User's Story

Drying Out In The Cuckoo's Nest

As a young man in the middle of an intense hyper-manic episode and a habitual user of speed, heroin, alcohol and pot, I once found myself arrested and locked up at the now defunct Intensive Psychiatric Care Unit at Roselle, or IPCU. At the time it was the state's highest security psych ward, short of going to jail. I was taken into the IPCU after overdosing on smack and being revived by paramedics. I was on my last chance after absconding a number of times from a lower security hospital. What a way to dry out.

The IPCU was a nightmare and a godsend all at once. I arrived at night, was given something to help me sleep and then spent the rest of the night half awake in a large dormitory, steadily stoned again as the Narcan wore off, listening to the cries, whimpers and deranged night chatters around me.

7am: Rise and shower, supervised in an open plan washroom. Shaving, if allowed (not for self-harmers), involved being passed the scratchiest of government-issue razors to be used under the immediate supervision of an orderly/guard and then handed straight back. Blades, belts, shoelaces, glass; anything deemed an instrument of potential self-harm/suicide is banned in the IPCU. I've never since wanted a pair of Velcro sneakers.

7:30: The "Lolly Shop" opens and the patients, or inmates as we liked to think of ourselves, form a queue at the dispensary window. For the most part an eager collection of shaking, chattering, dribbling, staring, agitated and sedated odd-bods. Tea and coffee is available, and an assortment of over- and under-ripe fruit.

8 o'clock: Breakfast, and on the first morning, having not eaten since lunchtime the day before, I was starving. The food is pretty standard hospital/bulk catering food. Appetite encouraged by a heavy dose of sedatives, I hoed into a plate of powdered scrambled egg, mushy tomatoes and some kind of reconstituted bacon.

The days in IPCU were punctuated by cigarette breaks on the hour. These, like everything else in IPCU except going to the toilet, are directly supervised. The smoking area was also the exercise area, a fenced-in basketball court off to one side of the building. Smoke breaks were strictly limited to five minutes. Manic, I would shoot hoops and chain-smoke two cigarettes.

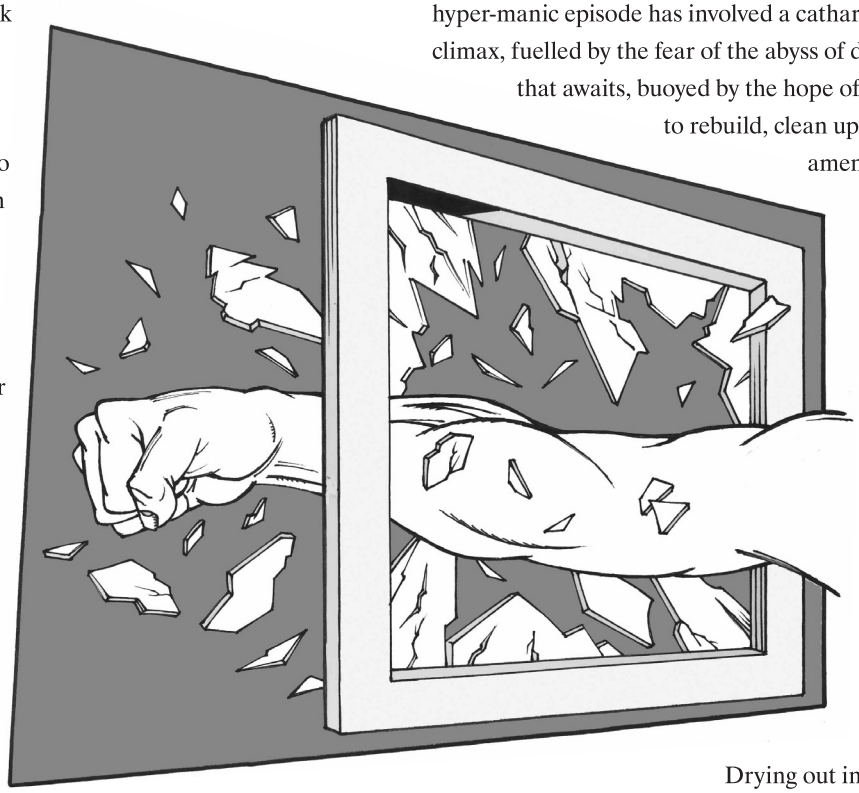
The rest of the time we could watch television, take shifts to choose a radio station or play our own music on the ward's little boom box, play ping-pong and a few other games. There was a dusty music room, which had become an unofficial storeroom with a dilapidated piano and an old guitar that a couple of the nurses were kind enough to let me and one of the other patients use.

My band mate was an alcoholic depressive former jazz pianist, a fine musician and an absolute gentleman. He accommodated my quite rudimentary playing extremely politely and seemed to enjoy the blues jams we had. He even encouraged me to play some of my original songs for him. One afternoon we played a concert of sorts for our fellow inmates. Halfway through a song one of the audience leapt to his feet without warning, raced out to the next room and, before anyone could stop him, crashed his fist through a window and dragged his arm back through the shards of glass left from the hole he'd punched. He was taken to casualty and that was the end of the music. When he returned a couple of days later he showed me some photos of the life he'd led before schizophrenia took over. They showed him with a beautiful girlfriend, an electric guitar and a motorcycle.

