

Gifts for the user who has (done) everything

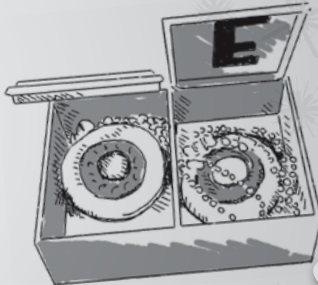
Looking for inspired
Xmas stocking stuffers?
Here are some quirky buys
at reasonable rates...

DESIGNER DRUG JEWELLERY

Susan Braig is a cancer survivor, who makes gorgeous jewellery from prescription drugs in those luscious lolly colours that pills and capsules come in. She got started to pay her medical bill and their popularity keeps her making them.

Look at some of the range at
www.facebook.com/pages/Designer-Drugs-Jewelry
or find her at www.facebook.com/susan.braig.

www.flickr.com/photos/make-shop-live/4984504880/



STASH BOXES

These vintage Loteria (Mexican Bingo) boxes are matchbox size and perfect for stashing your most treasured possessions. Put it out for Santa to fill instead of a stocking.

On the net for \$14 each plus postage.

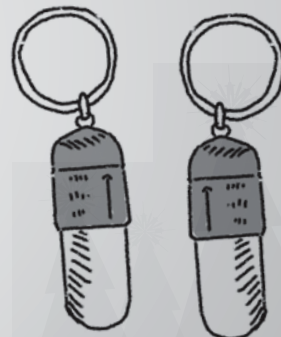


www.lucky Mojo.com/loteriaboxes.html

JAGGED LITTLE PILL KEY RING

Designed by contemporary Brit artist Damien Hirst, these desirable blue and white capsule key rings are less than \$12 a piece.

Find them along with other artistic treats from a variety of British artists at
www.othercriteria.com

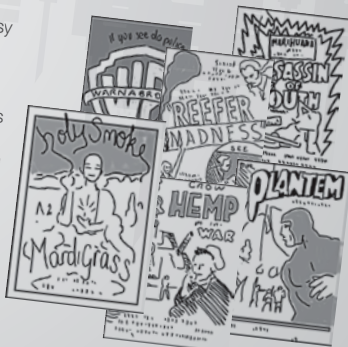


www.othercriteria.com/browse/all/editions/pill_keyring/

STICK IT TO THE MAN

Nimbin's Hemp Embassy has a wonderful range of anti-prohibition stickers that include old propaganda posters, ads from times cannabis was legal and newer drug dog designs.

A pack of 11 unique stickers costs \$14.50 including postage to anywhere in Australia.



archives.hempembassy.net/hempe/hempshop/stickers.html

BEADED KARMA

Kidz Positive is a South African beads project that provides financial support for kids with HIV/AIDS. They make AIDS campaign badges, flags and other cute designs for under a dollar each.



If you are willing to buy at least 30, you can even design your own pin.

www.kidzpositive.org/beads/productsPins.php

DOSE PENS

These cool syringe pens and highlighters come in lots of zappy colours.

A pack of five highlighters will cost you \$8. A six-pack of the slimmer multicolour pens (black ink) or pencils comes in at under \$10.



www.medshop.com.au/syringe-highlighter-5-colours-multi-pack.html

NARCO TRUMPS

Under a brief of "drugs, the law and human rights", UK organisation Release sell a range of t-shirts and playing cards to help fund their work and get the message out. The first campaign was Nice People Take Drugs, and the new one is Better Drug Laws Now. The cards feature politicians with memorable quotes about drugs, including Obama's cracker "Of course I inhaled, that was the point!" There are a few Aussies in the mix, even Julia admitting she tried drugs at uni.



At a total of \$12 including postage to the colonies, how can you go wrong?

www.release.org.uk/shop

IMMACULATE CONTRACEPTION

Who could go past this antique tin condom box for that special gentleman in your life? A great way to carry your jimmy hats and lube sachets or to store your other booty. The Footlong special is a beauty, but you should check out other rippers like the Three Ramses, the Sheik and the Prince, all from the 1930s and 40s with fantastic lid artwork.



For around \$20 to \$30 from etsy.com or ebay.com, along with other great condom themed gear both practical and humorous. Remember no glove, no Xmas love.

www.etsy.com, ebay.com.au

LEGAL MUMBO-JUMBO

Get this voodoo formula from the deep South: roots, herbs and minerals put into candles, oil, incense, powders and bath crystals, designed to keep the police at arm's length. Anoint yourself, your amulets and your home with this protection spell, 'Law Keep Away' to "stay on favourable terms with the Justice system, regardless of one's activities".



