USER'S NEWS #70

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Spring Break

editorial

Drug treatment is a comparatively new medical field. It was not always the case that drug use was considered a medical problem. And while it is true that there are some negative side effects from using drugs, many may be attributed to the aggressive criminalisation of drug use. The cost of black market drugs probably leads to more property crime than would otherwise occur if many were available in a regulated way. While moving drug use from a criminal to a medical model is a step forward, it also has drawbacks.

As medical approaches to dependence have developed over the years, they have been influenced by the illicit aspect of much drug use. If drug users are literally criminals by definition, then the structure around traditional drug treatment has also been largely punitive. Substitution "therapy" is less therapeutic and more punitive, for example. Generally speaking, when a client makes some kind of 'mistake' in this model, they are punished. For example – missing your dose more than once in a row – for whatever reason – often results in a punishment of losing take aways. There may have been therapeutic decision making at some point but by the time the client hears of it, it is not a therapeutic decision arrived at in consultation but a blanket policy.

Unfortunately services for helping users manage their drug use have grown almost exclusively around a 'treatment' model which, for the most part, emphasises reduction of use towards some degree of abstinence and which are highly unresponsive to user needs. Many rehabs in particular begin from the premise that users need to be told what to do for their own good. Not many say this outright, but it is usually the service's way or the highway. This may well be effective if the service aims and your own truly align but too often we find ourselves caught up in services that do not recognise the complex relationships we have with drugs in anything but a negative light. This stems in part from the unconsciously held maxim that a person dependent on a drug is not capable of thinking, let alone acting objectively about the drug. It is not true that one cannot make decisions about drug use. It is sometimes difficult, yes, but decisions can be made with clarity while using. We are always making decisions about drug use, but they might not be ones others or even we ourselves always agree with!

Rehabs in particular tend to be run along discipline and punish lines on the assumption that all drug users have lived a life without consequences or without penalties applied. My contention is that we live with consequences on a daily basis, and far from running from these we have no choice but to deal with them. Surely utilising this reality in therapy is not so difficult that a whole arbitrary system of rules need to be put in place? This is not to say, for instance, that treatment centres do not need rules, just that there must be a different way to elicit "good behaviour" than imposing discipline and punishment. Services must do better at harnessing the resilience and experience that we have.

Hopefully, a new, more open and respectful approach that understands the difference and range of experience that people entering treatment really have can result from greater consumer engagement. As Tarn writes in her piece about the CHANGE project in this month's edition, consumer engagement is about making services better and more effective for both clients and staff. It is clear from her interview that Dr Ezard understands this concept and is looking to apply it in her work, and it is fair to say that NUAA has met many excellent service providers who see the need for a more open dialogue. The fact is that many users have done more detoxes than they have had hot dinners and know more about how their body deals with drugs than anyone. That is not to drop health professionals out of the treatment picture altogether but users could and should be consulted more about their treatment and their goals for treatment, than they currently are. Some of us might just be looking for a Spring Break.

Sione Crawford

Breaking News

Goodbye Gideon

Gideon Warhaft, editor of User's News for six years, has moved on to pastures new. All here at NUAA and User's News wish the heartiest good wishes and good luck to Gideon and his family.

It is fair to say that Gideon bestrode the NUAA corridors with inimitable style. His commitment and passion for drug law reform and the rights of people who inject drugs were vocally and clearly expressed in numerous media interviews and appearances over the years.

His strident beliefs were always well argued and Gideon always brought a clarity of thought and expression to his twenty-two (at least) editorials. Gideon was able always to express the complex issues and themes of the magazine clearly through these editorials and to provoke thought and discussion.

As with all good editors Gideon stamped a personal style onto User's News without losing sight of the purpose of the magazine – to be a magazine owned and written by people who use drugs. Gideon instituted a slick look without losing touch with User's News 'zine style roots.

In a world of uncertainty and marginalisation, User's News under Gideon's custodianship came out every three months like clockwork. User's stories were consistently the majority of the magazine. Gideon instituted regular writing workshops to work with people to hone their stories as well.

Gideon was also of course an excellent sub-editor, putting the finishing touches onto every piece and advising contributors clearly on how to make their piece stand out and stand up.

User's News consistently runs out at most of the outlets it is available from simply because it is not only the voice for NSW users but because it is a good product. It is hard to overestimate just how important Gideon's attention to detail and fanatical unwillingness to compromise has been to ensuring User's News is the quality magazine we have today.

They don't make 'em like Gideon anymore and NUAA will truly never be the same again without his presence.

From all here at NUAA, thank you Gideon and farewell.

As with many programs at NUAA, Gideon was part of a chain of custodianship for the magazine. Stephen Wye passed onto Gideon, who has been able to pass the baton onto Mathew Bates temporarily and now to Leah McLeod, our new editor and communications coordinator. As we bid a fond farewell to Gideon Warhaft, we likewise welcome warmly Leah to carry on the important work of giving people who inject drugs a forum to express themselves.

Sione Crawford

Naltrexone Implants linked to unnecessary deaths

"Extremely inadequate staffing, nurses with almost no training or supervision, patient care relegated to a very low priority. Those were the appalling conditions in place at a drug detox clinic in Sydney which was the subject of a damning coroner's finding today.

Three patients died after being treated with the controversial anti-heroin drug Naltrexone at the private clinic. Families and drug experts are tonight calling for urgent action to ensure there are no more needless deaths."

So begins the ABC's 7.30 report piece. The report goes on to quote **Dr Alex Wodak:**
"How they are allowed to be used for routine purposes in several states in this country beats me. It goes against all the normal regulations and I think the only explanation I can understand is that this is allowed in this case because they're "only" drug addicts."

Breaking News (continued)

Gino Vumbaca, who heads up the Federal Government's advisory body the ANCD states that:
"For Naltrexone implants, this has gone on far too long, many years, thousands of people with implants. We need to start to have a system in place to actually test the efficacy and the safety of these implants before they're continually used."