Manic, full of grandiose self-importance, paranoid and terrified, I felt kinda like Jack Nicholson in my own personal One Flew over the Cuckoo's Nest. With that in mind, and feeling that in the event of a fight I needed the most physically threatening ally available, I made it my business to befriend Berhanu, an enormous Ethiopian patient. We ran a monopoly on the ping-pong table; even though he was usually too sedated to hit the

ball before it went past him, Berhanu liked to try and never seemed to tire of it. This was fine by me as I had boundless energy and found sport in playing bowler and keeper in my own imaginary cross between table tennis and cricket. Hitting the ball to Berhanu and then running around the table to catch it, race back to my end of the table and go again. This would go on for a while, 'til my attention span moved on.

Berhanu didn't talk much. I wasn't sure why he was in there and didn't try to get too much conversation out of him at first; he had what seemed like a shocking speech impediment. After a couple of days, at meal time when I complained about the taste of something, Berhanu said he couldn't really taste it. He showed me what was left of his tongue: a short, rigid, bulbous lump of scar tissue. He explained that when he was small boy in Ethiopia, there was a civil war. Soldiers tortured him in front of his father, who they hoped would divulge information they wanted. They stubbed cigars out on Berhanu's tongue and eventually murdered his father in front of him. I didn't complain to Berhanu again and made it my job to get a laugh out of him each day.



Berhanu turned out to have a great sense of humour and a huge heart. Meeting him taught me to respect how very lucky I am to have come from a strong supportive family or just to have family and a sense of belonging at all.

A hyper-manic episode is a truly strange and frightening experience. When you're high you never, ever want to come down because when you do, you really, really crash – physically, mentally and emotionally. For me each hyper-manic episode has involved a cathartic emotional climax, fuelled by the fear of the abyss of depression that awaits, buoyed by the hope of opportunity to rebuild, clean up and make amends. Along the way to recovery that opportunity seems at times a gift, at other times a burden that is almost too much to bear, or sometimes just infinitely more difficult and ultimately less fun than being high.

Drying out in a psych ward was, pardon the pun, pretty crazy. But it really did put my drug use into perspective. Meeting Berhanu was one of the turning points in my life. I hope he's okay out there somewhere. Good luck to you, reader.

Sean

Illustration: Bodine

Article

Odyssey House: *A Self-Defined "Calm in the Sea of Addiction"*

Odyssey. Noun. *"A long and eventful or adventurous journey or experience"* (Oxford English Dictionary).

Since *User's News* is doing a rehab and detox edition I took the time to speak to some former residents of Odyssey House in order to bring their experience of the House to you.

Odyssey is a long-term program. In Sydney, the Program is run out near Campbelltown. The Admissions and Intake Centre (AIC) is in Surry Hills. They also run a detox unit, which is fourteen days long, with the option to continue on into the program.

The initial step to admission is a lengthy phone interview. They take clients on Drug Court, Home Detention, Bail, Bond, Parole and MERIT programs. An admission date is agreed to and you are told when to turn up and what to bring. You are limited to a small amount of clothing and one piece of jewellery. It does cost to enter but there is some flexibility. Run by residents, part of this "Therapeutic Community" is just that – by working in and running the place, a sense of ownership is imparted to the residents. At times this can be a challenge; you think, "who the fuck is another addict to tell me what to do?" But this is all part of learning how to deal with life. You will always find yourself in situations where a person in authority is some cretin who you don't respect. I spoke to some people who have undertaken the Odyssey program about their experiences and what benefits and drawbacks they encountered. Mark, Jo, and Simone shared their experiences.

Mark now lives interstate, is in a stable relationship and a new baby son. He also works full-time, owns a car, and is still in contact with his peers from the program. He describes life before doing Odyssey as his "world falling apart". He was transient, using speed and pot. He only had drug-using acquaintances. He stopped thinking it wasn't possible to change when he saw the success his older brother had doing the program. Mark had a challenging experience during his two years in the program.

Odyssey is centred around a system of stages: Assessment, Level One, Two and Three and Four, then Candidate-Out and finally Graduation. The Assessment stage typically runs for four to six weeks and includes some work, therapy groups, meetings, art therapy or woodwork sessions.

Mark entered reluctantly, but reasoned that there was no harm in at least trying it out. There were many challenges and at times he wanted to leave, but he also gained skills to express himself and talk about stuff that was going on for him. He had issues with aggression but in gaining confidence and expressing these feelings instead of bottling them up inside, he discovered skills that he utilises to this day.

The program has five basic "pillars" – Trust, Honesty, Responsibility, Concern and Love. Also there are four basic rules that all Odyssey House residents must follow: no alcohol or other drugs, no violence, no sex, no stealing.

People from all different worlds end up in Odyssey: legally mandated or voluntary admissions, families and children as well as singles; gay, bi, transgender or straight; young or old. Party drug users, stimulant users, poly-drug users, heroin users, prescription medication users and alcoholics are all in the House together, working for the same thing. The method of treatment, while still personalised and tailored for each individual, applies the same basic values and day-to-day processes for every resident. A structured, scheduled day (wake-up, meals, showers, work, studies *etc*.), therapy, talking about things as they come up for you, using the structure of the House and the tools given to you to get what you want and need. When you enter the House you are assigned a "buddy" to show you the ropes for the first few days. Once you have progressed out of the Assessment stage into Level One, your program really begins.

Jo is another former resident of Odyssey. Born in Windsor, as a child she went to eight different primary schools and suburbs finally settling in Parramatta from the ages of nine to 13. Jo had her first beer at 12 and was drinking heavily by the age of 15. Later in her teens she started using speed. By 26 she was drinking heavily, shooting up speed, battling bulimia and gambling. She decided to give rehabilitation a try.

