  
Discrimination, privacy & breaches of confidentiality in the health sector.

### **NSW Ombudsman**

1800 451 524  
Sydney callers: 9286 1000  
Investigates complaints against the decisions and actions of local government and NSW police.

## 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 or  
(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.

### **ASK! - Advice Service Knowledge**

(02) 8383 6629  
A free fortnightly legal service for Youth, run by the Ted Noff's Foundation (Randwick & South Sydney) in Partnership with TNF & Mallesons and Stephen Jaques Lawyers.

# Medical Services

**Aboriginal Medical Service, Redfern**  
 (02) 9319 5823

**Albion Street Centre, Surry Hills**  
 1 800 451 600 or (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 Darlinghurst. 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.

**The Buttery, Bangalow**  
 Ph: (02) 6687 1111

**Corella Lodge, Prairiewood**  
 Ph: (02) 9616 8800

**Detour House, Glebe**  
 Ph: (02) 9660 4137

**Gorman House Detox, Darlinghurst**  
 Ph: (02) 9361 8080 /  
 (02) 9361 8082

**Hadleigh Lodge, Leura**  
 Ph: (02) 4782 7392

**Herbert St Clinic, St Leonards**  
 Ph: (02) 9926 7276

**Inpatient Treatment Unit, Ward 64, Concord Hospital**  
 Ph: (02) 9767 8600

**Jarrah House, Maroubra**  
 Ph: (02) 9661 6555

**Kathleen York House, Glebe**  
 for women and girls  
 Ph: (02) 9660 5818

**Kedesh House, Berkeley**  
 Ph: (02) 4271 2606

**Lakeview, Belmont**  
 Ph: 4923 2060

**Lorna House, Wallsend**  
 Ph: (02) 4921 1825

**Langton Centre, Surry Hills** (via Sydney Hospital selective process only)  
 Ph: (02) 9332 8777

**Lyndon Withdrawal Unit, Orange**  
 Ph: (02) 6362 5444

**Meridian Clinic, Kogarah**  
 Ph: (02) 9350 2944

**Miracle Haven Bridge Program, Morrisset**  
 Ph: (02) 4973 1495 /  
 (02) 4973 1644

**Nepean Hospital, Penrith**  
 Ph: (02) 4734 1333

**Northside Clinic, Greenwich**  
 Ph: (02) 9433 3555

**O'Connor House, Wagga Wagga**  
 Ph: (02) 69254744

**Odyssey House, Eagle Vale**  
 Ph: (02) 9820 9999

**Orana Outpatient Withdrawal Management Service, Wollongong**  
 Ph: (02) 4254 2700

**Palm Court, Concord Hospital**  
 Ph: (02) 9767 8640

**Phoebe House, Banksia**  
 Ph: (02) 9567 7302

**Phoenix Unit, Manly**  
 Ph: (02) 9976 4200

**Riverlands Drug & Alcohol Centre, Lismore**  
 Ph: (02) 6620 7612

**St. John of God, Burwood**  
 Ph: (02) 9747 5611 or  
 1300 656 273

**St. John of God, North Richmond**  
 Ph.: (02) 4588 5088 or  
 1800 808 339

**The Salvation Army Bridge Program, Nowra**  
 Ph: (02) 4422 4604

**South Pacific Private Hospital, Curl Curl**  
 Ph: 1800 063 332

**The Sydney Clinic, Bronte**  
 Ph: (02) 9389 8888

**The Ted Noffs Foundation, Randwick**  
 Ph: (02) 9310 0133 or  
 1800 151 045

**The Ted Noffs Foundation, ACT**  
 Ph: (02) 6123 2400

**The Ted Noffs Foundation, Coffs Harbour**  
 Ph: (02) 6651 7177

**The Ted Noffs Foundation, Dubbo**  
 Ph: (02) 6887 3332

**WHOS - We Help Ourselves, Redfern**  
 Ph: (02) 9318 2980

**WHOS - We Help Ourselves, Cessnock**  
 Ph: (02) 4991 7000

**William Booth Institute, Surry Hills**  
 Ph: (02) 9212 2322

**Wollongong Crisis Centre, Berkeley**  
 Ph: (02) 4272 3000

This list includes detoxes, rehabs and counselling services.  
 This is not a comprehensive list. Ring ADIS on (02) 9361 8000 for more.