Naltrexone was once trumpeted as a "wonder cure." As with all "silver bullet" solutions this one is not all it seems. The implant version is doubly dangerous. In the first place, the implant version, which has not been approved by the Australian medicines standards body, the TGA (Therapeutic Goods Administration), is surgically inserted under the skin. This can lead to serious complications if infection sets in. In addition NUAA members have seen instances of people who were so desperate to remove the implant that they took a knife to themselves.

Secondly, even when the 3-day detox and/or the implants "succeed" at emptying a body of opioids, it has been found that especially without clinical and counselling care, a person is at higher risk of overdose, due to tolerance to opioids being removed completely.

Upsettingly, this issue of tolerance levels dropping and contributing to OD deaths has been documented before in an NDARC paper and in the Medical Journal of Australia.

With proper supervision these risks may be lowered but the NSW coroner stated:

It appears that a patient only had to present at the clinic to be enthusiastically recommended for rapid opioid detoxification, no matter what their history or situation, without alternatives being discussed or considered or any information given out of the risks involved."

Were this killing nearly anyone except drug users, there would surely be more media coverage than this.

The ABC 7.30 Report

DOCTORS are calling for a trial of safe injecting rooms in Footscray, VIC to prevent overdoses and the spread of blood-borne diseases

For the first time, the state branch of the peak doctors' organisation, the Australian Medical Association announced a formal position on the issue.

State president Dr Stephen Parnis said an injecting room would save lives and help stop people needing to use on the street.

"Safe injecting rooms are proven to have the capacity to reduce the number of deaths from drug overdose, reduce ambulance call-outs and hospital admissions, improve patient outcomes and improve public order," he said.

Western Region Health Centre chief executive Lyn Morgain said it was a necessary public health measure, which could help stop the spread of hepatitis C and HIV.

"(The centre) would support an analysis of the suitability of such a facility in the western region," Ms Morgain said.

Victorian Alcohol and Drug Association chief executive Sam Biondo called on the State Government to start a discussion on supervised injecting centres.

"If there are a lot of heroin overdoses in Footscray, surely it would be considered an ideal place where discussion of these facilities should occur," he said.

Maribyrnong is the third highest municipality in Vicotira for heroin overdoses behind Yarra and Melbourne.

Unfortunately, despite this and ample evidence that they benefit the community, Victorian Community Services Minister Mary Wooldridge restated the Government's opposition to the proposal.

Maribyrnong Leader

Dear Ed...

Dear User's News

I am nearing 60 and have been a drug user since 1970, when I was 14. A lot of friends and associates have died over the years and in the last few I have lost several close friends due to liver disease and hep C.

I'm just waiting for my turn, as my liver aches and sometimes I get mild stabbing pains.

I know it's just a matter of time.

And I'm sorry to go on with it, but we all know how absolutely ridiculous the drug laws are. I can't help but feel that if we had been able to get quality drugs in correct amounts and I'd been able to get clean needles all along, many of my friends would be alive and I wouldn't be sitting here waiting for my turn.

I think Drug Prohibition is a huge industry and legalisation would lose a lot of people their jobs. It's easier for politicians to stick with the status quo.

So all you druggies out there be proud: you are the pillars that hold society up!

Yours, J.J

Ed: *As you say, sterile injecting equipment was not available before the late 80s and they also didn't know about hep C for sure back then either so there is a large number of people who are hep C positive who are now entering a phase of life where liver disease is really biting.*

The good news now is that fibroscans are fairly easy and can help with liver assessments painlessly and the hep C treatments are not only much better but are improving.

Even with fairly advanced liver disease hep C treatment can be worth doing, if your life is in a place to support it. At least it can stop further damage occurring. Sometimes we feel pains like you describe and they are not actually our liver at all but referred pain. The best thing though is to get to a doctor and have it all checked out.

Dear User's News.

In reply to one "concerned" reader regarding methadone prices varying from town to town.

I reckon it should be one mandatory price everywhere and there should always be a free option for those in strife.

For me it's better to buy, I find. Many people including me, who don't want to use anymore tend to go to private pharmacies to reduce chances of "reconnecting". For me it pays to pay.

But I do live in a small town and to get it for free I'd have to travel 30 minutes each way to the clinic. Without a car that's impossible. So I currently go to the chemist.

But I was thinking that like with everything, the more you buy the cheaper it should get. If you pay up front for a month, you should get like fly buys – a reward for your effort.

Thanks, C

Ed: *It's true – life would be much easier for all of us on pharmacotherapy if the private costs were the same across the board. But because chemists and private pharmacotherapy clinics are private enterprise, the government are not able to mandate maximum prices on any of their products.*

But they do provide the pharmacotherapy to the dosers and subsidise it that way.

Chemists and clinics will say that they keep the cost as low as possible but that the cost of doing business is different everywhere and prices might reflect that.

As for the monthly up-front payment – that would be great – and even better if we could get that many takeaway doses! This is possible on Suboxone but still not common.

Letters to the Editor

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Obituary

Saving Daniel

My son and only child Daniel died on a Sunday morning in January this year as the result of an accidental heroin overdose. He died alone in my car in Blackheath, across the road from his dealer's house. He knew the risks of injecting but it seems that morning he simply became complacent. He had been to a party the night before, catching up with old school friends he had not seen for a long time, had a few beers and a great time. At 7:30am after being up all night, he told his lady he was just going to the hospital to get dosed and would be back in 15 minutes. Instead, it seems he had a trigger and turned left onto the Great Western Highway heading to Blackheath. Not only did he use *after* consuming alcohol but he used alone, both potentially dangerous things to do. It was an error of judgement which was to cost him his life. He was just 28.