On commencement of treatment, an intense confidential therapy session called a "probe" is held. If you are deemed suitable to do the program during your Assessment stage, a date is set, and one person from each of the four program levels and a staff member sit with you to listen to your life story. You start with your earliest memory and work your way through to the point that brought you to Odyssey. You are encouraged to leave nothing out. The probe team take notes of pertinent events and this information is used to help formulate your Treatment Plan at Odyssey.

Simone was a self-described "45kg wreck" who was "always chasing heroin" when she entered Odyssey at age 20. After being charged for a drug related offence, her dad paid her bail surety on condition of her undertaking treatment. Simone embarked upon a nine and a half month journey at Odyssey. Each stage has a "question" to answer, and Assessment's is "Can I behave myself?" Simone spent a long time in Assessment and had a lot of trouble answering this question. Once it is demonstrated that you can consistently and whole-heartedly answer your level-question, and are progressing in your therapy then you will move on to the next level.

These are the questions posed for residents at each stage:

Assessment Phase: "Can I behave myself?"

Level 1: "Can I use the tools of the House to negotiate for my needs?"

Level 2: "Can I be responsible for things?"

Level 3: "Can I demonstrate a responsible attitude towards others?"

Level 4: "Can I be responsible for myself?" (Re-entry stage of program)

Candidate Out: "Can I leave the protected environment of Odyssey House?"

Once you get to Level Three more responsibility is given to you. You formulate your own Treatment Plan, you work co-ordinating other people and delegate tasks. You also help counsel and "Check-in" (a chat where you can get stuff off your chest) with newer residents. You can also go out on "pass" with your peers to see movies, eat dinner, visit family etc. You can have more clothing; and can negotiate other things like music devices, your own toiletries, more phone calls, etc.

Level Four has more responsibility again, with a four month "Commitment" where you volunteer your time around the House. You can also move into a re-entry house with some peers and go out during the days. You are allowed a lot more freedom e.g. a mobile phone, to drive if you have a car, visit family and friends alone etc. You are re-integrating into society and continuing your therapy at the same time. You assist and support the Level Three residents with their job functions and therapy and provide feedback as to their progress each week.

Being at Odyssey reinforces consequences – every action you choose has them, and Odyssey's structure highlights this. A number of "consequences" can be incurred, like an "Awareness" which is tailored to the situation that surrounds it. Odyssey describes its own program as "rigorous". Jo initially stayed for five months before LAMA-ing (more Odyssey jargon: – "leaving against medical advice") and going straight to a pub in Minto – getting a drink before she'd even caught a train. She ended up returning to the House four years later for another six months and finally making it to Level Three. After taking a paracetamol for a headache without first asking she was discharged and left. Jo hasn't looked back and has managed to stay sober for the last six years. Simone says, "I love my life!" She is now on maintenance and works in the drug and alcohol field as a champion of Consumer Representation. She is engaged and has two girls with her long-term partner.

Mark's advice to those thinking about it is simple: have an open mind and be accepting of the program.

Simone says, "My advice has always remained the same: everyone is different. The programs available are similar in many ways and differ in the same amount. Just get all the information you can. Knowledge is power. The way to make a good decision is to make it an informed one."

Candice Gilford

User's Story

The Saga of Diarrhoea Boy

Back in 1998 I did a 'geographical' as they say in some circles, and moved to Toronto, Canada. Like most of North America, Toronto has major cocaine usage.

As I have always had a preference for opiates, I didn't regard coke as a threat and therefore saw no harm in smoking a '20-piece' of crack when it was offered to me. Cocaine never really 'put the lead in my pencil' drug wise, but when I exhaled that first hit of rock, I knew that this was an entirely new ball game. Ten minutes later, I was out on the street scoring another 20-piece.

Living in a neighbourhood that had the nickname 'Crackdale' didn't help my situation any as dealers were literally right outside my front door.

Six months later I had lost pretty much everything from 'sucking on the devil's dick' and was crashing on an ex-girlfriend's couch. So I started phoning a detox every day trying to get a bed. After about a week of doing this, they told me that there was a bed available but that I had to be there in an hour or risk losing it. So I torched one last 20-piece and grabbed a 40-ounce of malt liquor for the walk to detox.

There are a few subtle differences between detoxes in Australia and Canada. Very few people in Canada were there for heroin. Mainly, the patients were crack, oxycodone and alcohol users. Smack-heads were seen as exotic, old-fashioned creatures.

The smell was absolutely rancid. Like detoxes everywhere, there was the smell of detox farts. But there was also a sickly sweet stench thrown into the mix. I later discovered that this was from 'cookie foot' – an urban version of 'trench foot.' Some crack users would spend days, weeks walking from one end of the city to the other, doing whatever it took to keep the high going. Their shoes became soaked with sweat in summer and melted snow in winter, causing the skin on their feet to putrefy, resembling cookie dough.

The detox had a station where they would scrape off the pasty dead skin and this would fill the detox with the smell of sweet rot. Thankfully, for the first 72 hours detoxing off crack all I did was sleep.

During these three days a patient I nicknamed 'Diarrhoea Boy' hereafter known as DB was admitted. He earned this moniker because the he would insist on shitting with the door of the dunny wide open. Spectacular turds they were too, judging by the way he would screw up his face like he had been stabbed and grunt like a walrus.