At under \$10 it's certainly cheaper than a lawyer.

www.luckymojo.com/lawkeepaway.html

Adding alcohol to the mix

Dr William Huang, FACHAM

EDITOR'S
NOTE



Like other drugs, people have used alcohol safely and enjoyably for thousands of years. Alcohol is not for everyone. Pregnant women and adolescents should stay away for the time being. But there have been studies to show that alcohol in small doses can be very positive, helping to reduce risk of heart disease, diabetes, high blood pressure, stroke, breast cancer, weight gain and gallstones. And it can work wonders for anxiety. WW1 soldiers who used their rum rations were less likely to suicide or get shellshock or Post-Traumatic Stress Disorder (PTSD). But we need to also think of the risks, especially when we add other substances to the mix or we drink alcohol in large amounts. Here are some things we should think about when getting in the Xmas Cheer this season.



**PROTECT YOUR LIVER:
Alcohol and hepatitis C**

The liver metabolises food and deals with toxins. Both hep C and alcohol interfere with its ability to do its job. The liver is a resilient and forgiving organ when hit with one base-ball bat – alcohol or hep C. Not many organs, including the liver, survive being hit with two base-ball bats at the same time.

The liver receives most of the alcohol from the digestive tract and its job is to break it down and oust the poison. The more

you drink and the longer you've been drinking, the harder your liver has to work – while performing all its other duties as well. This over-work can damage your liver and when it fails in its job, you get very ill and die. The connection between heavy alcohol use and liver disease has been recognised for over 200 years.

Hepatitis means inflammation or swelling of the liver. Hep C is a virus that causes liver illness, so the liver cannot work to its capacity. How much it is impaired, depends on where your hep C is at. If you have hep C and drink alcohol, you have a higher risk of developing liver damage and ending up with cancer of the liver. It is advisable for hep C+ people to cut down on alcohol. Many even find they feel ill when they drink. If you have hep C, you really need to keep an eye on your alcohol intake.



**BIG ROOKIE MISTAKE:
Alcohol and downers**

If you drink then have a shot, you may overdose. In fact, it's a leading reason for overdose death. It's all about little nerve cells in the medulla, in the base of the brain. These neurone receptors work to keep you breathing rhythmically. You have a certain quota of them. When you inject heroin or drink alcohol or take any other substance, you use up a significant portion of your quota. You can only keep breathing when you

inject because you have developed a tolerance for a drug. Tolerance in part is about increasing your quota of breathing neurones. As you introduce more substances, you use up more neurones that keep you breathing. Heath Ledger died due to testing out his cross tolerance to mainly legal drugs. The thing is, if you use up say 80% of your quota having a shot, then you drink on top of that, you are in a better place (sip by sip) to judge how close you are to stopping breathing. But if you use up 80% of your quota in drinking, then have a shot, the shot can suddenly push you over your quota of receptors, so you stop breathing. It's all about the scope you have to misjudge. It's just not worth it. So have the shot first, let your body deal with that, then drink. Not the other way around. If you are going to do it anyway, please please make sure you are not alone.





THE DRUGS DON'T WORK: blocking 'done and bupe'

Alcohol slows methadone metabolism, so your dose doesn't last so well, so you don't feel it. You may think you need to go up or get the feeling that you need to split your dose, but it might just be the alcohol stealing your dose. You and your prescriber won't be able to work out whether you need to go up or down until you cut down and stabilise your drinking.

Also, because of methadone's prolonged half-life, the risk of accidental overdose is higher. The combination of

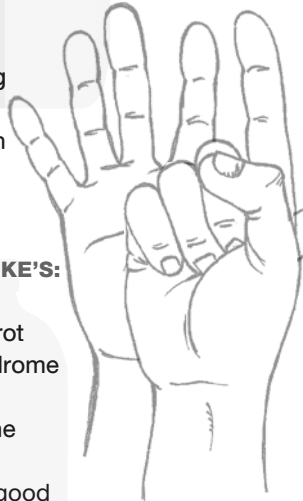
methadone and alcohol can cause death due to increased risk of respiratory depression, that is, it slows your breathing down. That's why clinics may not dose you or only half-dose you if you have been drinking.



THE PARTY PACK: Drinking on stimulants

You may not feel drunk, thanks to the alertness of the stimulants. This means you may think you can drive a car, go to work, work machinery etc. because you don't realise how drunk you are. Not only are you sure to be over the limit (you're allowed 2 standard drinks in the first hour plus 1 an hour after that), have no doubt that your reflexes will be affected.

In addition, because alcohol relaxes your inhibitions, you can find yourself taking more risks than usual. Like having sex without using a condom. Make sure you carry condoms and lube sachets when you party, you never know your luck.



GO HARD THEN GO HOME: If you need to detox

If you have hit alcohol hard enough to have physical symptoms when you stop, like shakes or sweats, you are dependant enough to need a medicated detox. It takes around 4 days to detox but you may feel low energy for longer. There are meds that will help, like thiamine, valium and baclofen. You can detox as an inpatient or as an outpatient. Many but not all cases can be done at home. Talk to your doctor first. If you have ever had a fit or have any medical conditions, it is

safest to go to a detox unit. It can also help to go into detox if you need the time out from work or family, or if you think it will help to change your routines.