Daniel had been a user for about nine years. His dad and I discovered his habit about seven years ago after some very strange behaviour started happening at home. I was not to know at the time, but the next seven years would be life-changing and in many ways the most extraordinary journey for all of us. When I realised Dan was injecting hard drugs, I did not know what to do or where to turn. A counsellor friend who was unable to help gave me a few phone numbers. The one that stood out was Family Drug Support. The name said it all and that was what I needed. The first time I called their help line I was told about their support meetings and asked if I would like any information sent out. I can say that as a very distressed mother, hearing that calm voice on the end of the phone was like a breath of fresh air. Here was someone I could talk to confidentially and, most importantly, who understood. Over the following months we went to support meetings and discovered that we were not alone, that there were so many families in crisis and despair, desperately wanting to support their loved one but simply not knowing how to do it. We did the Stepping Stones course and learned many important things like the stages of change that Dan might go through and that we, as his parents, might go through too. We learned that there are no rights or wrongs and that relapse is pretty normal, but that in order to survive as a family we had to set boundaries, with clear communication about consequences if those boundaries were not adhered to. The years passed and there were many ups and downs. It wasn't easy, but somewhere along the way we learned not to be afraid of our son's drug use. We learned not to be judgmental but to trust and respect and just got on with as normal a family life as possible.

I knew about the health risks of sharing needles and I actively encouraged Dan to make sure he used new needles. I remember driving him to the NSP in Redfern to pick up clean equipment one day. This is how I first came into contact with *User's News*. This particular day Dan was in a bad way and suddenly started talking about wanting to get onto methadone. I had no idea how to go about this so I asked the girl at the NSP and she put a copy of *User's News* in front of me and said all the contact information was in the back. She said we could use the phone out the back too. We rang around a few places and finally found a vacancy after much drama but were told we had to have a doctor's referral. Our stars must have been aligned that day because we managed to get into a medical centre, get the referral, get back to the clinic and get things moving so he could be dosed before close of business because there was a big New Year's holiday break coming up. Anyway, after that Daniel used to bring home the occasional *User's New*s for me to read and honestly, I devoured the stories and information because I wanted to learn everything I possibly could about heroin and how other users managed their lives. I found the magazine interesting so I decided to fill in the back page and subscribe and have been receiving my copy by mail ever since! It has been an amazingly informative magazine, not only for the user but also for me, the mother.

On one of his trips to Sydney from the Blue Mountains, Daniel decided to visit NUAA. This resulted in his doing a couple of volunteer days in the office. He then volunteered to take part in a trial hep C program. He used to

travel to Kingswood for it. He came home one day talking enthusiastically about plans for a possible outreach program in Katoomba where we live and he said there might be an opportunity for him to be involved in it.

Realistically, Daniel may not have eventually led an entirely drug-free life, but the tragedy of his death is that he was changing; he was head-over-heels about his new girl and at last had a part-time job in the mountains he loved, working with animals for a really supportive boss; he had goals and was talking positively about going back to more study (he already had a bachelor degree). He had never looked better; he just needed a bit more time. He did not have many possessions because he had hocked most of his stuff but to his credit he did not have a criminal record and thanks to the harm minimisation we supported him in practising, he never contracted hep C. Daniel was an intelligent, caring and generous young man and he deserved to be treated with respect and dignity. We loved him unconditionally.

Judy Smith

Dan

NUAA has a peer participation program in which peers who are interested in NUAA and the work we do can enrol and begin to participate in our programs and work. It was through Dan's involvement in this program that most of us here at NUAA came to know Daniel.

Dan had in fact been involved in peer educator training undertaken by AIVL, our national organisation, in western Sydney. During this he met our PeerLink worker at the time, Jeffrey, who told him about the peer participation program. That Daniel made the trek into Surry Hills regularly to be involved was often remarked upon as being quite amazing to us. Like all of us he had his ups and downs and I'd like to think that at NUAA he found a place where there were some people who understood, as peers, some of these ups and downs.

When the news about Dan came filtering through, thanks to a call from his mum, all of us who knew him were saddened that such a sweet person had gone. We are glad we were able to be a part of his life and he be a part of ours.

Goodbye Dan.

NUAA

Illustration: Glenn Smith

War Stories Are Wearing Thin

You know what? I am so sick of the way most people speak about drugs. When you listen to a user who has been through rehab talk about drugs, it's like they were the worst junky on earth, the baddest person ever who never had any fun or enjoyed drugs at all.

I won't say that using is always a picnic, but I for one am in a place where using is not a life-destroying activity! In fact if I have a problem with drugs, it's that they have become kind of banal. Look, I use every second day – about a hundred each time. I also eat two or three meals a day, pay the rent on a nice flat with my partner, pay the bills more or less on time, travel regularly overseas and around Australia and generally see my family and friends regularly.

On the other hand, I have no savings and often get in the red financially. But then, who doesn't?

I know I'm quite lucky overall, and that many people do it really tough. But I also know loads of people who basically get along. I know plenty of parents whose kids have everything they need and more, despite their parents using.

Many of the negative side-effects of using – hanging out, stealing, being debt-ridden – are direct consequences of their high cost. Drugs are super-expensive because they are illegal. Organised crime is involved because there are massive profits to be made. People become isolated and lie to their family and friends because there is such a massive stigma to much drug use. People jump to conclusions as soon as you admit to using drugs. Some of us sometimes have to do awful things in pursuit of drugs; but many, many of us do not. Apart from buying and selling drugs, I have broken the law fewer than five times as a result of my drug-using lifestyle: I stole from a few cafés I worked at many years ago. Nothing to be proud of, but hardly Sydney's most wanted junky either.

Stopping using can be really hard, but it can be done – and I have done it – without locking yourself away for years, being treated like a child and made to feel guilty about every bit of fun you've ever had with drugs. I love it when people who haven't used for a year or two lecture me. I quit for many, many years and frankly did not find it all that hard. Yes, I started using again; but I can say categorically that, in my case, not overdramatising the thing made it easier. And before anyone asks, I was not a dabbler and I did not stop after only a few months. I was many, many years in and putting away a couple of hundred a day, but I still managed to stop – with assistance, but at home.