We were in a ward of a large hospital and had the option of wearing civvies, but good ole DB chose to wear hospital robes; the thin cotton ones that lace up the back. He wore his robe sans underpants and when he curled up in the foetal position on his bed, two shiny pink balls covered with a greasy film of detox sweat glistened in between the buttocks of his filthy arse.

As his bed was the one right near the door, swell old DB made damn sure everyone got a good look at his moist nut sack.

My bed was next to his, so I heard all the comments as people passed him:

Man, detox is bad enough without that shit.
Looks like two wet, pink eggs.
Cover your filthy balls up!
Dirty fuckin' son-of-a-bitch.

I had been trying to remain positive during my stay, not wanting the grim reality of my situation to get the better of me and then DB comes along and fucks the whole thing up.

During the week I was there, several crazy incidents occurred ranging from the psychotic to the tragic. I understood their insanity and motivations no matter how warped. But to lie in bed with your sweat covered balls dangling out of your diarrhoea smock, groaning and crying like a demented child - that really put everyone on edge.

The last time I saw DB was in the TV room. I was shooting the shit with this Mexican kid, when DB comes smearing on in. The drink machine was just behind the kids' chair and DB bends over to peer into its depths.

Then, like a miracle of life, his loosely tied hospital gown squirrels opened. He punted the Mexican kid in the head with his protruding buttocks. The kid didn't know what it was at first, then DB bopped him again and the kid looked around to be met with DB's huge hairy arse – it was a welcome moment of hilarity when the kid got up and abused the hell out of him.

I guess if there is anything to learn from this saga, it is that you should always look on the bright side of life.

Arnold

Illustration: Anthony Sawrey

BUCKLE UP SPACE FANS FOR THE NEXT THRILLING INSTALMENT OF.....

TRASH GORDON


EEEEEEE
AAAAAAH!
THAT WAS CLOSE !!
LOOK! THERE'S. OUR SHIP
DE-TOXI
WE MADE IT!
DE-TOXI
ROOAAAR!!
OH TRASH. I NEVER WANT TO BE IN ADDICTION EVER. AGAIN
FEAR NOT DORIS I SHALL SET A COURSE TO THE NORMAL SYSTEM RIGHT AWAY
AND SO ANOTHER THRILLING ADVENTURE CONCLUDES. STAY TUNED FOR THE NEXT ELECTRIFYING PRESENTATION WHEN TRASH GORDON & DORIS BATTLE THE MORTGAGE BEAST & BOREDOM OGRE OF PLANET SUBURBS!!

Interview

Nadine Ezard on Services at St Vincent's

Dr Ezard is the successor to Dr Alex Wodak at St Vincent's in Darlinghurst. See the full interview on the website.

User's News: **You've recently just been appointed as the Clinical Director of Alcohol and Drug Services at St Vincent's Hospital**

Nadine Ezard: Yes. I'm originally from Victoria but I've been working for more than ten years mainly outside of Australia.

UN: **I know its early days, but how does your experience here compare to your clinical experience elsewhere?**

NE: I've been working mainly in developing countries. The resources here are extraordinary and the potential for the things that we can do are fantastic.

UN: **Are there any new medical or scientific initiatives in drug and alcohol treatment?**

NE: We were talking today about shifting the way we've been delivering services to more client-oriented approaches so that services are more accessible for people and perhaps meet their needs more. We need to understand more about what things are acting as barriers to accessing services. I'm not just talking about waiting lists – I'm talking about a number of things that people find unattractive about coming into various services. We need more of a range of services to offer to people so there are different things that people can try. And they need to be more accessible.

I think we're seeing a move away, just in terms of opiate substitution therapy to an acknowledgement of the need to provide a range of psycho-social services and psycho-social care – not just dosing and dispensing, which is just one aspect of the kind of interventions that can be offered to people that are evidence-based. There's plenty of scientific evidence that supports quality psycho-social care, not just methadone, buprenorphine or Suboxone.

We're getting a little bit more experience in the use of Dexamphetamine for psycho-stimulant users which seems to be helping people stabilise their lives. However, the trial is still officially in a pilot phase – so it's not actually a formal trial. Across the state, there are only nine people currently receiving Dexamphetamine. It's part of a stepped care model. The services being offered are mainly psycho-social and then for some people for whom everything else doesn't seem to be helping, they then might decide to try a Dexamphetamine prescription.

UN: **So psycho-social treatment happens before they access Dexamphetamine?**

NE: Yes they do counselling first. At St Vincent's the idea is that clients get good quality counselling so they see the same person and can develop a therapeutic relationship. And there are real efforts being made to match the service to what people want and what they need. We take peoples' desires much more into account than perhaps some of the more old fashioned type services.

UN: **What impact do you speculate that the Recovery movement might have on detox and rehab services in NSW?**

NE: That's a great question. We don't know yet what's going to happen. We're very concerned that this imported idea of Recovery from the US is going to undermine what we've traditionally called "harm reduction services." Australia was one of the leaders in harm reduction and substance use, and was well ahead of the rest of the world for the way it handled the HIV epidemic. I am concerned that there's going to be a shift towards abstinence-based models of care and a move away from public health approaches to substance use.

UN: **I wanted to ask you about abstinence-based models of therapy. From a purely medical standpoint, what are the disadvantages with abstinence-based therapy?**

NE: Don't get me wrong. Many people have moments when they decide that abstinence is their goal. And I certainly would support people in achieving that goal if that's what they decide. The problem is at policy level.