You can stay on 'done or bupe' and detox off alcohol – talk to your prescriber. Most detoxes will arrange for you to be dosed. You can even stay on illicit drugs and detox off alcohol, but obviously you will have to sort that! And before you try it, I really advise you to talk to a sympathetic doctor committed to harm reduction (yes, we really do exist!).

I WOKE UP, CURED OF WERNICKE'S: the power of Vitamin B

You can get a permanent brain rot called Wernicke-Korsakoff Syndrome (WKS) if you are a heavy drinker who doesn't get enough thiamine (Vitamin B1). Without thiamine, memory and coordination say "good bye" to the brain. This means life in a nursing home. If you booze or are detoxing, get plenty of thiamine, especially injected IM, to save you from this. All the evidence shows that injecting a therapeutic dose of thiamine really works. Talk to

your doctor about it. Ask for it if you ever end up in hospital (including Emergency).



Naltrexone implants

What naltrexone is

Naltrexone is used to manage both drug and alcohol dependence. A narcotic antagonist, it attaches to opiate receptors in the brain and blocks the euphoric effect. It must be taken every day. As it must be started at least 7 days after use of last opiate, it is coupled with rapid withdrawal. It is unsuitable for persons with acute hepatitis or liver damage.

How implants are put in

Naltrexone implants (NIs) aim to supply a continual slow release stream of the drug as an alternative to daily dosing. A formulation of naltrexone is made into a pellet and surgically inserted through a 1 cm incision in the lower abdomen about 3-4 mm under the skin under local anaesthetic. Between 1 and 20 pellets are implanted, depending on how long you want it to work (1 pellet = 3 months; 20 pellets = 10 months).

The hype

NIs were launched onto the Australian public marketed as a silver bullet for heroin addiction. Remember the 1997 Women's Weekly "I woke up cured of heroin!"? Since then, doctors pushing the treatment claim miraculous success rates, not just

for opiates but for all "addictions". Qld NI provider Dr Stuart Reece wrote: "It becomes very clear that naltrexone must be exerting some profoundly anhedonic influence on the hypothalamic appetitive center, since it has been shown to reduce the use of virtually all drugs and most known behavioral addictions". Based on this, the whole world should get one, and must be why Reece thought it ok to implant pregnant women (thalidomide anyone?). WA NI businessman Dr George O'Neil claims an 85% + success rate, but there is no proof of this.

The cost

Private clinics have been charging \$6,000 up for each NI procedure. Some people have it done several times, hoping the next one will be the cure. Fresh Start in WA is currently the only clinic still in business for NIs due to criticism by Coroners in other states. It is listed as a "not-for-profit charity", receiving donations and public funding. They offer a payment plan, including a Centrelink direct deposit of \$40 a fortnight (that's 3 years per procedure). There is no money back guarantee. Public clinics do not perform this operation because NIs are not considered safe.

Approval

NIs are an experimental product, only for use in research settings. They are not approved for use in humans. It says so clearly on the pack. There are 3 world-wide manufacturers of NIs, including Dr O'Neil's GO Medical. Naltrexone implants have only been approved in one country in the world: Russia. The evidence available is still too weak to convince regulatory or research bodies anywhere else.

So how do they get away with it?

There is a loophole that says that you can use experimental drugs in cases of extreme threat of loss of life. The clause is "premature death is reasonably likely to occur in the absence of early treatment." Implant fans cite overdose and cherry-pick research projects for examples of poor health in drug users but fail to consider other factors, like poverty, prison-time or discrimination. The mortality from heroin



...are still getting under our skin

injecting is 1-2% per annum; a serious rate, but hardly fits the category.

Then there are those who do the implants illegally. In NSW, Colquhoun kept his business open even though he was unlicensed and directed to close. Only another death stopped him: a young mum died after a heart attack from the procedure followed by 2 months in Intensive Care. She was given an implant regardless of ECG test results that showed she was unsuitable.

Are they safe?

Enough users have died or ended up in emergency immediately after their operation for us to declare a resounding "NO!" There have also been a number of ODs caused by using large doses to override the implant or misjudging quantity after an extreme reduction of tolerance. In Qld, the Coroner attributed 25 deaths to Dr Reece's Addiction Treatment. At least 3 deaths were attributed to Dr Ross Colquhoun in NSW, with many other deaths and hospitalisations

following NIs at his clinic Psych'n'Soul. There have been 250 deaths over 12 years associated with Fresh Start in WA.

Hospitalisation is common, and in 2008 senior Sydney doctors wrote up 12 cases of serious complications from NIs for the Medical Journal of Australia to try and get some attention to the issue.

There have been many reports of infected sites – so many that infection, irritation, inflammation and skin breakdown are listed as common side effects. British muso Pete Doherty said his implant leaked pus constantly.

Are they effective?

Despite Dr O'Neil being given lots of public money for research, there has not been enough good science done to prove they are as effective as their salesmen would have us believe. Lots of users report depression and a move to using stimulants in order to get some sort of a stone. Two typical user stories follow on pp32-33 that show how ineffective NIs are.

Quoth the raven: "Naltrexone"...