My favourite thing is when people say "it's just the addict talking" when I mention taking pleasure from drug use. From my perspective, if you never enjoyed drugs then how did you get a habit?

After the years I have spent using and the many years I have spent not using, I can say that life is certainly easier when not using. But I also firmly believe that most of the terrible things people lay at the door of drugs can be attributed to their criminalisation. If they didn't cost so much, if people were not so demonised for using them, then your average user could actually get by without life being impossible. That's why methadone and bupe work, after all: because they are affordable, not because some doctor is "treating" you.

Using drugs is often untenable in this world. It's difficult to afford drugs when you become dependent and it's likely you'd lose your job if you got found out. But I also think, seriously, that we don't think about using in perspective. When we enter treatment or detox we are usually desperate. We will take nearly any help that is thrown to us at this point. Once there, we are usually encouraged to "open up" and find the cause of this illness. It then becomes something that is not of us but something to be got rid of, something to blame. Drug use goes from something that we do to something that is almost done to us – something we have no control over.

To me, this is mostly because the dominant way of thinking about drug use is as a pathology, as something aber-

rant and wrong. It is a "disorder": a term vague enough to encompass both dependence (a physical fact for sure) and the things we do to avoid being sick from this dependence. This can be packaged and medicalised as "addiction." Once doctors get involved then cures, research and definitions become central. A profession grew up around it and before you know it there is a whole medical field dedicated to it. This wouldn't be so bad if not for the basic underlying assumption of so much work: that drug use is wrong and people want to stop. Where is the work researching functional users? (We fucking exist!) What are the circumstances that prompt people to take drugs? How many negative side-effects can be put down to the cost of drugs and the law?

Instead of exploring this, instead of examining the part that society plays in drug use, instead of asking what responsibility society must take and what it must do to change, we seem to focus only on the terrible deeds of the individual, what that individual must do to atone for these mistakes, what responsibility that individual has to make change.

I believe in individual responsibility. I believe there are lines one must not cross. I also know from twenty years' experience that these lines are easier to adhere to when one is not hanging out. I know that substitution makes it easier to not do desperate things for drugs; I believe this only shows that it's not the drug that causes the intrinsic problems but the way society deals with the drug.

So when people say things like "heroin ruined my life" or "I was a slave to drugs," I know what they mean but I simply can't agree. The way I see it, their life was ruined by an arbitrary decision made years ago about which drug is legal and which is illegal.

Too often I feel that we seek treatment not for actual drug use, but for the negative consequences arising from the fact that drug use is illegal. We are seeking treatment, at least in part, for society itself. And that, my friends, is gonna need more than a stint in detox.

Jack

Illustration: Anthony Sawrey

User's Story

Out Of Control In Control

If you're going to do something, do it well. That's what Mum always said.

I have come to the conclusion that the best possible method by which to enjoy ice is the binge. It allows the body time to heal itself. Using continuously over a long period lessens the impact; even increasing doses left me wanting for that intense high in the early stages of using. The only way to get that feeling back was to dry out and come up with a better method. I decided very early on that injecting for me was more economical, more immediate and longer lasting.

The pleasure I get from using ice is the best I have experienced in drug highs. I made the decision I was not going to forgo that high unless I could find a good enough reason; I couldn't. It was a serious step to take, deciding to continue using in this way, and I had to take a serious look at the way I had handled addiction in the past to ensure I didn't go down the path of destruction that I had before. As we all know, this drug can be really addictive and there's a darn good reason for that: it's a brilliant high! If you can do it properly – by which I mean control yourself and have mechanisms in place in case you don't – then it is well worth investigating. I have had some of the most intensely creative and joyous experiences of my life on this drug and as dangerous as it is, the risk was well worth it. I have found it is a risk that can be minimised if you stay strong and stick to the boundaries that you set yourself.

For me, the intense pleasure accompanying this high is definitely connected with the wildly out-of-control sense you attain. Paradoxically though, you need a huge amount of control to maintain it as a part of your lifestyle. It was only through trial and much error that I finally gained that control myself. On average I use once every six weeks; the binge usually lasting four days. That's how it works for me but we're all different; what I believe we all have in common though is the need for support in controlling our drug use; enabling safer, happier times. Having supportive friends; be they users or not, is an essential factor for me.

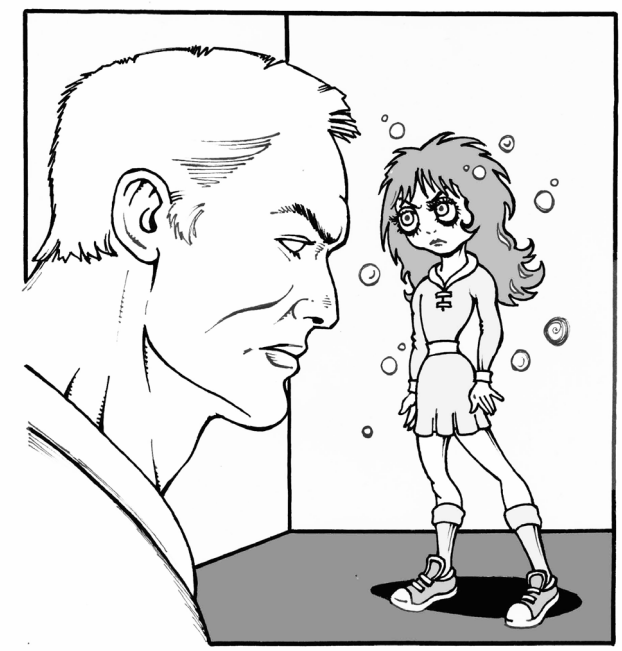
Taking control of the stigma attached to this type of drug use is also important. Having made such decisions to use, there are always others who will have you believe you have made the wrong ones. To be frank, when many others see a controlled drug user, they can become abusive because they do not have the control to be one themselves. I think these are the personality types that either go under while abusing their drugs or deny themselves that pleasure for their entire lives because they cannot work out how to manage it in a controlled way. I can imagine how very frustrating that would be and it makes their attitude more understandable. But beware: dirt is usually dished from close range and from unexpected places and I have found reformed users are the quickest to the dishing. I write this in an attempt to show these people that it is possible to be controlled and that it is a choice.