If you have a policy that focuses only on abstinence as an outcome, you don't look at the individual and community level harm that comes from substance use. For example, globally, we know that there are some parts of the world that are very affected by HIV transmission associated with injection drug use. We know in Australia we still have a huge problem of hep C transmission, particularly in prisons. These things can be stopped with a proper public health approach that looks at the harm related with that use rather than the use itself. We know that injection of many substances is not harmful in itself but the way it is done it can be harmful. We need to look at ways to make things much safer from a population health point of view. And that's the risk with focusing only on abstinence.

UN: **Many of our readers have talked about the difficulty in getting into detox and rehab programs in this state. There seem to be a lot of service gaps even in terms of getting information in certain areas of NSW. You ring numbers and it goes to a message bank. Maybe they get back to you, maybe they don't. Sometimes numbers are disconnected and you're redirected to switches or whatever. It feels kind of messy out there. Do you think there's a real problem with demand outstripping supply for treatment?**

NE: I was at a meeting last week where they were talking about this issue and how to streamline and make it easier to access services, in particular, the process of accessing information by telephones. We are trying to improve that process so that at local area level people can get assistance with the kind of services they need. I think the goodwill is actually there it's just we've got quite far to go to actually do that in a really effective way.

UN: **What would you regard as the most important advice Users' News can give to people who want to get their use under control?**

NE: Okay, there are two things I would recommend. The first is deciding if you want to get your use under control or you actually want to stop using altogether. The second is being aware of the different types of services that are available. So obviously you can seek no help or you can try and get some substances to assist with the symptoms of withdrawal, either through going to a GP or a specialist clinic as an out-patient (so you don't sleep the night there), or in a residential service as an in-patient. The decision for those three different kinds of services will depend on how well or sick you are. If you've got a lot of medical, health and social issues going on then you might need to go and stay somewhere. You also need to take heed of the substances that you're withdrawing from and the medical complications of the withdrawal itself. Alcohol and benzo withdrawal in particular should be inpatient settings because of complications like seizures. For most people with opiate dependence there's no medical reason to go to an inpatient facility, in terms of there being no acute threat to health. You may choose a residential detox because you want to be supported because you're so sick and you want to get away from wherever you're living or where you're living is not stable, or you've got domestic responsibilities that you won't be able to meet while you detox. Some facilities will give you medication to assist with your symptoms and some will not. The other problem with the way that services are set up in NSW is about what happens after you've withdrawn.

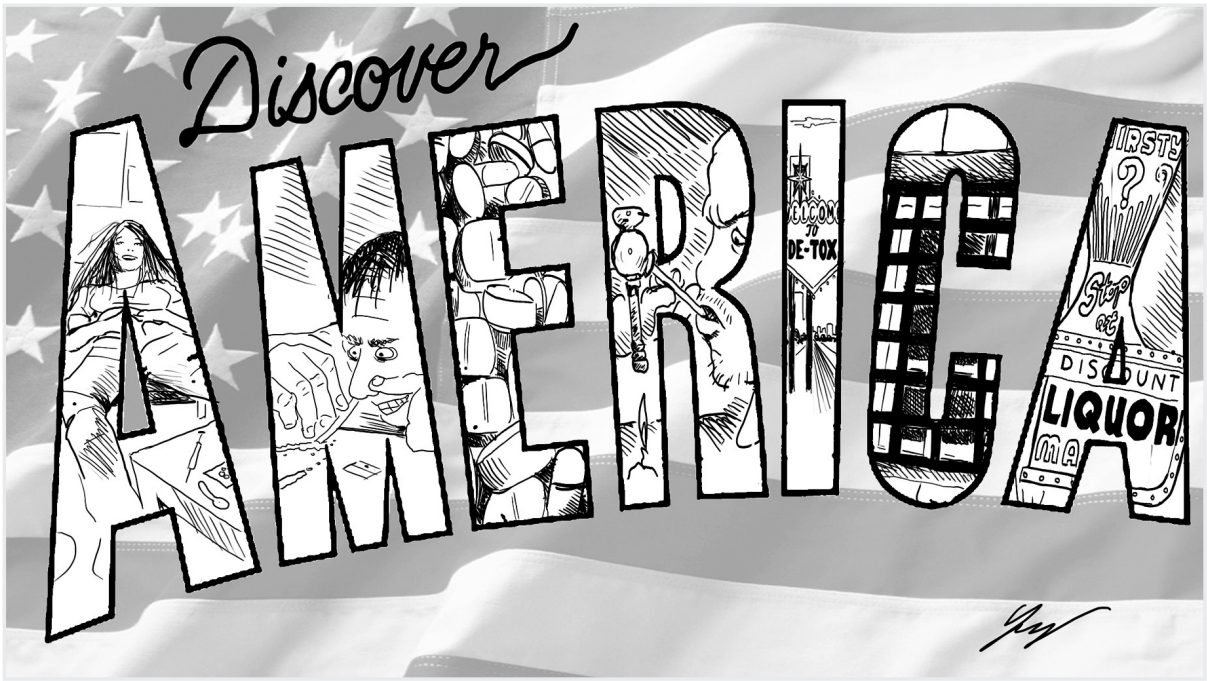
UN: So is there any advice that you, might want to give people who are thinking about stopping?