Reverend Fred Nile, Christian Democratic Party (CDP)

"What I want is a system of coercive treatment for drug addicts... The NSW government should fund a trial of surgically-implanted naltrexone capsules to cure heroin addiction."

Official position statement, National Health and Medical Research Council (NHMRC)

"Evidence is currently at an early stage and as such, naltrexone implants remain an experimental product... Until the relevant data are available and validated, the efficacy of the treatment, alone or in comparison to best practice, cannot be determined."

Dr A Stuart Reece, GP, Owner of NI clinic Addiction Treatment in Brisbane, Qld

"This business about the regulation and the form filling out, that's only the pretext for another round of Naltrexone oppression, which is systemic, it's ingrained, it's the establishment that is the problem... Get the Health Department out of the way if you want a free Australia..."

Dr George O'neil, Gynaecologist, addiction specialist, manufacturer of NIs as GO Medical and owner of international GI business, Fresh Start

"The criticism is a very valid criticism, you should do trials first. But what if there are sick kids in front of you?"

Commenting on his implant patients who have died in the last 12 years

"When I talk about 250, we're talking about death rates that are lower than expected for that population."

From the Fresh Start site: www.freshstart.org

"Our rehabilitation program uses a Christian version of 'The Twelve Steps' in conjunction with The Life Recovery Bible [written by an MD and a PhD from the US 'to lead readers to the source of true healing – God himself'] ... the Holy Scriptures as originally given by God are the uniquely inspired, and the wholly trustworthy final authority and guide in all matters of faith and conduct."

Dr John Saunders, Addiction medicine specialist, St John of God Hospital

"There are some practitioners [of NIs] who I have concluded are motivated primarily by money."

Tony Trimmingham, Family Drugs Support

"They're either evangelists and they almost have a religious zeal in wanting to promote the treatment, or they're very greedy, which is the other side of the coin. And we know a lot of people who've been ripped off but for some tens of thousands of dollars."

Naltrexone implants



JANE'S STORY

About three years ago, after finding myself homeless and begging Mum to let me stay back at home, I was presented by the family with two options. A naltrexone implant, or no contact with the family ever again. So I felt I had no choice but to have the implant.

My mother insisted that she was doing it for my own good and because she cared for and loved me, and I truly believe she does.

I'm from a culturally strict family and heroin was a no go, especially for a girl. It was one thing for my male cousin to go psychotic after nights awake on coke and ice. But when he found out I was sullyng the family name injecting gear and scamming for money, he bashed me up. As if that would work.

I went to a clinic in Sydney, the one that's been in the papers. My mother had researched and found it, organised everything, paid for it. Once I'd had the implant, there was no follow up. It was assumed that once the implant was in, all would be great. I wouldn't be able to use and so I would revert to my former self, and my parents and family could be proud of me once again. It was a huge mind fuck for me, but what choice did I have. It was never fully disclosed to me the risks involved, how I'd feel or what to expect. I didn't even know how exactly long the implant was supposed to last for.

I tried and tried to use gear, and kept pretending it was working, that I could feel it. But of course I didn't. I was massively depressed. I started using heaps of ice, speed, coke – anything for a good feeling. These have never been my drugs of choice, and I had no experience with them. I really would

have preferred to use heroin and kept trying to see if it would work. With my consistent use of uppers I became psychotic, just like my dear old cousin. It wasn't until the implant wore off and I could use heroin again that I felt ok again in myself.

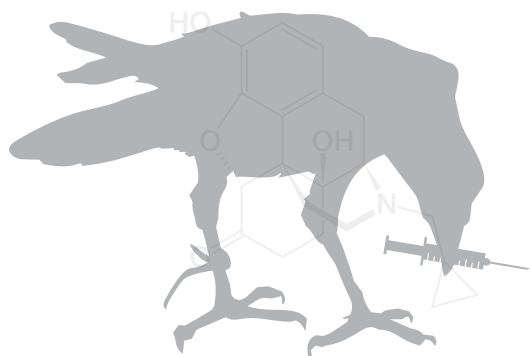
I never had the implant out – I assumed it all just dissolved. I still don't know if there's something still in there. I just kept using from time to time to test whether it was at the end of the effects – substantial amounts to try and get over the naltrexone. When eventually that time arrived, I dropped twice. I died twice, as in no heart rate, no breathing. Lucky for me an ambulance was called both times and that saved my life.

I really had no idea what I was getting myself into. I really needed some sort of information and counselling, both before and after, but I got nothing, just the implant. I'm one of the lucky ones, I didn't die of a heart attack or overdose, but I could have.

I didn't really take in much in the lead up to the implant because it wasn't like I had a choice if I wanted to see my family. But I do know that they never told me I would feel so depressed or about the risk of overdose once the implant wore off.

I still see my Mum. She loves me. But my family still don't understand my addiction.

I now live far away from the family and far from temptation too. I'm on a methadone program now and have become something of a realist about my use.