Observing the world through a blinding high is a sensation I will never give up. It's a different view; it enables different choices; lends itself to expanding the way we live, the way we place ourselves in the world. My first binge, like my first love, is one I will always remember fondly; cherishing that seed that set me on the path to further exploration. Indulging in this way has had a very positive effect on my life. I am generally disorganised and unfocused. The effects of this drug – and the critical need to control it – actually turned my life around.

The misinformation surrounding the use of this drug puts many in fear. I was very lucky to have a friend, Gary, who kept me out of danger; he also minimised my fear by debunking much misinformation. For example: the notion of crystal psychosis. I was led to believe it was the drug itself that caused this condition, the symptoms of which include hallucinations, disorientation, panic attacks, cold sweats, hysteria and paranoia. These symptoms, however, are caused by sleep deprivation which could be the result of any stimulant; yet it is methamphetamine that is demonised through this misconception.

Sleep deprivation causes neurotransmitters in the brain to lose sensitivity. At that point that sleep is essential to allow them to repair. I can now enjoy some of these

sleep-deprivation symptoms knowing that they are not permanent and I am not going crazy. My hallucinations are mostly sound-based and I have enjoyed many a concert being given by an air conditioner or a desk lamp. My first sight hallucination was quite frightening, only because I was not aware that the nasty little girl with curly black hair who was following me around was actually a hallucination. It was at this point that Gary steered me home. The little girl followed along behind; Gary had the good sense to put her in a cab and send her home. He knew exactly how I was going to react; he gave me a couple of Valium and told me that I was to go straight to bed the moment he left the house. He added that I would probably be tempted to get up and start cleaning as those visual hallucinations make everything look so dirty. He was spot on. I went to take a piss before heading for the bedroom but spent a good four hours cleaning the bathroom. Understanding now that this is a hallucination has certainly stopped me wasting my high on cleaning; although I enjoyed every minute of it at the time: the washing machine was doing a wonderful performance of the Ring Cycle. These aural hallucinations had me well and truly deceived on quite a few occasions.



Indulging on a binge with my boyfriend Tom, in deep conversation for over an hour, I was staggered by the level of understanding that was taking place: complex philosophical ideas were being exchanged! I was given a rude awakening when I realised that he had lapsed into speaking his native language of Thai; in fact for the rest of the weekend he lost his ability to speak English altogether. I had been having this conversation with myself; god only knows what his conversation was about.

It is very important to recognise the time to call it quits and get some sleep. I think it makes sense to take medication to ensure this. If you don't sleep, or happen to wake up too early, there is the danger of going on auto-pilot: lights on, no-one home. That is when one can get into trouble, cause damage to ourselves and others. This is what is happening to those people I have seen on the street; one young man in the middle of Bourke Street naked, in his mind he seemed very much at home enjoying a bath and shaving his legs. Others I have seen masturbating and all manner of things that they are very much aware of doing – it is where they are doing it that they are not aware. These are the people I have had pointed out to me as examples of crystal psychosis. If only these people had had a good friend and the information available to them that I had. This phenomenon is the final symptom in the breakdown of those fragile little neurons. I have experienced it as a time warp of sorts and have only allowed it to happen twice because of the severe lapse in mind/body sense that occurs. Fortunately both times was with Tom in the comfort of our home. This is where I recognised the danger and that this symptom had to become a sign that it was time to knock myself out. Nonetheless the experiences were quite incredible and hysterically funny. I was just lucky that they were contained.

Illustration: Bodine

Out Of Control **In Control** (continued)

The first time had me feeling rather like Endora from Bewitched; it seemed like I would blink and suddenly be in a totally different situation, wearing different clothes, engaging in different activities. Sometimes I was in the process of answering a question, but in no way aware of what the question was or why I was saying these words. I liken it to time-lapse photography. The neurotransmitters are breaking down and the brain is not able to keep up. So while I am playing dress-ups and acting the goat, my mind is still back watching a movie. Suddenly the neurons reconnect and leap forward to real time. Endora got bored with the movie, twitched her nose and voila! Upstairs in the wardrobe department. An amazing sensation but you can see how it really should be avoided; this level of "out of control" could never be safely managed.

The last time it occurred could have put me in harm or even locked up. Let's just say Tom and I were engaging in an activity which necessitated a steady rhythm of a jerking nature. In the middle of this activity I decided that we were dehydrated. I leapt up and headed for the fridge. As I opened the fridge door the whole building suddenly started to shake. Hurled across the kitchen, I held on tight to the sink. My mind was still experiencing the aforementioned rhythmic movement, it hadn't caught up to the fact I had stopped to fetch refreshment. We live on the first floor of a high-rise and I was convinced if we didn't get out we would perish when the building collapsed. I grabbed a very baffled Tom and screamed: "We've got to get out of here, earthquake!". Before I realised it, we had rushed downstairs (wouldn't want to get trapped in the lift) in a panic exclaiming to the security guy on the door. I suddenly realised, both of us standing there naked, what had actually happened. Not an earthquake, just a scrambled brain. Then, not unlike Basil Fawlty, my exclamations of "Earthquake! Earthquake!" suddenly changed to polite bowing and backing away repeating: "All okay, all okay, no earthquake, all fine. Thank you." A very funny time but one that could have had dire consequences.

Not long after we met, Tom was stopped by police on the street and subsequently jailed: two months of agony for us both. Tom suffered hugely; he was put in such fear and to what end?