NE: Try it! If you don't achieve the goal that you set yourself, don't feel bad. One of the other problems is people say, "I want to stop," and then they don't achieve that goal and they feel bad about themselves again, particularly if there are self-esteem issues anyway. Just because you've tried once, twice, ten times, doesn't mean that you're not going to get there in the end.

UN: **Thanks so much for sharing your time Nadine. We wish you all the best in your new position.**

User's Story

REHAB: American Style



I married an American girl. I proposed to her in Australia, we had the wedding at Shelly Beach, Manly and reception at the Ritz in Sydney. We were both working and earning good money. After being married for a year, we decided to move to the United States: it was easier for me to apply and move to the States than for her to stay here.

We dabbled in heroin and cocaine, but quit them in order to move to America. I needed to see several doctors to get my American visa. I was only using prescription benzodiazepines.

We stayed in Ohio with my mother-in-law first. Then we moved to Portland, Oregon, spending the first night at a mate's unit. We were up high and I spotted the dealers surrounded by a ring of customers from the kitchen window. I got some heroin and cocaine and gave two bags of cocaine to my wife.

My wife had told me so many stories about her transactions with Mexican dealers, that the drugs were better quality and cheaper. She was right. The first shot I had was better than the best shot I had ever had in Australia. To my surprise, I nodded off. Next day I was put onto a good dealer. I'd just used the best drugs I ever had, but his gear was getting even better.

I started using every day but not much. I kept it a secret from my wife for about a week. When she found out she started snorting and whacking heroin and cocaine four times a week. It started off great – we had lots of money, we were both working, we had investments and life was good.

It started going bad about two years later. I began missing work and turning up late because I was chasing dealers. I was paid daily, so if I didn't work I didn't get paid. My wife and I started fighting because she was working full-time in 2½ jobs and money was starting to get tight.

It was cheaper to get heroin than it was to get onto the Methadone program. It cost $50 for the assessment and $20 a day to get your 'done. In comparison, 3-weights of cocaine were $15 a bag. Another problem was the gear was very dirty; "Black Tar" Mexican heroin causes a lot of abscesses. I was embarrassed by the look of my arms.

Illustration: Anthony Sawrey

Massachusetts and Oregon are the only two states with a state-run Methadone program. I was on the Alliance Methadone program a few times and I was always dosed at the clinic.

Eventually my wife told me, "We are not going to last if you continue to use heroin." (She didn't care about the cocaine.) She had gotten onto the Alliance program a month earlier. The next day I went to try and get into Hooper, the only detox in Oregon, but it was full. It's free for residents, but if you are from elsewhere it costs $7000. I asked around and found out you needed to be there before 4am to have a chance of getting in. I was out the front at 3:15am in the middle of winter. They won't take you if you have any opiates in your system, so I was freezing, vomiting, had cold sweats, tightness in my chest, my muscles were cracking and I felt paranoid. Most people camp out for three or more days outside the front door in their sleeping bags, hanging out, before they can get in. I was lucky; they liked Australians and I got in the next morning.

I filled in my details and spent about 45 minutes being strip-searched, asked questions and medicated. I still managed to get some drugs in. Clients are given a locker and an orange jumpsuit. There is one window on the downstairs floor so that otherwise you don't see the outdoors the whole time you're there. For the first week you are not allowed any communication with the outside world.

Every day we got up at 7am and went to the nurses' station for our tablets. Half an hour later we would set up for breakfast and eat. The food was good in there. We would then get acupuncture from volunteers and students doing work experience. They had me fully relaxing. Most of the day was spent smoking, talking, and playing dominoes and card games with the others. I made friends and lots of connections. I left there 21 days later detoxed.

It was a spin-out leaving; everything was so bright and strange. I walked home. My wife was asleep; she was surprised and extremely happy to see me. About four days later I scored, using one of my connections I made while in detox. I went back to using every day when I had the money. My wife knew, she wasn't happy about it, but she was using cocaine. About a year later I was arrested by the cops with a half-weight of heroin.

I was sent to Hooper again for two weeks, but this time I was incarcerated. When I came out I was placed on the drug court scheme. I didn't turn up on time and kept giving dirty urines, which is a breach in the court's eyes. I was sent to jail for 55 days. I couldn't stop using, so they imprisoned me to show me they were serious.

The court also hooked me up with nurses and they prescribed me buprenorphine, so I was lucky, not getting sick on the inside. I was in with convicted murderers and armed robbers, but I never saw a fight.

I'd never done jail before. Every day was the same: 22 hours in lock-down with one cellmate and no TV. We had two one-hour exercise sessions a day. We had to use these times to have a shower, have a hair cut, play poker or handball or basketball in the freezing weather. The cell door would open at meals and you had to grab your tray fill it with food and take it back to your cell to eat.

I would try to force myself to sleep to pass the time. I managed to get some drugs in, which helped. I got out of jail, but about four months later I was sent back a second time for five days.

After I got out of jail, my marriage started going downhill. My wife only did cocaine, which was OK in her eyes. She would punish me for using heroin by not giving me money, after I had spent all of my money on drugs for both of us. I started being sneaky and kept using. I couldn't stop because there was no affordable and accessible health care for me. So I came home to Australia and left my wife in the States.

My wife was very upset. I had been there for over four years. We are still married and in touch. We also have a pact: if we are still both alone when we get to 40, I will bring her over here so we can be together again.

Daniel

Research Review

Individual-level syringe coverage among Needle and Syringe Program attendees in Australia

Iversen, Topp, Wand, Maher

We all know blood-borne virus transmission is a big public health issues around the world. It's estimated that around 16 million people around the world inject drugs. Of those people, around eight million live with chronic hep C and around three million live with HIV.