LAURA'S STORY

When I called Fresh Start (Perth) to enquire about naltrexone implants, I was told I would have to make an appointment to get any information. At the appointment, I was asked my drug use and mental health history. I said that I'd been using heroin for a while at a rate I could maintain and was content with. However, recently my use had escalated and I knew I couldn't maintain it for much longer financially (or emotionally to a lesser degree). I knew about bupe and methadone, however was worried that picking up daily or having to go to a clinic would cost me my job (I had worked in the alcohol and drug field for years and it can be a small place).

At the first consultation, I was asked my current occupation to which I replied I had 2 jobs in alcohol and drug organisations. This was none of their business and I regretted telling them. Both places I worked were run along harm minimization lines so I was constantly made to defend my employment due to the "irresponsible" stance they took on drug use and drug users. I was also told that given my work and educational background I should know better and was "stupid" for using illicit drugs.

I was reluctant and managed to avoid it for a couple of weeks but finally went. I had my last shot just before I left for the clinic. I took two friends with me, as I was told it was required to have support to help you get home afterwards. I got there and booked in. I was told it was a very quick process: I would meet briefly with a nurse and then Dr George O'Neil would commence the implant surgery.

I was taken through to a nurse who asked me if I had used any drugs (specifically opiates) that

morning, to which I replied that yes, I'd had a shot just before leaving. I was told this would make the rapid detox a lot more unpleasant than normal and was asked to sign consent to continue with the surgery – no other information was provided to me after this. After I signed, the attending nurse handed me a cup with a few benzos. I was taken into Dr O'Neil's surgery and started to feel fuzzy from the benzos. At this time I remember Dr O'Neil repeatedly asking and encouraging me to change my mind and increase the implant dose to more than 6 months worth. I repeatedly refused, and had also asked my friend with me to advocate on my behalf (and to watch what he was doing).

As soon as the implant was fitted, I was released into my friends' care to be taken home. As very little of the after-effects were explained to me, I didn't know how ill I'd get and the level of care I'd need afterwards. It took both of my friends to carry me to the car. They realised that due to how ill I was, I would need some full time care and called my parents (who knew about the implant). I remained bedridden in their care for several days.

It wasn't long after I'd received the implant that I started using meth and pills, and drinking more than I normally would. So no, the implants don't work for all drugs as claimed!

I would NEVER have a naltrexone implant fitted again, nor recommend to most others.

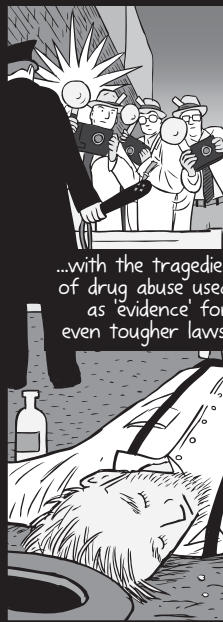
It's such an abuse of power that these clinics are allowed to continue their practices through a TGA 'loophole' and not be accountable for their lack of ethical clinical practices.

War On Drugs

There are uncanny parallels between Prohibition and the 'war on drugs'.



Prohibition laws cultivate a drug culture of amplified danger and risk...



Rather than acknowledging the drawbacks of their laws...



...authorities instead embrace the uncertainty caused by prohibition...

...and weave it into their arguments for why people should not take drugs.

...who probably mixed it up in their dirty basement.



...and you don't know how much you're taking, when you use drugs.

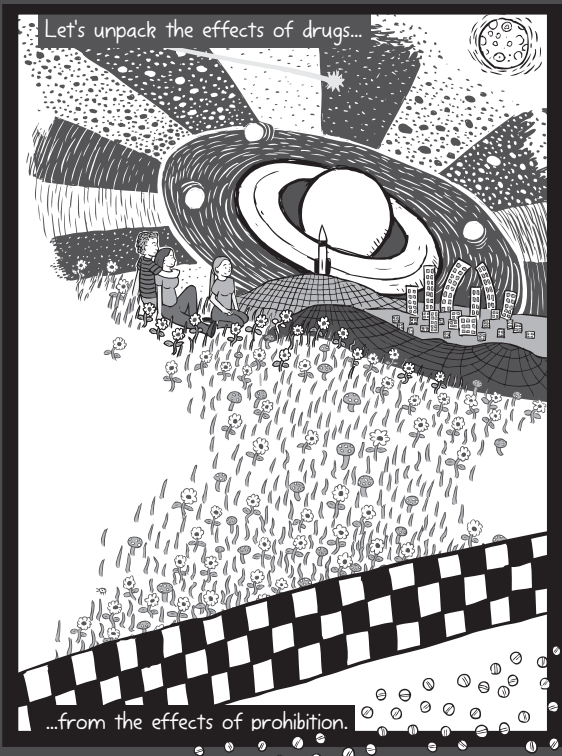
All are perfectly valid reasons not to buy drugs today...



...all were perfectly valid reasons not to buy alcohol during Prohibition.