Now we make sure that we have everything we need and do not venture outdoors. Scoring is still a big risk; one which I now take upon myself. I am far less likely to be targeted because I am older.

Laws must to be changed with regard to users. That conservative element in the community, a bigoted attitude that has even taken hold of some within the drug-taking community has real changes in the law a long way off. How does one go about changing these attitudes? The only thing I feel empowered to do is to stand up and try to point out the misconceptions which cause this unwarranted stigma and all of the negative outcomes that this stigma triggers. Is showing people that there are responsible users going to change the mind-set of those bent on zero tolerance? Not at all. But it is important for users to stick together and help each other with information and thereby minimise the abuse suffered by many under this unfair system that is clearly not working for us or for the wider community. This magazine is a great way for drug users to form more of a community so as to protect one another. Once again it was my good friend Gary who only recently made me aware of it - I had no idea that we had such a great service available. The stigma I felt as a user had caused me to isolate myself. I see now that was a mistake. That is the desired outcome of the stigma that has been attached to drug use: to isolate users and thereby lend support to that unfair conservative element; seemingly insurmountable but ultimately flawed by its brazen inequity.

Without a friend like Gary – someone I trusted, who doesn't judge, someone who looked out for me and kept me safe – I hate to think where I would be right now. Maintaining this part of my life would not have been possible without his support as a friend and the education he gave me that led to happier and safer drug taking. A big part of that education was accepting that there was nothing morally wrong with what I was doing.

Keep safe and keep enjoying yourself.

Jefferson

The Customer Is Always Right?

• NUAA's Consumer • Participation Project

Three years ago, *User's News* published an article from the National Centre in HIV Social Research (NCHSR) on how important consumer participation is in drug treatment.

The article was based on a study of people undertaking drug treatment, including pharmacotherapy, rehab, detox and drug counselling. The study came up with some worrying statistics: fewer than a fifth of surveyed consumers had a choice in their treatment worker. About 21 per cent of participants knew about the complaints process for pharmacotherapy. Only a third had taken part in a review of their service. A little over half had taken part in formulating their most recent treatment plan.

When someone with diabetes comes to see a specialist for treatment, the two of them work out a plan together. This exercise program is right for some, that treatment routine is better for others. Don't like the treadmill? How about yoga. So why has the idea taken so long to come to drug treatment programs?

Many of us who are on 'done or bupe are all too used to being pushed around, and having our voices and ideas ignored. There are many great services out there who treat their clients with consideration, but there are many who treat consumers with disrespect.

Well, that's not good enough. We are consumers of a health service. And many of us paying customers. In any other business, customers can vote with their feet. If the staff at the local milk bar are rude and over-charge for their goods, you go across the road.

Of course, it's not that simple for drug treatment. In many places in NSW, services are the only ones for miles. But they *are* answerable to their funders. Today organisations require the involvement of their clients in order to stay accredited. Little by little, the idea of Consumer Participation – a part of most other service-based medical model for ages – is entering the drug treatment field.

The idea is simple: the more people are able to participate in how their treatment is designed, the more satisfied with it they are likely to be. The more satisfied people are with treatment, the more effective it should be.

Consumer participation benefits all: organisations can ensure they are best practice and ensure funding; treatment programs can learn about the effects of their services and operate more efficiently; staff can help create a better working environment for all; and clients can be heard and know the service is there for us.

There is a bigger issue at stake: consumers are human beings with legitimate rights. We are individuals who are able to make informed, rational, responsible decisions if we have appropriate information and involvement..

Consumer Participation is "the process of involving health consumers in decision making about health service planning, policy development, setting priorities and quality issues in the delivery of health services."

We are building on important work by NCHSR and AIVL. We're partnering with three services: a dosing clinic in metropolitan Sydney, a regional dosing clinic and a therapeutic community. We're working with consumers and staff to see how services work with their clients, to look at the strengths and the gaps in participation, and to train staff and consumers to work with each other. Once we've undertaken this, we'll make monthly visits to each service to give support to everyone taking part in the project.

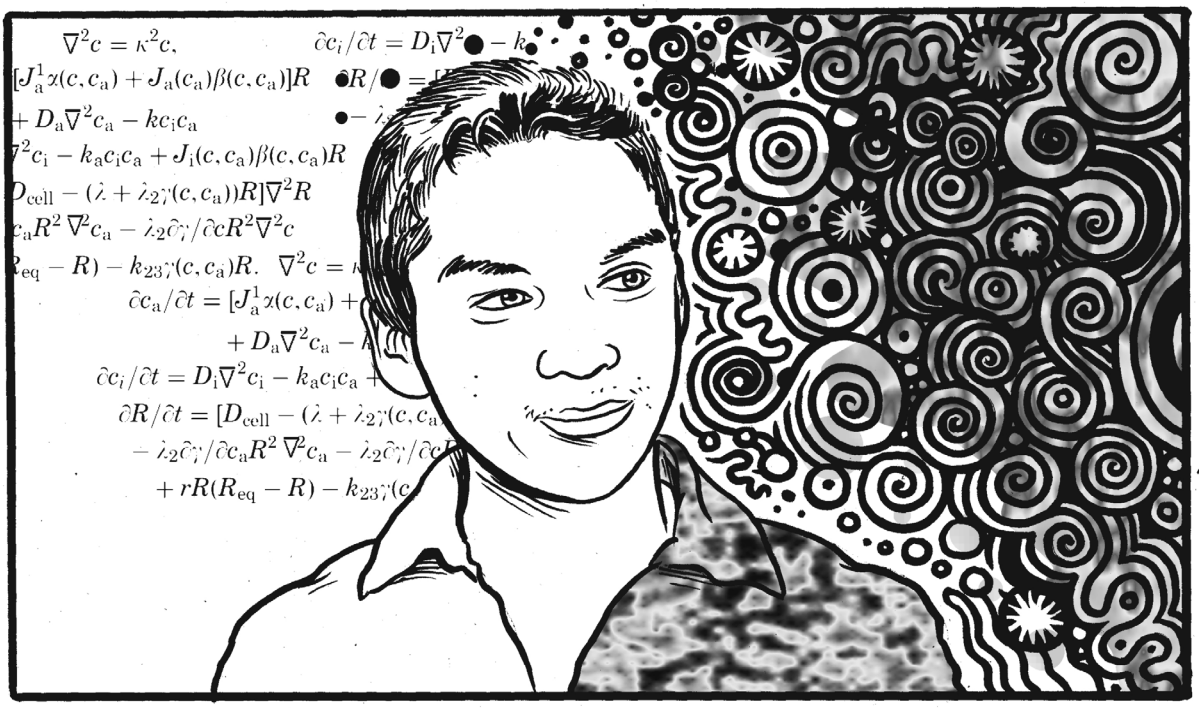
We have funding from the NSW Ministry of Health's Mental Health Drug and Alcohol Office and the NCHSR is evaluating the project.