More than half the people who inject drugs in Australia have been exposed to hep C. It's estimated that, as of 2009, around 217,000 people have chronic hep C infection. Much transmission occurs around injecting practices and it has also been shown that when sterile equipment is available, people who inject will use safely. So estimating needle and syringe program coverage is a widely used factor in the context of HIV prevention and is critical in establishing the effectiveness of these programs.

In short this research looks at the access people in Australia have to sterile injecting equipment.

"Data from a national cross-sectional study of NSP attendees in Australia were used to estimate individual-level syringe coverage as a proportion of monthly injections covered by a new syringe." In other words how often did people not have access to sterile equipment when they injected and needed it?

To measure this, the authors looked to the Australian NSP Survey. Commonly called the "finger-prick" survey because it involves NSP clients giving a small sample of blood.

It is held over a two-week period each year in all states and territories. Perhaps you've been asked to participate; it's been held every year since 1995. NSP workers ask anyone who comes in if they'd like to fill in a form about how they use. Between 30 and 60 per cent of people asked to fill in the form say yes. Around 70 per cent of Australia's primary NSPs take part in the survey.

The researchers looked at information provided by participants over time about the equipment they pick up and the number of injections per month and as range of other factors to estimate how many injections were covered by a sterile fit.

Around 20 per cent of people surveyed – one person in five – didn't have enough fits for all their injections. People who had less than 100% coverage for their injections were more likely to be male and to report public injection and receptive syringe sharing. People who were involved in both NSPs and other harm reduction such as opioid substitution programs were more likely to have 100% coverage and so too were people who were hep C negative.

The median number of syringes obtained when NSPs were used was 15, while that for other sources was around 5. This study found that the median number of syringes collected per person was 720 per year.

Trying to calculate individual level syringe coverage is complex but it is clear that enabling users to completely cover each injection with a sterile syringe will go a long way to ensuring we continue to bring our transmission rates down.

Editor's Note
Let's not forget that many of us obtain syringes for other people too so for many of us even 720 per year may not cover it!

Moving On and Moving Out

We all usually mean to stay stopped when we come out of detox or rehab. But I know that more than one or three times I have managed to stop using, gone through detox and hanging out, and then felt so damn good that I thought "Man, I could really do with a shot just to make this feel even better! I'm okay now, I just won't do it tomorrow!"

There are all sorts of reasons why people end up using straight after or soon after leaving detox. Sometimes you might have had to take the bed in the detox in a hurry and you felt like you just didn't get a goodbye shot. Sometimes you might have gone to detox expressly to get your habit down to a "manageable" level. You might have been kicked out for taking a vitamin c tablet. Whatever the reasons, this has happened enough times to me and to people I know that I want to make sure you are as safe as you can be if you find yourself in this situation too.

There are two main areas I've been caught short: lack of equipment and lack of tolerance.

It might seem counter-intuitive to make sure you have sterile injecting equipment on leaving detox or rehab, but if you have even the smallest shadow of doubt about getting on when you leave, ask where you've been staying if they have any "split kits" or sterile injecting packs they can give you, just to be safe. If nothing happens that night and you get through without using, then great. But if you do have using in mind when you leave, or you know you might be putting yourself in temptation's way later on, then it is better to have some equipment ready. This way you can be sure that you can use with less risk of hep C or HIV transmission. When people are feeling bad about "failing" detox or rehab, self-esteem can sometimes be battered low enough to not consider these risks to oneself.

The other thing you need to watch out for is a lowered tolerance. We recently commemorated International Overdose Awareness Day and International Drug User's Day is coming up. It's now well known that one of the riskiest times for people to overdose (on opioids in particular) is when people are not long out of detox, rehab or prison.

Even when we know our tolerance is lower, it is sometimes hard to believe that we might even die when taking a quarter or half what we used to take and not even feel! If we have undergone an effective detox program, our tolerance levels go back down to levels close to when we started using. This is absolutely especially the case with naltrexone detoxes. The tolerance levels drop really fast and for some the discomfort is equally extreme. So please don't go overboard, especially in your first few shots. Always, always, always try to do it with someone else around. Let someone you know and trust know where you are, if nothing else so they can ring the ambo if they don't hear from you. If you don't need them then that is great, but don't die for being too proud to ask!

Obviously heading to MSIC, the injecting centre in Kings Cross, is ideal. But if you're nowhere near the Centre, try to do it with someone you know and trust.

It's an old cliché but true: you can put more in but you can't take it out!

Many services these days have split kits for people who are leaving the service because avoiding hep C and HIV is a very important health goal.

As I said at the start: it may seem odd to think about using safely when you are leaving detox or rehab. The fact is that it can take a few goes around for many of us before we manage to stop for good. In addition, there are all sorts of reasons we end up in detox and it is not always because we wanted to. Sometimes we need to do it for family or work or other reasons and in these circumstances motivation for staying straight may not be as great as if the person themselves were truly ready. In the meantime, it's important to be safe and be prepared for any eventuality.

John

User's Story

The Dance of the Seven Veils

Pharmacological euphoria. I've always loved it. My first chemically enhanced experience was at eleven years of age. The dentist. Nitrous oxide – mmm. Floating. Freedom. Bliss.