# Where to Get Fits

NSP Location	Daytime No	Alternative No	NSP Location	Daytime No	Alternative No
Albury	02 - 6058 1800		Mt Druitt	02 - 9881 1334	
Auburn Community Health	02 - 9646 2233	0408 4445 753	Murwillimbah / Tweed Valley	02 - 6670 9400	0429 919 889
Bankstown	02 - 9780 2777		Narooma	02 - 4476 2344	
Ballina	02 - 6620 6105	0428 406 829	Newcastle / Hunter	02 - 4923 6056	0438 928 719
Bateman's Bay	02 - 4475 5162		Nimbin	02 - 6689 1500	
Bathurst	02 - 6330 5677		Nowra	02 - 4424 6300	
Bega	02 - 6492 9620	02 - 6492 9125	Orange	02 - 6392 8600	
Blacktown	02 - 9831 4037	1800 255 244	Parramatta	02 - 9687 5326	
Bowral	02 - 4861 8000		Penrith / St Marys	1800 354 589	
Broken Hill	08 - 8080 1556	08 - 8080 1333	Port Kembla	02 - 4275 1529	
Byron Bay	02 - 6639 6635	0428 - 406 829	Port Macquarie	02 - 6588 2750	
Camden	02 - 4629 1082		Queanbeyan	02 - 6298 9233	
Campbelltown MMU	02 - 4634 4177		Redfern (REPIDU)	02 - 9699 6188	0419 801 997
Canterbury (Repidu)	02 - 9718 2636		Ryde / Hornsby	02 - 9858 7955	0411 166 671
Coffs Harbour	02 - 6656 7934	02 - 6656 7000	St George	02 - 9113 2943	0412 479 201
Cooma	02 - 6455 3201		St Leonards - Herbert St Clinic	02 - 9926 7414	
Dubbo	02 - 6885 1700		Surry Hills - Albion St Centre	02 - 9332 1090	
Goulburn S.East	02 - 4827 3913		Surry Hills - ACON	02 - 9206 2052	
Grafton	02 - 6640 2229		Surry Hills - NUAA	02 - 8354 7300	
Gosford Hospital	02 - 4320 2753		Sutherland	02 - 9522 1046	0411 404 907
Hornsby	02 - 9858 7955	0411 166 671	Sydney CBD	02 - 9382 7440	
Jindabyne	02 - 6457 2074		Tamworth	02 - 6766 2626	02 - 6767 7435
Katoomba / Blue Mountains	02 - 4782 2133		Taree	02 - 6592 9315	
Kempsey	02 - 6562 6066		Tumut	02 - 6947 1811	
Kings Cross KRC	02 - 9360 2766	02 - 9357 1299	Tweed Heads	07 - 5506 7556	
Lismore	02 - 6622 2222	0417 489 516	Wagga	02 - 6938 6411	
Lismore - Shades	02 - 6620 2980		Windsor	02 - 4560 5714	
Liverpool	02 - 9616 4810	02 - 9616 4809	Wollongong	02 - 4275 1529	0411 408 726
Long Jetty	02 - 4336 7760		Woy Woy Hospital	02 - 4344 8472	
Manly / Northern Beaches	02 - 9977 2666		Wyong Hospital	02 - 4394 8298	
Merrylands	02 - 9682 9801		Wyong Community Centre	02 - 4356 9370	
Moree	02 - 6757 0222	02 - 6757 3651	Yass	02 - 6226 3833	
Moruya	02 - 4474 1561		Young	02 - 6382 1522	

This is not a comprehensive list. If you can't contact the number above 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.

## SUSAN'S STORY

"Back at school drugs were so alien to me," says Susan. But things changed at Uni. "I didn't start using because of something terrible. I just remember someone saying 'you should try this'. It was a mixture of cocaine and heroin. And I liked it."

Susan used recreationally for about 2 years without incident. Then one day she began to feel sick. Really sick. "I'd wake up and have no idea of what was happening, it was like I was hanging out."

She found it increasingly difficult to continue her studies, and a friend suggested a program she might want to go on. "I didn't really know what I was asking for – and no one told me," Susan says. "I just went in and filled out some forms."

That was nearly 15 years ago. These days Susan is pretty comfortable with her treatment. Yet to this day she says, "Never once was I asked 'what are you trying to get out of your treatment?' Do you want to come down? Do you want to change anything? Do you know the side effects? You really need to ask these things."

*I Hear People in  
the Queue.  
So many are  
Confused.  
- Susan -  
Reinfern*

Everyone's story is different.

To know more about opiate dependency treatment options ask your healthcare provider for an Options Pack or visit

[www.mytreatmentmychoice.com.au](http://www.mytreatmentmychoice.com.au)



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  
except 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**

Inmates, please give MIN number:.....

Name: .....

Address:.....

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

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

Email:.....

I want to be emailed NUAA's monthly newsletters.

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 activities. 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.