We proudly introduce Australian cartoon artist Stuart McMillen. Stuart's practice focuses on raising awareness of issues of global importance and fostering ethical change. This fantastic cartoon is an excerpt from a larger War on Drugs piece that investigates the parallels between US Prohibition in the 1930s and the current drug laws, mostly through the eyes of economist Milton Friedman who realised early that the policies have holes you could drive a truck through. Stuart's comic seeks to unravel the drugs themselves from the harms of the drug laws and attendant rhetoric, and promote rational debate. He is currently working on a new cartoon, Rat Park, which looks at a study by psychologist Bruce Alexander, who challenged the disease model of drug addiction in the late 1970s. Stuart is also working on other insightful material, so we hope to feature more of his work in UN. In the meantime, check out his website, www.stuartmcmillen.com





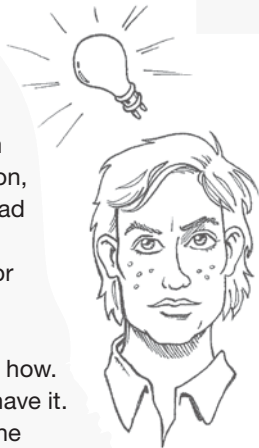
Too much covering overdose

STAYING ALIVE

a brief guide to surviving
(and avoiding) overdose

If someone falls unconscious, don't assume they'll come round!

- Don't panic, put them in the recovery position, lying on their side, head tilted back.
- Ring "000" and ask for an ambulance.
- Do CPR and assisted breathing if you know how.
- Use Naloxone if you have it.
- Stay with them until the ambulance arrives.
- If you don't they may die.
- Doing a first aid course may save lives!



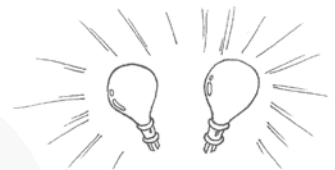
Take stock.

- Think about how you use and your overdose risks.
- Think about the risks taken by people you know and love.
- Making a few small changes in the way you use may save your life.
- Use a bit first to test, especially if it is new gear, a new dealer or you haven't used for a while.
- Take special care if using more than one drug including adding alcohol.
- You can always add more but you can't take it back.
- Talking to your friends about safer using may save their lives.
- Look after yourself. Look after your friends.
- You are precious to us and this world needs you.



If someone fits, remain calm.

- Ensure the area around them is safe of any items that can cause injury (furniture, boxes, rocks, etc).
- Do not attempt to restrain them, the fit should only last a short time.
- You don't need to worry about their tongue, they will not swallow it.
- Call "000" and ask for an ambulance.
- If you are out, get help from the venue to control crowds if necessary.
- When the fit is over, place the person in the recovery position.
- Move them away from bright lights and action if you can.
- Monitor pulse, breathing and conscious state.
- Keep them warm.
- If they are delusional, don't challenge them, but you can remind them they are out of it.
- Encourage them to keep sipping water.
- Discourage them from smoking.





STIMULANTS Symptoms

Anxiety, Racing Pulse, Profuse Sweating, Excessive Thirst, Breathing Difficulties, Seizures (fits), Nausea, Vomiting, Delusions (seeing or hearing things that aren't there), Psychosis, Chest pain

Super Serious They stop sweating (and they are getting hot), Stroke (headache; loss of balance; blurred or decreased vision in one eye; difficulty in speaking; numbness or partial paralysis), Unconsciousness

STIMULANTS Major Risks

Injecting. As with opiates, injecting is riskier in terms of overdose.

Using alone. Having a buddy is the best way to keep yourself (and each other) safe. Work out a plan together, in case there is an emergency, including calling "000" first thing.

Unknown strength. You cannot know the purity or strength of the substances you buy off the street. Try a bit first then increase steadily instead of in big increments.

Cut drugs. Stimulants like ice often include chemicals you wouldn't think of, with physical side effects like cramps and vomiting.

Lack of sleep. This goes hand in hand with stimulant use. Not sleeping for days on end can cause anything from irritability to full blown psychosis. Plan your escape so you are ready to detox once you feel the psychosis building (see detox tips for ice users, this issue). Don't let it head towards overdose.

Physical illness Those with structural heart abnormalities are at a greater risk for adverse cardiac/

cardiovascular effects. Other medical issues that can increase risk of overdose include uncontrolled blood pressure, a disorder of the heart or blood vessels or uncontrolled seizure disorders.

Existing psychiatric illness. Users with a psychiatric diagnosis increase their risk of a psychotic event, increased aggression and mania. Persons with psychotic symptoms caused by schizophrenia, schizoaffective disorder, bipolar disorder etc are at greater risk of some overdose symptoms.

OPIATES Symptoms

"Dropping" into sudden unconsciousness, Lapsing in and out of unwakeable unconsciousness, Deep snoring, Slowed heart beat; heart stops, Slowed, shallow breathing (hypoxia), Breathing stops; skin turns blue

OPIATES Major Risks

Injecting drugs. Heroin injectors are about 14 times more likely to die than non-injectors. The risk increases when you are injecting drugs you don't know the strength of, like with a new drug or new dealer, or in judging strength when making formats like (fentanyl) patches into an injectable. But don't think you can't overdose from smoking or swallowing your drugs, because people do, every day.