We are calling it CHANGE, because positive change is what Consumer Participation is about and it's what many services, and clients, need.

Tarnia Thompson is a Community Programs Worker at NUAA and runs its Consumer Participation project

User's Story

The Escapist



Everything seems to spin around in high school. The floor shakes and the roof slowly creeps down towards you, making the place feel a little smaller each day. Brick walls tumble and torment as angst filled individuals express their hostilities towards each other. Conscience heavy, we take and take. Boys use iron fists while girls use their silver tongues, leaving one person restless while another one crumbles.

Almost all platforms of media from radio to television to magazines cram our minds full of Rihannas and Justin Biebers to give us an unrealistic perspective of success. 'When you grow up you want to be this person' is the underlying message. Our teachers and parents apply pressure on us to ensure the unravelling of a successful future. They keep us on a steady course towards living lives that they have already lived before we get a chance to choose ours. The progress of our society depends on it – so they say.

There are ways to survive and for me life was all about escaping. One tool for survival that is readily available for a price is drugs. I eventually discovered these with a little help from some fellow pupils who I met in the toilets.

At school I would take regular breaks from class to assist in the maintenance of my sanity. During my maths class I noticed I spent more time staring at myself in the bathroom mirror than actually learning how many times you can multiply a letter of the alphabet to answer a mathematical equation. I have to admit though that not all the time spent in the bathroom was wasted. The bathroom was where I conducted my personal studies - such as inspecting the progression of my facial hair. Other times I simply washed my hands over and over and over again.

I met the 'enablers' in the boys' toilets about half an hour before lunch break. I didn't pay them any attention as I assumed they didn't desire any. I walked to the middle

Illustration: Glenn Smith

sink. There were three of them standing in the corner. One was using his phone – possibly pretending to text an imaginary friend. One watched my reflection in the mirror as I watched his. He had a stare that resembled a cobra. The one on the right carried a small seal-lock sandwich bag full of mushrooms. He removed one. I looked down, turned the handle on the cold tap and hit the button on the liquid soap dispenser. I stared down at my hands as I moved the soap suds between my fingers when the cobra hissed. "I think your hands are clean, bro. You got OCD or something?" The others laughed. I looked up at his reflection in the mirror. Before I could respond, he took his attention from the mobile phone and placed it on me. "Yeah man, you need to loosen up". I turned to face the paper hand towel dispenser and slowly walked towards it and removed three from the silver box. As I wiped the water from my hands I decided to voice my response. "And how do you suggest I do that?" They were students for now, but soon they were to become my teachers.

I did not have to wait long before my question was answered. My 'teachers' educated me in the art of mental openness, abysmal emotions and all round spine-tingling freakiness. A small, round, brownish grey object was placed in my hand. It tasted like athlete's foot and made my stomach feel like it was eating itself. The young men and I stood around, talking. I explained to them my real reason for being in the bathroom and how I made over a dozen daily visits. They informed me of their distaste towards the institution they had been admitted to. It turns out that these boys lived their lives in a constant battle against the ruling figure they called 'the man' and refused to conform. I now felt quite sick, like I had eaten too much fast food. I took myself outside for a stroll around the school grounds to pass some time.

It was then that I experienced an explosion of sensory overload. It was like kaboom! I was full on hallucinating - the walls turned orange, the grass was purple and hamburgers were eating people. All things in life that were previously deemed insurmountable suddenly became so insignificant they could barely qualify as obstacles. I realised that I had spent the last few years of my life staring at a locked door and my new friends had just handed me a key. Silently and alone I thanked them for it.

This was the first and last time I took any form of mind-altering substance. One experience was all I required. From that day I was unstoppable. No one could touch me. No school bully, not even the prettiest girl in the class could do or say anything to faze me. I had a new outlook. I knew that, hey, high school is crappy and life as a teenager is crappier but it doesn't last forever. In comparison with the infiniteness of the universe, it barely lasts a moment.

David Clark – 17 turning 18

Editor's note

Well it's not often we get stories about this time of life. Thanks for sending this in.

Many people start using drugs in their late teens and it is just a shame that there is not more education at school so people know what they are getting into a little bit more. Most people who experiment don't continue to use when they are older. Those that do should be armed with harm reduction knowledge, especially around blood borne viruses. Most people who are hep C positive become so within 18 months of their first injection.

If any young people you know start using, let them know about our website and about harm reduction.

Dangerous Liaisons Fentanyl Facts

Recently, a lot of people have been talking about fentanyl. Fentanyl is a powerful synthetic opiate and is classed as a strong agonist or superagonist.

Fentanyl has approximately 100 times the potency of morphine. For this reason it is measured in micrograms instead of milligrams (a microgram being 1000 times smaller than a milligram). Fentanyl is highly lipid (fat) soluble, unlike morphine. This means that it acts very quickly once inside the body and is expelled from the body swiftly when compared to morphine. This is one of the reasons that it has a high overdose potential. Fentanyl has a half life of between three and seven hours.