After drinking in my teens. I was introduced to amphetamines at Uni and used them recreationally at dance parties throughout the 1990s. I began using benzos in 2004 to come down from party drugs. In 2007 I had shoulder surgery and was prescribed oxycodone for pain relief. I was dependent on oxys within three months. I thought I had found the Holy Grail. Oxys became my solution to life's trials and tribulations. Unfortunately (although at the time I thought myself very fortunate) I had straightforward access to drugs from my workplace. Before long I was well acquainted with the opiate family tree: oxycodone, codeine, morphine, pethidine, methadone and fentanyl. I stole prescription pads and wrote myself a few prescriptions a week for many years.

It all came crashing down. Accidents. Overdoses. De-registration as a social worker. Police. Court. My boyfriend of 15 years leaving me. Other relationships damaged. Reputation in tatters. Self esteem and self belief barely existent.

In May 2009 my boyfriend covertly told my doctor I was using. My doctor threatened to inform NSW Health I was an opiate and benzo user and was presenting to work drug-affected. So with a strong push from my family, I admitted myself for a three-week detox. I didn't consider myself addicted to drugs at this point. I thought I was very different to all the other patients. I considered the situation with humour. I minimised the extent of my drug taking and its associated behaviours. I enjoyed the luxuries of the private detox (single room, ensuite, great food, etc.) and chose to attend few therapy groups.

Two months later I was back at the Clinic. I overdosed on my first day and was banned. My family searched frantically for another detox and within a few days I was in St John of God at Burwood. This time I brought no drugs in – I had run out – so I brought the next best thing: a script pad. Once a day on passout I'd pop into one of the many pharmacies on Burwood Road for benzos. I was on a regime of diazepam in detox so I was expected to return positive urines. While I gained little from this detox I began to learn about the nature of drug dependence.

Three months later I was back for another short detox. This time I did a genuine detox and gained a better understanding of dependence. The therapy in these three weeks removed a veil of my denial. I established a discharge plan with the psychologist. That included "aftercare", NA and counselling. In my experience, if you leave detox without a discharge plan (or with a plan you're not committed to) you will relapse almost immediately. The short detoxes I did were completely inadequate to make significant inroads into understanding myself. Having said that, they do form part of my story. I needed to try these band-aid solutions. I learned the hard way that dealing with dependence the "easy way" does not work for me. As a user I avoided pain and discomfort through drugs. In turn, I was very keen to choose the easier options to overcome dependence. The least painful and least confronting option, please!

Somehow I survived 2010. One month on, one week off. Sporadic NA meetings. When I used, I took more opiates than ever before. Somehow I managed to scrape through to December until I detoxed at Odyssey House.

I was desperate. My boyfriend was burnt out with the drama of living with a user. My employer was increasingly alarmed about my work practice and there were legal complications too. But mostly it was my soul. My self worth. My hope. They were all pitifully low.

After three weeks in detox I convinced myself I would never use again and discharged myself. I returned to work and everything was fine – for two months. Then another relapse – my worst yet. Another overdose – my

worst yet. I was caught red-handed stealing S8s from work. With each relapse the ramifications multiplied. I admitted myself into Odyssey House's detox facility again in March 2011. I understood and accepted now: detox alone was entirely insufficient for me. Another veil of my dependence fell. I committed to completing a program. The length of Odyssey's program – 18 months – was too overwhelming to consider. So I chose Kedesh's three-month program.

Kedesh made few inroads to my dependency. I intellectualised the program. I am well rehearsed in the "ins-and-outs" of cognitive behavioural therapy, the primary therapy in Kedesh. I had my "social worker hat" on and presented as the model resident. Outwardly I was impressing everyone. Internally little had changed. My user's brain lay dormant for opportunity. Two months after I completed Kedesh I started using again. Kedesh only scratched the surface of my low self-esteem. My insecurities, fears, need for approval from others and belief that I was a failure remained ingrained. A few short months back into the real world saw these tormenting cognitive beliefs stir and bite. How to dismiss them? How to ignore them? Drugs, of course.

This final relapse culminated in another string of disastrous events. Another job lost. Losing a work vehicle. The end of my relationship. Family strained and hurting. Friends questioning my sincerity. My self-belief, mood and hope at rock-bottom. I chose to home detox with the support of my Mum and Dad. I felt I had exhausted all options to get clean. I felt like I was out of good reasons to stay in the community – particularly after my relationship break-up. So I decided to admit myself into Odyssey House – the toughest and most gruelling rehab in the country.

I joined the Odyssey community this year and I remain a resident after six months. It's been tough: the highly structured environment and restricted freedom; the regimented rules and procedures; the long work hours; the consequences for breaking the rules; the minimal opportunity for solitude and relaxation. But without reservation, my worst day in Odyssey is nowhere near as bad as my worst day in drug dependence. The 80 residents who were once strangers are now my extended family. The strict black-and-white rules are building much-needed accountability within me. I have re-established my work ethic. I was trapped and powerless; now I am empowering myself with answers that are unravelling the causes behind my drug use. The self-defeating values and beliefs that have plagued me for years are being tamed and eliminated. I am arming myself with the tools to help ensure my relationship with drugs remains past history.

Recovery from drugs and alcohol is a process of learning, trial and error, acceptance, insight and desire. I have many goals to reach and challenges to conquer before I graduate from Odyssey in six to eight months' time. On the "outside", a new set of challenges await me.

To my Odyssey peers who joined me this year: I love you all heaps.

Chris

Illustration: Ursula Dyson