Using alone. If you use alone, you could die alone. Make sure someone knows what you are doing, even if they are on the end of the phone. If you use with someone regularly, go and get trained together in emergency first aid and using naloxone. Tell those around you to call "000" if you drop.

Mixing drugs and alcohol. A leading cause of death. If you are going to drink and have a shot, do the drugs first and then drink, not the other way around. See the article on alcohol on p28 for why.

Mixing drugs. Overdose is more likely if you already have pills in your system like valium, xanax or temazepam – even if you have had them several hours before. Mixing depressant drugs is especially risky.

Using when tolerance is low. Your tolerance to opiates will drop after only a few days. Using what may have been your regular dose, after having a break, can kill you.

Depression. Sometimes overdoses aren't accidental. Sometimes they are borderline. If you are depressed, you may be more likely to be careless about your using. Talk to someone when you are feeling down – your partner or a friend, your doctor or another professional.

Misjudging the danger period. Many people who overdose fatally don't die as the drug hits their veins. The danger period may last a few hours. This is especially true if you have a cocktail on board – that is, a mix of any two or more of alcohol, pills, methadone and heroin.

Using again before naloxone (narcans) wears off. If you have dropped and been given naloxone by an ambulance or a peer, you will straighten up for an hour or two. Then the naloxone will wear off and the effects of your shot will return. If you use again while under the influence of the naloxone, chances are that you will drop again.

Too much covering overdose

(overdose continued)

Naloxone saves lives

Naloxone (aka Narcan) is a cheap, effective and safe remedy that could save many lives if it were more widely available. Injected into the muscle, naloxone is an instant antidote for heroin, methadone and prescription opioids like fentanyl. It does not work for benzos, stimulants or alcohol.

High doses can put you into withdrawal, but a calculated, therapeutic dose saves lives. If given in error, for the wrong type of overdose, it is completely harmless.

Naloxone is short acting and will reverse the effects of opioids for around two hours, after which the opioid will start working again. This is usually enough time for the body to recover from the overdose. Sometimes it's not enough time, so it's important to stay with the person. They may need another dose of naloxone. You should also stop them from putting more drugs in their body before the effect of the naloxone has worn off. Many users have tales of dropping again once the naloxone has stopped working, with two shots taking effect together.

Once only ambos, hospitals or clinics could administer naloxone. But we now have a peer program that trains users to help their friends. You still need to ring "000" even if you use naloxone, but while you are waiting you could be saving the life of someone you love.

The ACT was the first place in Australia to get a peer distribution program of naloxone, launched late last year. We now have a program here in NSW. It is jointly run by Kirketon Road Centre (KRC) and the Langton Clinic in central Sydney. While Langton are training their own clients only, KRC offer training to all users, former users and users' friends and family members. After a training session of just over an hour, a take-home kit with naloxone is given to users only. The kit is prescribed in the user's name, like other medication, and they are responsible for it.

We really encourage you to go and be trained and get a kit for your home, car, work or wherever you use. You never know, by having the kit and training your friends in its use, the life you save could be your own.

"Get your own Narcan to try and stop you or your mates from overdosing"

Come to KRC for overdose and Narcan training and leave with your own supply of Narcan

Every MONDAY 11am

Where: Kirketon Road Centre, CNR Victoria Street & Darlinghurst Road, Kings Cross

In the KRC group room - sessions last 1 - 2 hours

More information: Speak to Kim, Dr John or Phil

User Story: Heart of ice

I woke up in hospital with all the machinery beeping and burping around me. My last memory was putting away the last of a 5 weight bag of ice. I was on day 5 of this binge. My last memory was my heart pounding in my ears, sweating and shaking violently. I felt like I was having a heart attack. Later, I found out I did have a heart attack, followed by a really bad seizure. Thank fuck my using buddies, who were as fucked up as me, called the ambos.

Ezza

User Story: Parking in gear

As luck would have it (or unlucky depending on your point of view), I scored some great gear for a change. Not knowing what to expect, I had my usual amount. I was in my car alone. What seemed like 15 minutes after, I slumped forward, my head on the horn. My



foot had slipped on the brake and had rolled forward into a ditch. To this day, I don't know who saved my life... I woke to the ambos after they'd pumped me with Narcan. They were so lovely and helpful. Not only did they save my life, they parked my car, giving me clear instructions not to drive and I didn't. But the never ending head talk won and I got on again. My luck held, and I didn't drop again.

Leo

User Story: Dead man walking

This is a story about what NOT to do if someone you love overdoses. I was very lucky to survive this experience.

I woke up thinking "That was great gear!", but my partner was hugging me and crying. As my head started to clear, I started thinking "What is your problem? That was great gear, nothing to cry about!"

Then I realised I was no longer sitting on the lounge where I had my shot and my knees were killing me. I looked down and realised my knees were covered in carpet burns.