Fentanyl is used in pre- and post- operative surgery as an injectable solution. It is also used to treat chronic pain as a patch, the most common in Australia marketed under the trade name Durogesic®. If you have a pain relief patch and you aren't sure what is in it, check the packaging for the active ingredient or consult the MIMS catalogue, which is also available online.

Durogesic patches come in five strengths, from 12 micrograms per hour to 100 micrograms per hour. The patches are a little smaller than a business card (the size depends on the strength) and look like a piece of sticky tape, with a plastic backing (like a sticker) that has the brand name and the strength printed on it. When applied to the skin, the patches last for three days. The number written on the patch (100, 75, 50, 25 or 12.5) refers to the amount of fentanyl the patch releases in one hour.

There is a large amount of fentanyl in each Durogesic® patch. The total amount is shown on the pouch in which the patch comes or on the medication box. For example, a 50 microgram Durogesic® patch has 8.4 milligrams of fentanyl in it. That is the equivalent of around 840 milligrams of morphine! This makes the possibility of overdose when injecting patches high, especially if you are not properly informed. It must also be noted that patches retain some of their fentanyl even after three days of use on the skin so care must be taken with discarded patches. Best practice is to fold the used patch up with the adhesive side facing inwards . Dispose into a closed fit container to ensure no pets or kids can get near it!

Overdose

There is a high risk of overdose when injecting fentanyl extracted from Durogesic®. The overdose risk is due to the large amount of fentanyl in the patch coupled with the pharmacology of the opiate. The rapid onset of fentanyl (including sudden respiratory depression) and its potency means that there is a small difference between a therapeutic and a potentially fatal dose. Novices often mix up the entire patch and inject it in a single hit because they think that a 100mcg patch has 100mcg of fentanyl in it. In fact, the patch contains the equivalent of around 1680 milligrams of morphine. The risk in these miscalculations is devastating. Overdose risk is increased because people extract fentanyl from many patches as powder and store it for later use. This causes several problems: firstly, you do not know how much you have extracted and how pure it is; secondly, micrograms are a thousand times smaller than a milligram, making them difficult to weigh accurately.

Another problem occurs when fentanyl is sold as heroin. We've heard anecdotes of such cases recently in smaller NSW communities, but for years there have been widespread overdose deaths in the US from people injecting heroin mixed, without their knowledge, with fentanyl. In 2006, it went over the top. Within six weeks in 2006, 20 people in Philadelphia died from fentanyl/heroin mixes. In Chicago, 30 people died around the same time; in Detroit, 79 fatalities were recorded in the space of a few months.

Safer Use

There are many ways of using fentanyl patches without injecting them. Obviously patches are designed to be stuck onto the skin where there are few hairs, such as the shoulder, upper thigh and lower back. Their effect can be amplified by warming the area where the patch is about to be placed. Some users of fentanyl chew it, some attach it to the inside of their mouth. Others cut patches into small strips, apply a strip to a cigarette and smoke it.

We strongly recommend against injecting fentanyl. There is no such thing as safely injecting it.

If you have decided that you want to risk it, make sure you know how much you are taking. The table below is designed as a guide as to how much fentanyl each patch strength has:

Patch Strength	Total Fentanyl in patch	ESTIMATED Morphine Equivalent	ESTIMATED number of 50mg morphine-equivalent doses per patch
12 microgram/hour	2.1 mg	210 mg	4
25 microgram/hour	4.2 mg	420 mg	8
50 microgram/hour	8.4 mg	840 mg	17
75 microgram/hour	12.6 mg	1260 mg	25
100 microgram/hour	16.8 mg	1680 mg	33

This is done by ***cutting the patch up into smaller portions*** so that you know how much your maximum dose is. By taking a patch, finding out the total fentanyl in it, then cutting the patch into pieces, you can help control your dosage. For example, a 50-microgram patch has 840 milligrams of morphine equivalent, so if you cut it evenly eight times, you have sixteen 50 milligram doses ***at the most*** (if you manage to extract 100 per cent of the fentanyl).

Remember the old saying: you can always take more, but you can't take less!

The Mix

The fentanyl in Durogesic® patches (the most commonly available preparation) is in the form of base fentanyl, which doesn't dissolve. Some people use lemon juice to dissolve the fentanyl – this is not recommended as this can cause fungus infections. It is safer to use pharmaceutical vitamin C (ascorbic acid) or citric; some people use white vinegar (acetic acid) diluted with water. If you are going to add any of these ingredients to fentanyl, you should use a wheel filter when possible. Never use fentanyl on your own, especially not when you are experimenting with this stuff. Make sure you have a good friend at hand who knows CPR and is willing to call the ambulance every time you use fentanyl.

A Note for Mates

If you have been asked and consent to being present when a friend is using fentanyl you should be aware of a few things. Fentanyl often makes people stop breathing. If this happens call an ambulance straight away and begin CPR. If you have naloxone (Narcan) and know how to use it then do. You need to keep a very close eye on your friend for the first half an hour or so after they have taken fentanyl as overdose can occur at any time. If they nod off, you may find that your friend doesn't even remember having the taste and may want to mix up again. Try and persuade them against this; at the very least, stall them. Repeated injecting increases the risk of overdose dramatically. They will find that the fentanyl will come back on shortly, as it tends to come in waves. People are often tempted to have more and more fentanyl. Make sure that your mate is cutting the patches into the appropriate size pieces and monitor their use as much as possible.

Chris

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Editor's note

Hey there. Remember this is about stopping people dying. There is a real OD risk with fentanyl and our peers have seen it. So seriously – make sure you don't inject alone. In fact it is one of few times we'd say – think about not injecting at all.

Secondly: we have had this checked by a doctor, but all the conversions are approximate and it is very difficult to accurately weigh fentanyl so be careful!