My partner then started "Oh my god, oh my god, you dropped! We didn't know what to do, don't ever do that to me again, you scared me to death! You were just sitting there and your eyes rolled and you dropped!"

"I'm fine, stop fussing, I'm fine... but can I ask you - why do my knees hurt so bad?"

My partner replied: "We didn't know what to do... we were trying to wake you up... so we tried to walk you up and down the hall like they do in the movies! Except we couldn't get you to stand up, so we kind of just dragged you up and down the hall!" Just great.

So that's the story of how I ODD and got carpet burns on my knees.

Lou

DON'T BECOME A STATISTIC

Opioid overdose deaths in Australia are increasing, returning to rates preceding the 2000/01 heroin drought.

2008: 551 DEATHS

30% due to heroin

27% in NSW

74% male 26% female

Projections:

2009: 612 DEATHS

2010: 705 DEATHS



The NDARC user survey found that in 2011:

25% NSW users interviewed overdosed on heroin in last 12 months

23% reported they had accidentally overdosed on drugs other than heroin and morphine at least once in their life (up from 16% in 2010)

In financial year 2010/11 there were 1691 ambulance call outs for overdose in NSW

January & November record the highest numbers of ambo call outs for OD each year

In 2010, there were 14 Deaths from illicit amphetamines in NSW, the highest number since 2003



Presentations to a NSW hospital ED In financial year 2010/11:

157 people for amphetamine OD

411 people for heroin OD



Sources: Roxburgh, A. and Burns, L. (2012). Accidental drug-induced deaths due to opioids in Australia, 2008. Sydney: National Drug and Alcohol Research Centre. http://ndarc.med.unsw.edu.au/sites/ndarc.cms.med.unsw.edu.au/files/ndarc/resources/NIDIP_Bulletin_-_opioid_induced_deaths_in_Australia_2008.pdf

Phillips, B & Burns L (2011), NSW Drug Trends 2011, Sydney: National Drug and Alcohol Research Centre. http://ndarc.med.unsw.edu.au/sites/ndarc.cms.med.unsw.edu.au/files/ndarc/resources/NSW_IDRS_2011.pdf

Too much covering overdose

(overdose continued)

User Story: All the world's a stage

Some weeks ago I learned a friend of fifty one years had overdosed and died.

We were four when we met. It was during those awful days of the early 1960's when Australia cringed at the thought of itself as a cultural non entity. There was a "white Australia" policy. We ate steak and overboiled three veg. Little boys were rehearsing suppressing all emotion. Nice girls didn't. The age of the 'bloke' and his girlfriend, Sheila.

This was the time when boys who wanted to learn to sing and dance were more than odd. Thankfully, he and I were both odd. When you are gifted with a talent to entertain... it comes at a very high price for some. The price paid by so many in the performing arts is addiction. You have to be on top of your game, happy all the time, and of course you must always be ready. And you want to be! It is a hard industry, fuelled by rejection. That is the nature of the beast. Fame is bullshit and has nothing to do with why you do it.

I hope I have set the scene.

We both hit the ripe old age of ten and were by then ol' pros. We worked for a television network, and were lucky enough to be in a well known musical every other night. We did not have many friends who had normal lives. Is it any wonder we often read about child performers and "where are they NOW?"

Anyway it is twenty-five years since I "cut the rug, trod the boards, broke a leg". While we were working all those aeons ago, to curb any nerves or anything that may get in the way of the standard of your performance, an appointment was made to see THE Doctor. He would help you relax. I had my first Valium at nine years of age. It was not for fun. This was work and, for some, par for the course. As our bodies grew and changed, so too did our appetites. For some the drugs grew harder, higher, and sometimes insidious. We all know this from stories in that viper, the Media.

Many of my then contemporaries have battled with addiction since. Name your poison!

Over the years, we have both battled with problems of addiction. I still battle, yet tomorrow I most likely will wake, but he won't.

I cannot offer any solutions, and it takes an enormous amount of courage, stamina, support, and understanding to even come to grips. Myself, I am encouraged by the fact that we all have our Demons, from the well heeled to the shoeless.

Remember that next time you project your frustrations away toward a convenient target. (It does happen sometimes that one afflicted calls another "nuttin' but a dirty thieving junkie".) Stop, just for a moment and cast a thought for those whose real life performances could have been longer. Life is not a dress rehearsal. None of us are called back for a second audition.

Keep it "tight and bright", my dear departed Friend.

What brought about the House lights not coming on again for him? Xanax to wind down and 5ml of coke IV, inducing a massive stroke.

Cal

Vale Nic

Nic from Coffs Harbour sadly passed on 9 November from a Fentanyl overdose.

Nick worked on the NUAA CHANGE project. He was an awesome guy, always smiley. A great dad, Nic was devoted to his kids. He had a strong life force, he loved riding his motorbike and working as a peer.

Nic remains much loved by NUAA staff and the Coffs CHANGE Crew. We will miss you so much, Nic, and we are both angry and sad that you are gone from us.

